STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0550 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 were treated in a dignified manner affecting 5 of 18 sampled residents (Residents #1, #58, #64, #28 and #5). The census was 75. Review of the facility's resident's rights policy, undated, showed:-Employees shall treat all residents with kindness, respect, and dignity;-Residents are entitled to exercise their rights and privileges to the fullest extent possible. Our facility will make every effort to assist each resident in exercising his or her rights to assure that the resident is always treated with respect, kindness, and dignity;-Respect: Treat others as you want to be treated-every person matters. 1. Review of Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated, 5/31/25, showed:-Cognitively intact;-Diagnoses included Ogilvie syndrome (acute dilation of the colon), chronic obstructive pulmonary disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe) and major depressive disorder. Observation on 8/15/25, in the resident's room, showed:-At 7:33 A.M., Restorative Aide W came into the resident's room and started to clean the room. He/She put on gloves, grabbed a paper towel and then wiped up a pile of bowel movement (BM) located near the resident's bed. He/She turned to the resident and said why did you put this on the ground? You have all these nasty wet clothes. You need to clean this up.;-At 7:39 A.M., he/she walked to the resident's door and grabbed the doorknob with one gloved hand while he/she grabbed the dirty linen cart with his/her other gloved hand. He/She said this resident is always making messes. Observation on 8/15/25 at 8:03 A.M., showed the resident sat in a chair next to the nurse's station. Housekeeping Aide M turned and said, you have to excuse me. This one (gesturing towards resident) and I [NAME] multiple times a day. He/She likes to make messes and throw BM all over. The resident looked up towards where Housekeeping Aide M was standing, visibly upset with a frown. During an interview on 8/15/25 at 8:07 A.M., Restorative Aide W said that is how he/she always talks to the resident. He/She said it hard to work with the resident and the resident should be cleaning up his/her own messes. During an interview on 8/20/25 at 1:48 P.M., the Director of Nurses (DON) and Administrator said staff should speak to residents in a respectful manner. It is not appropriate for staff to express displeasure with residents in front of them. 2. Review of Resident #58's quarterly MDS, dated [DATE], showed:-Cognitively intact;-Diagnoses included anxiety, depression, and mental disorder not otherwise specified. Review of the resident's care plan, in use at the time of survey, showed:-Focus: The resident has a potential psychosocial well-being problem;-Goal: The resident will demonstrate adjustment to nursing home placement by/through review date;-Tasks included allow the resident time to answer questions and to verbalize perceptions and fears. Observation on 8/18/25 at 1:00 P.M., showed the resident propelled into the dining room in his/her wheelchair. The Dietary Manager (DM) passed a lunch tray behind the resident, then bumped into the resident's wheelchair. The Dietary Manager said something in a stern, loud, and rude voice and said, You should have said hi, I'm behind you, and walked away from the resident. At 1:10 P.M., the resident asked dietary staff for silverware. As the DM prepared trays at the food prep line within earshot of the resident, the DM said, We're not doing this today. The resident asked the DM for a plate of food and said he/she did not want a burger and wanted to eat whatever was on the menu. The DM said, It's too late, you already asked for a burger. The resident asked why it was too late and said he/she had the right to change his/her mind. The DM ignored the resident and continued plating food for other residents in the dining room. During an interview on 8/18/25 at 1:23 P.M., Certified Nursing Assistant (CNA) I said the DM speaks rudely to the residents all the time. He/She said he/she goes out of his/her way to not work in the dining room during meals so he/she does not have to hear the DM speak to residents. During an interview on 8/18/25 at 1:32 P.M., the resident said fettuccine was served at lunch. He/She wanted a burger with a side of fettuccine and one of the staff told him/her it was ok to ask for that. The DM said no, he/she could not have what was requested. The way the DM talked to him/her was not very nice. During an interview on 8/19/25 at 8:51 A.M., Licensed Practical Nurse (LPN) J said some of the dietary staff is rude and they get upset with residents asking for things, particularly the DM. Staff should speak to residents nicely and try to accommodate them. During an interview on 8/19/25 at 9:47 A.M., CNA S said the DM talks to people rudely. Residents should get what they request and should be able to ask for things without getting yelled at. During an interview on 8/19/25 at 1:56 P.M., the DM said residents should be treated with dignity and respect. She said she did not intentionally speak rude to the resident. The resident tries to order food too late all the time and it aggravates

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0658 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 interview and record review, the facility failed to ensure services provided met professional standards of practice when one resident (Resident #27) did not receive his/her routine anti-anxiety medication as prescribed for over two weeks. The facility also failed to document accurate weights on one resident (Resident #10) and failed to document when two residents (Resident #9 and Resident #68) left the facility for outside appointments and when the residents returned to the facility. The sample was 18. The census was 75. Review of the facility's Medical Provider Orders policy, revised 4/7/23, showed:-Policy: The facility shall use uniform guidelines for the ordering and following of medical provider orders;-Following of Medication and/or Treatment Orders;-Staff should follow all valid medical provider orders timely unless there is an emergency which would temporarily delay the implementation of the order;-The policy did not provide guidance for processes on reordering medications or pulling medications from the emergency kit (E-kit) if a prescribed medication was unavailable.Review of the facility's Weight Monitoring Program Guidelines policy, dated 10/11/10, showed:-The Director of Nursing (DON)and the Staff Development Coordinator will be responsible for monitoring the weights of each resident in the facility;-All new admissions will be added to the weekly schedule for the first four weeks after admission; After that time the assigned Nurse Manager will assess the stability of the resident's weight and decide when to continue to monitor the residents weight on a weekly basis or monthly basis. -The Nurse Manager will monitor on a weekly basis if the residents will be added to or removed from the weekly weight list;-The Nurse Manager will review significant weight gains and losses. 1. Review of Resident #27's medical record, showed:-Diagnoses included anxiety;-A physician order, dated 9/12/24, for clonazepam 1 milligram (mg), one tablet by mouth at bedtime for anxiety.Review of the resident's July and August 2025 Medication Administration Record (MAR) and progress notes related to clonazepam, showed:-A nurse's note, dated 7/31/25, showed the medication was ordered;-A nurse's note, dated 8/5/25, showed the medication is out of stock;-A nurse's note, dated 8/8/25, showed waiting on pharmacy to deliver medication;-A nurse's note, dated 8/9/25, showed waiting on medication to be sent by pharmacy, no access to E-kit;-A nurse's note, dated 8/11/25, showed waiting on medication from pharmacy;-A health status note, dated 8/11/25, showed nurse spoke to the resident's primary care physician, Physician EE, regarding resident's clonazepam. Per Physician EE, the facility's psychiatrist, Physician FF, was responsible for filling the script. Pharmacy contacted. Per pharmacy, will send additional request to Physician FF for medication. Resident made aware;-Staff documented 9 to indicate medication not received on 16 occasions from 7/26/25 through 8/13/25.Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/13/25, showed the resident cognitively intact.Review of the resident's care plan, in use at the time of survey, showed:-Focus: The resident has a potential psychosocial well-being problem related to anxiety;-Focus: The resident has a mood problem;-Tasks included the resident is taking anti-anxiety medications.During an interview on 8/18/25 at 12:04 P.M., the resident said there are issues with getting some medications consistently. He/She was recently out of clonazepam for two weeks. The clonazepam was back in stock within the past week. The facility needed a script from a psychiatrist. Two weeks was too long to be without his/her medication. He/She takes clonazepam for anxiety. He/She had an increase in anxiety during his time without the medication. During an interview on 8/19/25 at 8:51 A.M., Licensed Practical Nurse (LPN) J said the resident was out of clonazepam. The facility was waiting on a signed script from Physician EE. The resident even personally called Physician EE to request refills. Facility nurses have sent scripts and tried contacting Physician EE. When a resident is out of medication, they should notify the physician to get the order filled and pass the information along to the oncoming shift.During an interview on 8/20/25 at 9:31 A.M., Registered Nurse (RN) A said the resident's clonazepam was received on 8/13/25 after being out of stock for two weeks. Physician EE is the resident's physician, but cannot prescribe narcotic medication, so the medication has to be prescribed by Physician FF. The facility has issues getting a hold of Physician FF. When the resident's clonazepam ran out, staff should have pulled it from the E-kit. When a nurse pulls narcotics from the E-kit, it has be removed in the presence of two witnesses. The facility uses some agency nurses and they do not have access to the E-kit, so this is another problem. The resident should not have been without his/her medication for two weeks. People cannot just stop taking medications like that right away. During an interview on 8/19/25 at 11:04 A.M., the DON said there have been ongoing issues getting a response from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to ensure Activities of Daily Living (ADL) needs were met for three of 18 sampled residents. The facility failed to ensure general hygiene needs were met for two residents (Residents #1 and #64) and feeding assistance was provided to one resident (Resident #28). The sample was 18. The census was 75. Review of the facility's ADL policy, undated, showed:-Purpose: To ensure residents receive assistance with ADLs to maintain or enhance their dignity, independence, and quality of life, while preventing avoidable decline in function;-Procedure: Care plans will reflect each resident's functional status, strengths, limitations, and preferences. Staff will provide individualized assistance with bathing, grooming, dressing, eating, mobility, toileting, and hygiene as needed. Residents will be encouraged to participate in their ADLs to the fullest extent possible. Care will be delivered in a private and respectful manner. All ADL care provided, resident participation, refusals, and changes in condition will be documented in the electronic health record. 1. Review of Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated, 5/31/25, showed:-Cognitively intact;-Diagnoses included Ogilvie syndrome (acute dilation of the colon), chronic obstructive pulmonary disease (COPD, lung disease), and major depressive disorder. Review of the resident's care plan, in use at the time of the survey, showed:-Focus: The resident has an ADL Self Care Performance Deficit;-Goal: The resident will maintain current level of function through the next review date;-Interventions: The resident requires some cueing and supervision of one staff for dressing. The resident requires one staff participation with personal hygiene and oral care. Observation on 8/18/25 at 11:58 A.M., showed the resident walking down the hallway back to his/her room. The resident's pants were falling down exposing his/her underwear. The resident's hair was oily. The resident's fingernails were dirty, stained with dark matter. Observation on 8/19/25 at 7:45 A.M., showed the resident seated in the dining room for breakfast. The resident's shirt was unbuttoned with his/her stomach exposed. His/Her hair was oily. His/Her fingernails were dirty, with dark matter underneath the nails. The resident's pants were falling down exposing his/her underwear. Observation on 8/19/25 at 8:34 A.M., showed the resident seated in a chair near the nurse's station. The resident's shirt was unbuttoned with his/her stomach exposed. His/Her hair was oily. His/Her nails were dirty, with dark matter underneath the nails. During an interview on 8/20/25 at 7:48 A.M., Certified Nursing Assistant (CNA) M said he/she would expect the resident to have clean nails and hair. He/She would expect staff to assist the resident with his/her clothing to ensure they are on correctly. During an interview on 8/20/25 at 8:01 A.M., Registered Nurse (RN) C said he/she would expect the resident's hair and nails to be cleaned during the resident's showers or as needed. He/She would expect staff to ensure the resident's clothing is on properly. During an interview on 8/20/2025 at 3:00 P.M., the Director of Nursing (DON) and Administrator said they would expect the resident's hair and nails to be clean. They would expect staff to ensure the resident's clothing is on properly and comfortable to the resident. 2. Review of Resident #64's quarterly MDS, dated , 7/3/25, showed:-Cognitively intact;-Diagnoses included diabetes, muscle weakness, and major depressive disorder. Review of the resident's care plan, in use at the time of the survey, showed:-Focus: Resident has an ADL self-care performance deficit;-Goal: Resident will maintain current level of function through the next review date;-Interventions: Resident requires one staff participation with bathing. The resident requires one staff participation with personal hygiene and oral care. Observation and interview on 8/14/2025 at 11:54 A.M., showed the resident in the dining room in an activity. He/She had oily hair and dirty fingernails with matter underneath the nails. The resident said he/she is not always given the chance to shower twice a week. Observation on 8/19/2025 at 8:38 A.M., showed the resident had oily hair and dirty nails with matter underneath the nails. During an interview on 8/20/25 at 7:48 A.M., CNA M said he/she would expect the resident to have clean nails and hair. He/She would expect the resident to receive at least two showers a week. During an interview on 8/20/25 at 8:01 A.M., RN C said nursing staff should ensure the resident receives at least two showers or bed baths a week. He/She would expect the resident's hair and nails to be washed. During an interview on 8/20/2025 at 3:00 P.M., the DON and Administrator said they would expect the resident to recieve at least two showers or bed baths a week. They would expect the resident's hair and nails to be cleaned during their showers or as needed. 3. Review of Resident #28's admission MDS, dated , 7/3/25, showed:-Moderately impaired cognition;-Diagnoses included hemiplegia and hemiparesis (muscle weakness or partial paralysis) affecting the dominant right side, diabetes, and acute kidney failure. Review of the resident's care plan, in use at the time of the survey

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0804 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 were served food at a palatable, safe, and appetizing temperature during meal service. This affected 10 of 18 sampled residents (Residents #5, #7, #17, #26, #27, #48, #54, #60, #64 and #68). The census was 75. Review of the facility's meal temperature policy, revised 1/2019, showed:-Purpose: To ensure appropriate food temperatures during meal service and to ensure appropriate food holding temperatures. To comply with federal and state regulations governing food meal service;-Policy: Meals temperatures shall be monitored by the Dietary Manager and the Cooks on a daily basis. Hot food shall be cooked or heated to a temperature above 165 degrees Fahrenheit (F) . Cold food shall be chilled to a temperature below 40 degrees F. Foods shall be provided at point of service to support resident/patient satisfaction. Temperatures of hot food shall be supported to promote service temperatures of hot foods to about 120 degrees F and cold foods to below 50 degrees F. 1. Review of Resident #5's medical record, showed:-Cognitively intact;-Diagnoses included hypertension (HTN, high blood pressure), end stage renal disease (ESRD, permanent kidney failure requiring transplant or dialysis for survival), history of transient ischemic attack (TIA, a temporary interruption in blood flow to the brain causing stroke-like symptoms) and tType 2 diabetes. During an interview on 8/18/25 at 7:40 A.M. the resident said meals at the facility are often served cold and taste bland. A hamburger was served for dinner over the weekend that the resident described as burned, dry, and covered in a nasty sauce. 2. Review of Resident #7's comprehensive Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/16/25, showed:-Cognitively intact;-Independent with eating;-Diagnoses included emphysema (lung disease), heart failure, breast cancer, iron deficiency anemia, hyperlipidemia and chronic kidney disease. During an interview on 8/14/25 at 12:18 P.M., the resident said the only issue he/she has with the facility is the food. The food is always cold when it is supposed to be hot. The food doesn't taste good. He/She doesn't bother asking for an alternative food because it won't be good or hot, either. Observation on 8/14/25 at 12:54 P.M., showed the resident eating lunch in his/her room. The food on his/her plate consisted of a pinkish meat, diced mixed vegetables, and mashed potatoes. During an interview, the resident said the food was meh and not very good. 3. Review of Resident #17's quarterly MDS, dated [DATE], showed:-Cognitively intact;-Diagnosis included hemiplegia and hemiparesis (muscle weakness or partial paralysis) affecting the non-dominant left side, dementia and acute respiratory failure. During an interview on 8/14/2025 at 11:19 A.M., the resident said the food is not good. The food is usually cold when delivered. 4. Review of Resident #26's quarterly MDS, dated [DATE], showed:-Cognitively intact;-Independent with eating;-Diagnoses included depression and bipolar disorder (mood disorder that can cause intense mood swings).During an interview on 8/14/25 at 5:36 P.M., the resident said food is often served cold. Residents can ask staff to microwave their food, but he/she doesn't like doing this because he/she feels like he/she is being inconvenient. 5. Review of Resident #27's quarterly MDS, dated [DATE], showed:-Cognitively intact;-Independent with eating;-Diagnoses included diabetes, acute kidney failure, high blood pressure, dehydration, depression, and anxiety. During an interview on 8/18/25 at 12:04 P.M., the resident said the food served by the facility is terrible. The food is served cold when it should be hot. The food tastes bad and can be undercooked. 6. Review of Resident #48's quarterly MDS, dated [DATE], showed:-Cognitively intact;-Setup or clean-up assistance required for eating;-Diagnoses included diabetes, hyperlipidemia, high blood pressure, and morbid obesity. Observation on 8/15/25 at 8:13 A.M., showed Certified Nurse Aide (CNA) HH delivered a breakfast tray to the resident's room. At 8:28 A.M., the resident's breakfast tray contained a scoop of scrambled eggs and a biscuit. During an interview, the resident said his/her food was served cold and it was not enough to eat. At 9:05 A.M., CNA HH removed the resident's breakfast tray. As he/she was leaving the room, the resident said his/her food was nasty. CNA HH laughed and said he/she would remove the tray for the resident. CNA HH did not offer to get the resident an alternate. Observation on 8/18/25 at 8:46 A.M., showed the resident in bed with a tray of breakfast on his/her bedside table, consisting of a scoop of scrambled eggs and a donut. No dietary slip on the breakfast tray. During an interview, the resident said this is ridiculous. He/She is hungry and did not get served enough to eat. He/She is upset, tired and hungry. 7. Review of Resident #54's medical record, showed:-Cognitively intact;-Diagnoses included acute kidney failure, muscle weakness and depression. During an interview on 8/14/2025 at 12:03 P.M., the resident said the food is horrible. He/She said food temperatures are cold when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0806 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 provide food that accommodates resident allergies and preferences, and to provide alternative meal options (Residents #26, #5, #49, #48, #60, #27, #35, and #55). The sample was 18. The census was 75.1. Review of the facility's resident council meeting minutes, showed:-On 6/25/25, 13 residents in attendance. Staff are not properly reading the tickets and sending meals to their rooms that their tickets state they do not want. Alternative menus - some meals they do not have in the kitchen, so they do not reach out to ask if they want another alternative meal; -On 7/16/25, 20 residents in attendance. Residents complained the kitchen staff is rude and fail to read the tickets accurately. They also noted that some meals are not available. One resident expressed frustration of being served daily eggs when he/she is allergic to eggs. During a group interview on 8/18/25 at 11:03 A.M., six out of six residents, whom the facility identified as alert and oriented, said there are ongoing issues with dietary. They have discussed their concerns with staff in resident council meetings and the dietary issues have continued. The facility does not post menus, so residents do not know what meal are going to be served. The facility has an alternate menu, but the kitchen is out of stock of the items on the alternate menu all the time. Three of the six residents in attendance said when dietary slips are provided with meals, staff do not follow the guidance on the dietary slips. 2. Observations on 8/14/25 at 10:14 A.M., 8/15/25 at 8:54 A.M., and 8/18/25 at 8:30 A.M., showed no menus posted in the facility. During an interview on 8/19/25 at 1:56 P.M., the Dietary Manager (DM) said the expectation is that the menus for each day and for the month are to be posted on the wall outside the main dining room. This has not been done. 3. Review of Resident #26's electronic medical record (EMR), showed:-Diagnoses included depression and bipolar disorder (mood disorder that can cause intense mood swings);-Allergies to eggs and poultry flagged at the top of the screen in the EMR;-A comprehensive nutritional assessment, dated 3/6/24, showed allergies to eggs and poultry. Resident has an allergy to chicken;-A physician order, dated 2/15/25, for regular diet. Allergies: Eggs, poultry. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/31/25, showed:-Cognitively intact;-Independent with eating. Review of the resident's care plan, in use at the time of survey, showed a focus of the resident has nutritional problem or potential nutritional problem. No documentation related to the resident's allergies of food preferences. Review of the resident's dietary slips, undated, showed NO EGGS (ALLERGY) and NO POULTRY (ALLERGY) at the top of the slips for breakfast, lunch, and dinner. During an interview on 8/14/25 at 5:36 P.M., the resident said he/she is allergic to poultry and eggs. He/She is served eggs at breakfast all the time. If eggs are on the menu for breakfast, he/she is supposed to get an alternate meat. Observation on 8/18/25 at 9:07 A.M., showed the resident in his/her room eating breakfast. During an interview, the resident said he/she was served eggs for breakfast yesterday. The resident showed a picture he/she took on his/her phone of the eggs. The picture showed a plate of scrambled eggs, and the picture was timestamped 8/17/25 at 9:06 A.M. During an interview on 8/20/25 at 8:24 A.M., Certified Nurse Aide (CNA) B said the resident is allergic to eggs and gets served eggs all the time. 4. Review of Resident #5's quarterly MDS, dated [DATE], showed:-Cognitively intact;-Setup or clean-up assistance required for eating;-Diagnoses included high blood pressure, kidney failure, and diabetes. During an interview on 8/18/25 at 7:40 A.M., the resident said he/she was served a burger for dinner over the weekend that was burned, dry, and covered in nasty sauce. He/She asked for a hotdog as a substitute but was told by dietary staff the item was not available. Observation on 8/18/25 at 12:45 P.M., showed the resident in the hallway outside of the kitchen. He/She requested a hotdog for lunch. Dietary Aide (DA) OO said no, he/she does not get a hotdog today, DA OO will give him/her a burger. During an interview on 8/18/25 at 12:55 P.M., the resident said he/she wanted a hotdog for lunch. He/She has been wanting a hotdog for two weeks, and they never have any. It makes him/her upset. He/She eats a burger every day and he/she doesn't want another burger. 5. Review of the facility's alternate menu, undated, showed:-Please circle: Lunch or dinner;-Date, resident name, room;-Please circle your choice:-Grilled cheese;-Soup;-Hamburger and chips;-Cheeseburger and chips;-Deli sandwich and chips;-Chef salad;-Hot dog and chips;-Tuna salad and chips;-Please have completed and return to Dietary by 10:00 A.M. for lunch and 3:30 P.M. for dinner. Observation of the kitchen on 8/18/25 at 12:27 P.M., showed no hot dogs or tuna in the food storage areas. Cans of cream of chicken soup were located in the pantry. During an interview on 8/18/25 at 12:35 P.M., DA OO and the DM said food listed on the alternate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265236	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avenir at Mark Twain	11988 Mark Twain Lane Bridgeton, MO 63044

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review the facility failed to provide documentation of ongoing educational training provided to active Certified Nursing Aides (CNAs), totaling no less than 12 hours per year, for four of six sampled active CNAs. Insufficient training documentation was provided for four of six sampled CNAs. The sample was 18. The census was 75.1. Review of CNA E's CNA Annual In-Service Training Log, showed:-Inservices completed each month from January 2025 to June 2025, with each inservice totaling one hour;-No record of inservices completed prior to January 2025. 2. Review of CNA Z's CNA Annual In-Service Training Log, showed:-Inservices completed each month from January 2025 to June 2025, with each inservice totaling one hour;-No record of inservices completed prior to January 2025. 3. Review of CNA AA's CNA Annual In-Service Training Log, showed:-No record of inservices completed for the past year, from hire date to hire date, while employed at the facility. 4. Review of CNA BB's CNA Annual In-Service Training Log, showed:-No record of inservices completed for the past year, from hire date to hire date, while employed at the facility. 5. Review of CNA CC's CNA Annual In-Service Training Log, showed:-No record of inservices completed for the past year, from hire date to hire date, while employed at the facility. 6. Review of CNA DD's CNA Annual In-Service Training Log, showed:-No record of inservices completed for the past year, from hire date to hire date, while employed at the facility. 7. During an interview on 8/19/25 at 8:52 A.M., the Director of Nursing (DON) said she was unable to find annual education logs for four of the six sampled CNAs and does not have access to any annual trainings completed by employees prior to January, 2025. The DON said the previous administration walked out of the building with numerous documents and believes CNA trainings may have been among them. Ensuring annual education is completed by CNAs is the responsibility of the DON, and all CNAs at the facility should receive 12 hours of education annually per regulation guidelines.8. During an interview on 8/20/25 at 1:48 P.M the Administrator and DON said they expected all CNAs at the facility to receive 12 hours of ongoing education annually per regulation guidelines. It is believed the previous DON took inservice records and education documentation with them when resigning from the position.