STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265195	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Andrew's at Francis Place	400 Summerville Blvd Eureka, MO 63025

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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents designated to receive walk to dine restorative services (staff assist residents to walk to and/or from the dining room daily at breakfast, lunch or dinner) received that restorative service. The facility identified 22 residents on the walk to dine program. Of those 22, five were interviewable and all five said staff did not walk them to and/or from the dining room for any of the three meals (Residents #18, #9, #21, #2 and #19). The census was 101.Review of the facility's Restorative Nursing Care policy dated 2021, showed:Policy: It is the policy of this facility that a resident is given the appropriate treatment and services to maintain or improve his or her abilities, as indicated by the resident's comprehensive assessment, to achieve and maintain the highest practicable outcome;Procedure:-Restorative Nursing programs include nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible;-A resident may be started on a restorative nursing program when he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy;-Nursing personnel are trained in restorative nursing care, and our facility has an active program of restorative nursing care which is developed and coordinated through the resident's care plan;-The comprehensive assessment will identify the resident's baseline functional and cognitive status in order to determine appropriate interventions;-Based on the comprehensive assessment, the care plan will be individualized and the resident/representative will be included in the development of the restorative/rehabilitative care plan and provided the risks and benefits of the treatments;-The facility's restorative nursing care program is designed to assist each resident to achieve and maintain optimal physical, mental and psychosocial functioning;-Restorative nursing care is performed daily for those residents who require such services. Such a program includes, but is not limited to: Assisting residents with mobility. Assisting residents with all activities of daily living including walking and transferring. Assisting residents to carry out prescribed therapy exercises;-Through the resident care plan, the goals of restorative nursing care are reinforced in the restorative services;-Restorative nursing techniques are included in the orientation program and the ongoing staff development program. Review of the facility's Restorative Nursing Assistant (RNA) job description, dated 8/2022, showed:-Assists residents in restorative functions with the intent of facilitating optimal capability and quality of life;-Provide restorative nursing care as directed by the physical therapist;-Provide restorative nursing care as outlined by the physician's orders and the resident care plan;-Document progress notes outlining the resident's response or lack of response to treatment provided;-Review care plan before providing restorative functions to residents;-Document in the restorative notes each treatment provided as ordered;-Make recommendations for the discontinuation of restorative services as needed.Review of the facility Certified Nursing Assistant (CNA) job description dated 8/1/22, showed Duties and Responsibilities: Perform restorative nursing as outlined in each resident's plan of care. Includes ambulation, range of motion (repetitive exercise/movement of the major joints).1. Review of Resident #18's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/4/25, showed:-Adequate hearing;-Speech Clarity: Clear Speech, distinct intelligible words;-Makes Self Understood: Understood;-Ability To Understand Others: Understands, clear comprehension;-Cognitively intact;-Walk 10 feet: Supervision or touching assistance;-Walk 50 feet or 150 feet: Not attempted due to medical conditions or safety concerns;-Diagnoses: High blood pressure, diabetes mellitus (high/low blood sugar), arthritis, and depression;-Number of Falls Since admission or Prior Assessment: Two;-Number of days each of the following restorative program was performed (for at least 15 minutes a day) in the last 7 calendar days: Walking: 0. During an interview on 8/29/25 at 11:41 A.M., the resident sat in a wheelchair in the dining room. The resident said he/she wheeled himself/herself to/from the dining room. Staff had never offered to walk him/her to/from the dining room. If staff asked him/her to walk to/from the dining room, he/she would walk with them. He/She did not walk by himself/herself because he/she did not want to fall.During an interview on 8/29/25 at 2:00 P.M., the RNA said he/she walked the resident 235 feet after lunch. 2. Review of Resident #9's quarterly MDS dated [DATE], showed: -Adequate hearing;-Speech Clarity: Clear Speech, distinct intelligible words;-Makes Self Understood: