

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  09/15/2025
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 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>(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

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide bathing for four residents (Residents #1, #2, #3, and #4), who relied on staff to assist with their activities of daily living (ADLs), in a review of five sampled residents, during the time the residents were temporarily relocated to the COVID isolation unit. The facility census was 85. Review of the facility's ADL policy, dated March 2015, showed no documentation related to how often a resident should be offered and/or assisted with bathing. 1. Review of Resident #1's undated face sheet showed he/she received hospice services. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment to be completed by the facility, dated 07/10/25, showed the following:-His/Her cognition was intact;-He/She required substantial/maximum assistance with bathing. Review of the resident's care plan, last reviewed/ revised on 07/17/25, showed the following:-He/She needed some assistance with activities of daily living (ADLs);-Staff would assist him/her with bathing.(Review showed no documentation related to how frequently staff were to assist the resident with bathing.) Review of the facility's undated shower schedule showed the resident was to receive a shower on Mondays and Thursdays. Wednesday was a makeup shower day. Review of the resident's shower sheets showed he/she received a shower on 08/28/25. (Review of the shower sheets and the resident's medical record showed no documentation the resident received a shower on 08/29/25 through 08/31/25.) Review of the resident's nursing progress notes, dated 09/01/25, showed the resident tested positive for COVID and was placed on COVID isolation unit. During an interview on 09/10/25 at 4:55 P.M., the Director of Nursing (DON) said she could not locate any shower sheets completed for the resident from 09/01/25 through 09/09/25. Review of the resident's shower sheets, and medical record showed no documentation the resident received a shower on 09/01/25 through 09/10/25 (a total of 13 days since his/her last shower on 08/28/25). During an interview on 09/10/25 at 12:18 P.M., the resident said the following:-He/She was placed on the COVID isolation unit on 09/01/25;-His/Her last shower was on 08/28/25, and he/she had not changed his/her clothes; -He/She was due for a shower on 09/02/25, but no one offered or gave him/her a shower; -He/She received hospice care, but the hospice aides were not allowed to come to the COVID unit to assist him/her with a shower;-He/She asked facility staff to assist him/her with a shower. The staff always told him/her they would come back later, and then they never returned;-He/She felt bad and wanted a shower. Observation on 09/10/25 at 12:18 P.M. showed the resident's hair was greasy and disheveled. 2. Review of Resident #2's undated face sheet showed he/she received hospice services. Review of the resident's admission MDS, dated [DATE], showed the following:-His/Her cognition was intact;-He/She had occasional urinary incontinence;-He/She required partial/moderate assistance with bathing. Review of the resident's care plan, last reviewed/ revised on 09/01/25, showed the following:-He/She experienced bladder incontinence at times;-He/She received hospice services.(The resident's care plan did not include the resident's need for assistance with bathing or documentation to show how often the resident was to receive bathing.) Review of the resident's progress notes, dated 09/01/25, showed the resident tested positive for COVID and was placed on the COVID isolation unit. Review of the resident's quarterly MDS, dated [DATE], showed the following:-His/Her cognition was intact;-Bathing assessment was not completed due to medical condition (the resident was on COVID isolation);-He/She had occasional urinary incontinence. Review of the facility's shower schedule showed the resident was to receive a shower on Tuesdays and Fridays. Wednesday was a makeup shower day, if needed. During an interview on 09/10/25 at 4:55 P.M., the DON said she could not locate any shower sheets completed for the resident from 09/01/25 through 09/09/25. During an interview on 09/10/25 at 1:45 P.M., the resident said the following:-He/She was placed on COVID isolation on 09/01/25 until 09/10/25;-He/She did not receive a shower the entire time he/she was on the isolation unit;-He/She received hospice services, but the hospice aides could not go on the COVID isolation unit to assist him/her with bathing;-None of the facility staff offered to assist him/her with a shower;-When he/she asked about a shower, the staff told him/her they were trying to catch up or had too many other things to do;-At one point, staff provided him/her with a washcloth to wash his/her own body, but he/she wanted a shower;-Not having a shower for nine days made him/her feel dirty. 3. Review of Resident #3's admission MDS, dated [DATE], showed the following:-His/Her cognition was severely impaired;-He/She was frequently incontinent of bladder;-He/She was always incontinent of bowel;-He/She required substantial/maximum assistance with bathing. Review of the resident's care plan, last reviewed/ revised on 09/01/25, showed the resident tested positive for COVID and required</p>		