

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34003</p> <p>Based on interview and record review, the facility failed to immediately report allegations of physical abuse of one resident (Resident #1), to the state agency in a review of four sampled residents. The facility census was 73.</p> <p>Review of the facility policy for Freedom from Abuse, Neglect and Exploitation - Investigation and Reported dated 11/2024 showed the following:</p> <p>-At the facility all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and /or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported;</p> <p>-The facility will not condone any form of resident abuse or neglect. To aide in abuse prevention, all personnel are to report any signs and symptoms of abuse/neglect to their supervisor or to the Director of Nursing Service immediately;</p> <p>-All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, the following persons or agencies: the State Licensing/certification agency responsible for surveying/licensing the facility; the Resident Representative (Sponsor) of Record; Law Enforcement offices; the resident's Attending Physician; and the facility Medical Director;</p> <p>-Suspected abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported within two hours if the alleged events have resulted in serious bodily injury;</p> <p>-If the events that cause the allegation do not involve abuse of not resulted in serious bodily injury, the report must be made within twenty-four hours;</p> <p>-The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's face sheet showed original admitted [DATE] with a readmission to the facility on [DATE].</p> <p>Review of the resident's care plan for safety with a revision dated of 3/2/25, showed the following:</p> <ul style="list-style-type: none"> -Special Instructions: no (specified gender) caregivers; -The resident was unsafe and unable to care for self out in the community. The resident will remain in the facility for 24 hour supervision and care needs assistance he/she required. <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 3/5/25 showed the following:</p> <ul style="list-style-type: none"> -The resident had the ability to make self understood and able to understand others; -Brief Interview for Mental Status (BIMS-a brief, standardized assessment used to quickly screen for cognitive impairment, focusing on orientation, short-term memory, and attention, often used in long-term care facilities) with a score of 8 (moderate cognitive impairment); -No behaviors; -Supervision with ADLs. <p>During an interview on 3/12/25 at 8:30 A.M. the Administrator said the following:</p> <ul style="list-style-type: none"> -He had not investigated any allegations of residents being hit; -There was a resident on the facility's locked memory care unit that was having some delusions about having to care for a child that someone had left in his/her room; -The administrator identified the memory care resident as Resident #1; -Yesterday, he/she specifically asked Resident #1 if anyone had hit him/her and the resident denied being hit; -He had gotten some strange reports of the resident making the allegations the week before; -He thought these were delusional allegations and no formal investigation was completed. <p>During an interview on 3/12/25 at 9:10 A.M. Resident #1 said the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-There was a young individual (specified gender and race), that had stalked him/her and hit him/her in the back. He/She had not seen this person for a couple of weeks, then in the last couple of days, this person was back. He/She did not know this person's name, but this person would stalk him/her and watch all of his/her movements like they were establishing his/her pattern. There was a time when this person came up behind him/her, grabbed him/her to take control of him/her and then hit him/her in the back. This person's family member worked at the facility too. He/She did not feel safe at the facility and did not know when he/she would be attacked again;</p> <p>-The resident cried as he/she told the story.</p> <p>During an interview on 3/12/25 at 9:45 A.M. the Director of Nursing (DON) said the following:</p> <p>-She and the administrator talked to the resident recently because an Activity staff member said the resident said something to them about being hit;</p> <p>-It had been reported by Activity Assistant C the resident did not like a particular aide (Certified Nurse Aide (CNA) A). CNA A was never investigated as potentially abusing the resident as she assumed that the resident was having delusions.</p> <p>During an interview on 3/12/25 at 11:00 A.M. Activity Assistant C said the following:</p> <p>-Over the weekend of 3/1/25, the resident wrote a note and put it on the door that said Do not enter, I will call the police ;</p> <p>-He/She asked the resident about the note and the resident said there was a person (specified gender) that would come and stalk and grab him/her, and then hit him/her;</p> <p>-He/She told the Activity Director and the Social Services Director a couple days later what the resident told him/her.</p> <p>During an interview on 3/12/25 at 11:10 A.M. the Social Services Director said the following:</p> <p>-Activity Assistant C came to her and the Activity Director on 3/5/24 and reported the note the resident left on his/her door and what the resident said about being hit;</p> <p>-She talked with Resident #1 and his/her story was consistent about a (specified gender person) hitting him/her on the back;</p> <p>-She reported this to the Administrator on 3/5/25.</p> <p>During an interview on 3/12/25 at 11:10 A.M. the Activity Director said the following:</p> <p>-She was with the Social Services Director when Activity Assistant C reported Resident #1 had a note on his/her door and about being hit;</p> <p>-On 3/10/25 as therapy was walking with the resident, the resident was very upset and said the person that hit him/her was back again, but now that person was (identified a different gender);</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The DON was aware of this.</p> <p>During an interview on 3/12/25 at 11:50 A.M. the DON said the following:</p> <p>-She was not told anything about a young person (gender identified) hitting the resident;</p> <p>-She did talk with CNA A on 3/5/25 who told her that the resident thought CNA was (same identified gender young person) and did not like him/her;</p> <p>-CNA A worked on 3/8/25 and 3/9/25.</p> <p>During an interview on 3/12/25 at 12:22 P.M. the Administrator said the following:</p> <p>-He had gotten a lot of conflicting stories regarding the resident;</p> <p>-When he talked with the resident about being hit, the resident denied being hit and he did not notify the state agency due to the conflicting stories he had received;</p> <p>-He did not complete a formal investigation;</p> <p>-He should have investigated the allegation more thoroughly and reported the allegations to the state agency.</p> <p>MO250845</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34003</p> <p>Based on interview and record review, the facility failed to conduct a timely and thorough investigation when one resident (Resident #1), in the review of four sampled residents, made an allegation of physical abuse. The resident said he/she was being hit by a young person (specified gender). The facility identified a staff member, Certified Nurse Aide (CNA) A, who met the general description that the resident provided. The facility failed to protect the resident when CNA A continued to work after the allegation of physical abuse was made. The facility census was 73 .</p> <p>Review of the facility policy for Freedom from Abuse, Neglect and Exploitation - Investigation and Reported dated 11/2024 showed the following:</p> <ul style="list-style-type: none"> -At the facility all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and /or injuries of unknown source (abuse) shall be thoroughly investigated by facility management; -The facility will protect residents from harm, reprisal, discrimination or coercion during investigations of abuse allegations; -If an incident or suspected incident of resident abuse is reported, the Administrator will assign the investigation to an appropriate individual.; -The Administrator will suspend immediately any employee who has been accused of resident abuse, pending the outcome of the investigation; -The Administrator will ensure that any further potential abuse, neglect, exploitation or mistreatment is prevented.; -The Administrator will inform the resident and his/her representative of the status of the investigation and measures taken to protect the safety and privacy of the resident. -The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident. <p>1. Review of Resident #1's face sheet showed the resident's original admitted was 4/15/24 with a readmission to the facility on [DATE].</p> <p>Review of the resident's care plan for safety with a revision dated of 3/2/25, showed the following:</p> <ul style="list-style-type: none"> -Special Instructions: no (specified gender) caregivers; -The resident was unsafe and unable to care for self out in the community. The resident will remain in the facility for 24 hour supervision and care needs assistance he/she required. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 3/5/25 showed:</p> <ul style="list-style-type: none"> -The resident has the ability to make self understood and able to understand others; -Brief Interview for Mental Status (BIMS-a brief, standardized assessment used to quickly screen for cognitive impairment, focusing on orientation, short-term memory, and attention, often used in long-term care facilities) with a score of 8 (moderate cognitive impairment); -No behaviors; -Supervision with ADLs. <p>During an interview on 3/12/25 at 9:10 A.M. Resident #1 said the following:</p> <ul style="list-style-type: none"> -There was a young individual (specified gender and race), that had stalked him/her and hit him/her in the back. He/She had not seen this person for a couple of weeks, then in the last couple of days, this person was back. He/She did not know this person's name, but this person would stalk him/her and watch all of his/her movements like they were establishing his/her pattern. There was a time when this person came up behind him/her, grabbed him/her to take control of him/her and then hit him/her in the back. This person's family member worked at the facility too. He/She did not feel safe at the facility and did not know when he/she would be attacked again; -The resident cried as he/she told the story. <p>During an interview on 3/12/25 at 11:00 A.M. Activity Assistant C said the following:</p> <ul style="list-style-type: none"> -Over the weekend of 3/1/25, the resident wrote a note and put it on the door that said Do not enter, I will call the police ; -He/She asked the resident about the note and the resident said there was a person (specified gender) that would come and stalk and grab him/her, and then hit him/her; -He/She told the Activity Director and the Social Services Director a couple days later what the resident told him/her. <p>During an interview on 3/12/25 at 11:10 A.M. the Social Services Director said the following:</p> <ul style="list-style-type: none"> -Activity Assistant C came to her and the Activity Director on 3/5/24 and reported the note the resident left on his/her door and what the resident said about being hit; -She talked with Resident #1 and his/her story was consistent about a (specified gender person) hitting him/her on the back; -She reported this to the Administrator on 3/5/25. <p>During an interview on 3/12/25 at 11:10 A.M. the Activity Director said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-She was with the Social Services Director when Activity Assistant C reported Resident #1 had a note on his/her door and about being hit;</p> <p>-On 3/10/25 as therapy was walking with the resident, the resident was very upset and said the person that hit him/her was back again, but now that person was (identified a different gender);</p> <p>-The DON was aware of this.</p> <p>During an interview on 3/12/25 at 9:45 A.M. and 11:50 A.M. the DON said the following:</p> <p>-She and the administrator talked to the resident recently because an Activity staff member said the resident said something to them about being hit;</p> <p>-It had been reported by Activity Assistant C the resident did not like a particular aide (Certified Nurse Aide (CNA) A). CNA A was never investigated as potentially abusing the resident as she assumed that the resident was having delusions.</p> <p>-She did talk with CNA A on 3/5/25 who told her that the resident thought CNA (same identified gender young person) did not like him/her;</p> <p>-CNA A worked on 3/8/25 and 3/9/25.</p> <p>During an interview on 3/12/25 at 1:00 P.M. CNA A said the following:</p> <p>-He/She had worked at the facility for a couple of months on the locked memory care unit;</p> <p>-Ever since he/she started, Resident #1 has accused him/her of stalking the resident and hitting the resident in the back;</p> <p>-Nurses have told him/her to just stay away from the resident;</p> <p>-He/she will try to stay away from the resident and not provide any care to Resident #1, but recently he/she had to go into Resident #1's room to care for the roommate;</p> <p>-He/She had not worked in a couple of weeks and just came back to work over the weekend;</p> <p>-The DON had talked to him/her about this a couple of days ago, when she got a report that the resident said he/she was hit.</p> <p>During an interview on 3/12/25 at 12:22 P.M. and 3/14/25 at 11:30 A.M., the Administrator said the following:</p> <p>-He had gotten some strange reports of the resident making the allegations the week before;</p> <p>-He thought these were delusional allegations and no formal investigation was done;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-When he talked with the resident about being hit, the resident denied being hit so the investigation was not a formal investigation and did not notify the state agency due to the conflicting stories he had received.</p> <p>-He should have investigated the allegation more thoroughly and reported to the state licensing agency the allegations.</p> <p>MO250845</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34003</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1), with diagnosis of major depressive disorder, recurrent severe without psychotic features, generalized anxiety disorder and panic disorder, in a review of four sampled residents, who had a significant history of past trauma, received care planned interventions to address the resident's trauma to ensure the resident attained the highest practicable mental and psychosocial well-being, when the resident began to exhibit increased paranoia and saying someone had been hitting him/her. The facility census was 73</p> <p>Review of the facility policy for Behavioral Assessment, Intervention and Monitoring with a revision date of , d+[DATE] showed the following:</p> <ul style="list-style-type: none"> -The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care; -New onset or changes in behavior will be documented regardless of the degree of risk to the resident or others; -The Interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan of care accordingly. Safety strategies will be implemented immediately if necessary to protect the resident and others from harm; -Atypical behavior will be differentiated from behavior that is dangerous or problematic for the resident(s) or staff, or behavior that signals underlying distress; -The resident and family or representative will be involved in the development and implementation of the care plan. <p>Review of the facility policy for Trauma Informed Care with a revision date of ,d+[DATE] showed the following:</p> <ul style="list-style-type: none"> -Purpose: to guide staff in appropriate and compassionate care specific to individuals who have experienced trauma; -As part of the admission process, identify history of trauma or interpersonal violence when possible. Identifying past trauma or adverse experiences may involve record review or the use of screening tools; -Utilize trained and qualified staff members who have established a rapport with the resident to assess him or her for previous trauma; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	

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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Interact with all residents and visitors in a manner that is welcoming and kind, without being intrusive;</p> <p>-Reduce or eliminate unnecessary stimuli (noise, lighting, unwanted or sudden physical contact, etc.)</p> <p>1. Review of Resident #1's undated face sheet showed the following:</p> <p>-An original admitted [DATE] with a readmission to the facility on [DATE];</p> <p>-Diagnoses included adjustment disorder with anxiety and depressed mood;</p> <p>-A note made under special instructions to ensure no caregivers of a specified gender.</p> <p>Review of the resident's psychiatric notes dated [DATE] showed the following:</p> <p>-When the resident was five he/she lived with his/her parent who made friends with a young person (same gender as parent) who came to his/her home, took a gun and woke them up in the middle of the night. The resident said he/she told his/her parent and screamed, his/her parent got up and was shot by the friend, who then took his/her parent's car and left the resident by himself/herself and the floor was red (with blood). The resident's other parent died around the same time as well. Grandparents raised the resident with one grandparent sexually abusing the resident. The resident relayed many stories about how difficult his/her life was.</p> <p>Review of the resident's psychiatric progress notes dated [DATE] showed the following:</p> <p>-Chief complaint: Not doing well, seen about ten months ago. Resident reports multiple falls over the past ten months, he/she lost his/her significant other. Resident feels that facility was not been giving him/her therapy, feels he/she was on too many medications and had no connections with the people at the facility;</p> <p>-Now on Zoloft (an antidepressant medication), and Namenda (indicated for the treatment of moderate to severe dementia of the Alzheimer's type);</p> <p>-He/She was witness to his/her parent's murder, grandparent sexually abused him/her over the years;</p> <p>-Strong family history of borderline personality disorder (BPD a mental health condition characterized by difficulties regulating emotions, maintaining stable relationships, and having a stable sense of self). Resident's child killed himself/herself due to BPD;</p> <p>-Resident had paranoia at times, displayed an anxious and sad mood, impaired attention and concentration; oriented to two of three of person, place and time, judgement was fair and thought association was concrete. Depressed affect, anxious and frustrated about being in the nursing home, paranoia noted by friend;</p> <p>-Problem: depression, anxiety and frustration was worsening;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnostic impression: major depressive disorder, recurrent severe without psychotic features, generalized anxiety disorder and panic disorder without agoraphobia (an anxiety disorder characterized by a persistent and intense fear of being in situations where escape may be difficult or help may not be available)</p> <p>-Treatment plan: Continue Zoloft 100 mg two times a day, add Remeron (a medication used for depression and appetite stimulant) 7.5 mg daily for sleep and appetite; Zyprexa (an antipsychotic medication that can treat several mental health conditions like schizophrenia and bipolar disorder) 2.5 mg in the evening.</p> <p>Review of the resident's psychiatric progress notes dated [DATE] showed the following:</p> <p>-Chief complaint: disappointment about pain;</p> <p>-New medicine for arthritis, knee was better, careful while walking. Neck pain was present;</p> <p>-Mood was fair, not wonderful, pain affects how he/she felt;</p> <p>-Taking Zoloft for depression and anxiety;</p> <p>-Discussed treatment plan - ongoing depression and anxiety and continue with medication.</p> <p>Review of the resident's care plan for safety with a revision date of [DATE] showed the following:</p> <p>-Special Instructions: no caregivers of a specified gender;</p> <p>-The resident was unsafe and unable to care for self out in the community. The resident will remain in the facility for 24 hour supervision and care needs assistance he/she requires;</p> <p>-Goal: the resident will express satisfaction with care needs;</p> <p>-Interventions: Social Services offered as needed or requested by the resident.</p> <p>Review of the resident's care plan for Activities of Daily Living (ADLs) with a revision date of [DATE] showed the following:</p> <p>-The resident has an ADL self-care performance deficit related to history of left hip fracture, cognitive impairment with diagnosis of dementia, anxiety, some behavior issues, refused care, gets agitated and anxious. Preference of (Specified Gender) Caregiver;</p> <p>-Goal: Resident's needs will be met with staff assistance;</p> <p>-Interventions in part: assist with ADLs. No interventions to address the behavior issues.</p> <p>Review of the care plan for history/diagnosis of Anxiety and Depression with a revision date of [DATE] showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident has a diagnosis and history of anxiety and depression. He/She has needs for increased supervision/assistance with inability to return back to the community; he/she is at risk for mood changes;</p> <p>-Goal: the resident will demonstrate no signs or symptoms of depression, anxiety or sadness;</p> <p>-Interventions: administer medications as ordered; give the resident time and encourage him/her to express feelings of down, depressed, hopelessness, sadness or frustrations; monitor/record/report to nurse/physician as needed acute episodes feelings or sadness, loss of pleasure and interests in activities, feelings of worthlessness or guilt, change in appetite/eating habits, change in sleep patters, diminished ability to concentrate; psychiatric consult as needed.</p> <p>Review of the resident's care plan dated [DATE] showed no care plan with interventions to address history of abuse and past trauma experienced by the resident.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated [DATE] showed the following:</p> <p>-The resident had the ability to make self understood and able to understand others;</p> <p>-Brief Interview for Mental Status (BIMS-a brief, standardized assessment used to quickly screen for cognitive impairment, focusing on orientation, short-term memory, and attention, often used in long-term care facilities) with a score of 8 (moderate cognitive impairment);</p> <p>-Mood moderate risk, feeling down, hopeless marked yes nearly every day; trouble falling or staying asleep, no energy, poor appetite marked yes, feeling bad about self marked yes nearly every day;</p> <p>-No behaviors;</p> <p>-Diagnoses of dementia, anxiety, depression;</p> <p>-Takes antipsychotic medications, antianxiety medications and antidepressant medications.</p> <p>During an interview on [DATE] at 9:10 A.M. Resident #1 said the following:</p> <p>-There was a young person of a specified race that had stalked him/her and hit him/her in the back. He/She had not seen this person for a couple of weeks, then in the last couple of days, this person was back. He/She did not know this person's name, but this person will stalk him/her, and watch all of his/her movements like they were establishing his/her pattern. There was a time when this person came up behind him/her and grabbed him/her to take control of him/her and then hit him/her in the back. This person's family member also worked at the facility;</p> <p>-He/She did not feel safe at the facility;</p> <p>-He/She did not know when he/she would be attacked again;</p> <p>-The resident cried and sobbed as he/she told the story.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:55 P.M. Family Member (FM) A said the following:</p> <ul style="list-style-type: none"> -The resident's significant other recently passed away and this has upset the resident tremendously. The resident took care of the significant other right up to his/her death. The resident had a child who committed suicide when the child was a young adult, and the resident had been sexually abused by family members. The resident had suffered a lot of trauma in his/her past and saw a psychiatrist. The facility received the psychiatric notes and should be aware of what the resident's past life was like. The resident had told him/her several months ago that he/she had been hit by a person of a specified gender. He/She reported this to the staff as this was very real to the resident and he/she was hurting from this. <p>During an interview on [DATE] at 11:00 A.M. Licensed Practical Nurse/MDS coordinator D said the following:</p> <ul style="list-style-type: none"> -He/She was responsible for the coordination of the resident assessment and care plans; -He/She was aware of the resident's past and the frequent psychiatric visits, but he/she has not read the psychiatric notes; -There should be a care plan to address the past trauma and interventions to help the resident with the affects of the trauma. <p>During an interview on [DATE] at 11:10 A.M. the Social Services Director (SSD) said the following:</p> <ul style="list-style-type: none"> -The resident has been upset lately and thinking that a person has been hitting him/her, the resident has said this multiple times and it has been reported to the Administrator and investigated; -The resident had experienced some trauma in his/her past life and saw a psychiatrist routinely. She had not read the psychiatric notes and had not thought about how the trauma in the resident's past might be influencing his/her thought process in the present; -The resident was assessed for trauma when he/she was first admitted to the facility over a year ago, and had not been assessed again; -The resident's significant other recently passed away. The resident took care of the significant other for some time and the resident had been more tearful and depressed since the significant other expired; -She has not thought about the possibility of the past trauma affecting the resident's thought process and if these thoughts could be influencing him/her saying that someone was hitting him/her. <p>During an interview on [DATE] at 11:38 A.M. the Director of Therapy said the following:</p> <ul style="list-style-type: none"> -The resident had received therapy in the past and considered the therapy department his/her safe place, so when the resident asked or was upset, they let the resident come to the therapy department; -A couple of days ago the resident was very upset and was crying so he/she took the resident to the therapy department which seemed to help him/her; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Garden View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Garden Path O Fallon, MO 63366	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A couple of months ago, the resident did tell him/her that a person came into his/her room and this frightened the resident.</p> <p>During an interview on [DATE] at 9:45 A.M. the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> -Resident #1 recently told her about a young person that he/she has to baby sit and he/she was tired of babysitting. The resident never said anything about being hit. She and the administrator talked to the resident recently because of a report the resident said something to them about being hit; -The resident always got emotional when you talked with him/her and will cry frequently; -She has been told that the resident had been attacked when he/she was younger; -The resident saw a psychiatrist several times a year for some trauma that occurred in his/her life; -She was not aware of what the trauma was, she has never read the resident's psychiatric notes. <p>During an interview on [DATE] at 8:30 A.M. and [DATE] at 11:30 A.M. the Administrator said the following:</p> <ul style="list-style-type: none"> -The resident had some delusions about having to care for a child that someone had left in his/her room; -He would expect staff to be aware of what the psychiatrist has documented in the resident's record and incorporate any interventions into the resident's care plan; -Staff would need to be educated on trauma and the potential for post traumatic stress syndrome (PTSD is a mental health condition that can develop after experiencing or witnessing a traumatic event, leading to persistent symptoms like intrusive memories, avoidance behaviors, and changes in mood and arousal); -He would expect all staff to be aware of the potential for PTSD and what interventions were needed to help the resident or any resident who had PTSD. <p>During an interview on [DATE] at 3:30 P.M. Physician A said the following:</p> <ul style="list-style-type: none"> -The resident has had a lot of trauma in his/her life and now is experiencing some paranoia, this past trauma could be playing a part in the paranoia; -The facility staff should recognize this and put interventions in place to help the resident with the paranoia and trauma. <p>MO250845</p>		