

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 05/13/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1), was free from verbal abuse when Certified Medication Technician (CMT) B yelled and cussed at the resident and told the resident to shut up and when the resident refused cares. Resident #1 said he/she was shocked CMT B treated him/her in that manner and was scared of CMT B. The facility census was 73.</p> <p>The administrator was notified of the past noncompliance on 5/13/25, which occurred on 5/3/25. On 5/5/25 the administrator became aware of a staff to resident abuse allegation involving Resident #1. Upon discovery, the facility suspended the staff member, conducted an investigation, and notified appropriate parties and the police. Staff members were in-serviced on the facility abuse policy, including staff to resident abuse and reporting abuse, and all facility staff was educated on the facility abuse policy and expectations on monitoring and responding to residents. The deficiency was corrected on 5/6/25.</p> <p>Review of the facility's undated Abuse Policy showed the following:</p> <ul style="list-style-type: none"> -It is the policy of the facility that each resident will be free from abuse; -Abuse can include verbal or mental; -Residents will be protected from abuse, neglect, and harm while they are residing at the facility; -No abuse or harm of any type will be tolerated and residents and staff will be monitored for protection; -An owner, licensee, administrator, licensed nurse, employee or volunteer of a nursing home shall not physically, mentally, or emotionally abuse, mistreat or neglect a resident. <p>1. Review of Resident #1's undated face sheet showed the resident had diagnoses that included dementia (a chronic condition that causes a decline in mental functioning, such as thinking, remembering, and reasoning, to the point that it interferes with daily life) with behavioral disturbances, generalized anxiety disorder (a persistent feeling of anxiety or dread that interferes with how you live your life), Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), and cerebral infarction (a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it).</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265160
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 3/11/25, showed the following:</p> <ul style="list-style-type: none"> -The resident had moderately impaired cognitive skills for making activities of daily living decisions; -The resident had verbal behaviors toward others and other behaviors directed at himself/herself; -The resident rejected cares daily; -The resident required partial to moderate assistance from staff to wheel 50 feet in his/her wheelchair and was dependent on staff to wheel 150 feet; -The resident required substantial to maximum assistance from staff to dress and transfer from the bed to a chair; -The resident was dependent on staff to get from a sitting to standing position. <p>Review of the the resident's Care Plan, dated 3/15/25, showed the following:</p> <ul style="list-style-type: none"> -The resident had behavioral symptoms and had the right to refuse any medications or treatment he/she desired; -If the resident refused care, notify the nurse; -Repeat attempts to give medications, care or therapies at least three times; -Document refusals and notify the physician if the refusals are compromising the resident's physical, mental, or hygienic health; -The resident had a potential for drug related complications associated with the use of psychotropic medications related to restlessness and agitation; -Encourage the resident to verbalize his/her feelings that are associated with anxiety, depression, hallucinations, delusions or mood swings. <p>Review of the facility's investigation, dated 5/5/25, showed the following:</p> <ul style="list-style-type: none"> -The resident reported that CMT B told the resident to shut the F up; -The resident said CMT B was mean and he/she was scared of CMT B; -The investigation concluded that CMT B used vulgar and inappropriate language with the resident; -The resident was consistent with his/her recollection of the incident regardless of a diagnosis of dementia. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/12/25 at 2:06 P.M. and 5/13/25 at 3:14 P.M. the resident said the following:</p> <ul style="list-style-type: none"> -CMT B kept bugging him/her to change his/her incontinent brief. CMT B was mean and yelled at him/her and tossed him/her in bed; -The resident was shocked CMT B did that to him/her and treated the resident that way. <p>During an interview on 5/12/25 at 2:13 P.M. Resident #3 said the following:</p> <ul style="list-style-type: none"> -CMT B yelled at the resident a few times because he/she got frustrated when the resident needed help; -CMT B used the F word and yelled at Resident #1 when CMT B put Resident #1 in bed; -This occurred during the weekend on either 5/3/25 or 5/4/25. <p>Review of Visitor #15's written statement, dated 5/13/25, showed the following:</p> <ul style="list-style-type: none"> -He/She was visiting a resident diagonally across the hall from Resident #1; -He/She heard a commotion in the hallway and went to the doorway of the room he/she was visiting; -He/She saw CMT B screaming and cussing at Resident #1 across the hall. CMT B used very bad language and called the resident a fucking bitch. <p>Review of a facility statement, written by Licensed Practical Nurse (LPN) C, dated 5/4/25, showed the following:</p> <ul style="list-style-type: none"> -LPN C asked the resident if anything out of the ordinary happened yesterday (5/3/25); -The resident replied Yes, the person at the desk (CMT B) was mean to me. He/She always yells at me; -The resident said CMT B kept going in his/her room telling the resident he/she had to be changed. <p>During an interview on 5/12/25 at 12:19 P.M. CMT B said the following:</p> <ul style="list-style-type: none"> -CMT B went to Resident #1's room and provided care because the resident had food on him/her, had spilled coffee on the sheets, and had been incontinent; -Resident #1 yelled and cussed at CMT B to get out of his/her room and refused care; -CMT B had not encountered that type of yelling from a resident before and didn't know how to handle it; -CMT B had never cussed at the resident before, but he/she did on that day (5/3/25); <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-CMT B verbally abused the resident right back;</p> <p>-CMT B did not remember what he/she said to the resident but he/she did say something that was verbal abuse.</p> <p>During an interview on 5/13/25 at 3:50 P.M. the administrator said the following:</p> <p>-Staff should never yell or cuss at a resident;</p> <p>-CMT B should not have cussed at the resident;</p> <p>-The facility did not tolerate any type of abuse and CMT B was terminated for his/her actions.</p> <p>MO253752</p> <p>MO253766</p>		