

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Lewis & Clark Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Boones Lick Road Saint Charles, MO 63301	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36185</p> <p>Refer to NITN12.</p> <p>Based on observation, interview, and record review, the facility failed to ensure facility staff provided two residents (Resident #1 and #5), of nine sampled residents who were unable to complete their own activities of daily living (ADL), the necessary care and services to maintain good personal hygiene. Staff failed to assist and provide nail care and grooming to include shaving. The facility census was 82.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>36185</p> <p>Refer to NITN12.</p> <p>Based on observation, interview, and record review, the facility failed to apply hand splints (an external device that is used to support and protect injured bones, ligaments, tendons, and other tissues and to treat contractures (a shortening and hardening of muscles, tendons, or other tissue leading to deformity and rigidity of joints) that can be caused by disease or trauma) for one resident (Resident #1) with hand contractures in a sample of nine residents. The facility also failed to apply palm protectors (used to prevent fingers from digging into the palm of your hand, to prevent skin damage and prevent further deformity) for Resident #1 as directed by Occupational Therapy. The facility census was 82.</p>		