

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Lansdowne Village		STREET ADDRESS, CITY, STATE, ZIP CODE  4624 Lansdowne Avenue Saint Louis, MO 63116	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44950</b></p> <p>Based on interview and record review, the facility failed to ensure their licensed staff was competent in their knowledge of the facility policy for when to provide Cardiopulmonary Resuscitation (CPR, an emergency procedure consisting of chest compressions often combined with artificial ventilation to restore blood circulation and breathing) for one resident whose physician ordered him/her as a full code (CPR desired) when staff failed to have knowledge of when CPR would not be indicated in a full code resident, such as when there is evidence of clinical signs of irreversible death (Resident #3). This had the potential to affect 74 residents at the facility who have a full code status. The sample size was 6. The census was 120.</p> <p>Review of the facility's CPR policy, last reviewed [DATE], showed:</p> <ul style="list-style-type: none"> <li>-The Facility will provide Basic Life Support, prior to the arrival of Emergency Medical Services (EMS) including initiation of CPR to a Resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with the Resident Advance Directives, or a signed Do Not Resuscitate (DNR) order;</li> <li>-Charge Nurse will Initiate CPR Unless: <ul style="list-style-type: none"> <li>-A valid DNR is in place;</li> <li>-Clinical Evaluation reveals obvious signs of clinical death (rigor mortis (stiffening of the joints and muscles of a body a few hours after death, usually lasting from one to four days), dependent lividity (a reddish-blue discoloration of the skin resulting from the gravitational pooling of blood in the blood vessels evident in the lower lying parts of the body in the position of death), decapitation (the total separation of the head from the body), transection or decomposition (the state or process of rotting).</li> <li>-Initiating CPR could cause serious injury/immediate danger to the rescuer;</li> <li>-Licensed employees will maintain a current CPR Certification through a hands-on practice and in-person skills assessment training for healthcare providers;</li> <li>-Responsibility: Licensed nurses, nursing administration, and Director of Nursing (DON).</li> </ul> </li> </ul> <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:  265351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Lansdowne Village		STREET ADDRESS, CITY, STATE, ZIP CODE  4624 Lansdowne Avenue Saint Louis, MO 63116	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #3's significant change Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Upper extremity impairment: One side;</li> <li>-Lower extremity: No impairment;</li> <li>-Substantial/maximal assistance (helper does more than half the effort) required for: Toileting, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, personal hygiene;</li> <li>-Mobility: Substantial/maximal assistance required to: roll left to right, sit to lying, lying to sitting on side of bed, sit to stand, toilet transfer, and tub/shower transfer;</li> <li>-Frequently incontinent of bladder and bowel;</li> <li>-Diagnoses include cancer, stroke, high blood pressure, hemiplegia (paralysis on one side of the body), and depression.</li> </ul> <p>Review of the resident's care plan, in use at the time of the survey, showed:</p> <ul style="list-style-type: none"> <li>-Focus: Resident requests status of full code-initiate CPR;</li> <li>-Goal: Code status will be maintained through next review;</li> <li>-Interventions: Call for an ambulance in the event of a cardiac arrest, do initiate cardiopulmonary resuscitation measures, notify physician, provide emergency measures as appropriate, observe for any changes in code status.</li> </ul> <p>Review of the resident's electronic medical record (EMR), showed:</p> <ul style="list-style-type: none"> <li>-An order dated [DATE], for full code;</li> <li>-A portable medical order, dated [DATE], signed by the resident and the resident's physician showed: <ul style="list-style-type: none"> <li>-Cardiopulmonary Resuscitation Orders: Yes CPR: Attempt resuscitation, including medical ventilation, defibrillation, and cardioversion. (Requires choosing full treatments in section B);</li> <li>-Full treatments (required if choose CPR in Section A): Goal-Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.</li> </ul> </li> </ul> <p>Review of the resident's progress notes, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Lansdowne Village		STREET ADDRESS, CITY, STATE, ZIP CODE  4624 Lansdowne Avenue Saint Louis, MO 63116	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On [DATE] at 5:25 P.M., (late entry) Resident's roommate came up to the nurse's station saying, something is wrong with the resident, he/she is not feeling well, he/she had chemotherapy today. Writer and Certified Medical Technician (CMT) went to go check on resident and ask resident was he/she ok. Resident shook his/her head no and was holding an emesis (action or process of vomiting) bag next to his/her mouth. Writer asked CMT if he/she would get the resident's vitals. Writer then informed the floor nurse and informed him/her that the CMT was getting the resident's vitals;</p> <p>-On [DATE] at 11:10 P.M., Resident resting supine (lying face up) in bed, noted respiration are even and non-labored. Resident responds to tactile stimuli, denies complains of pain. Bed in low position and call light is attached to resident's gown. Resident is aware to use call light if needed;</p> <p>-On [DATE] at 7:21 A.M., this writer summoned to resident's room by his/her roommate at 5:55 A.M., due to the resident not waking up. This writer entered the room and noted that resident had no signs of life. Resident had signs of rigor mortis and per facility policy, CPR was not initiated. This writer last seen resident around 1:00 A.M. Resident appeared to be sleeping per his/her chest rising and falling. Certified Nursing Assistant (CNA) reported last seeing resident doing rounds at 4:30 A.M. during care rounds and reported that resident was awake. Call placed to physician to make aware and call placed to resident's family several times and message left for him/her to call the facility. Call placed to medical examiner.</p> <p>Review of the facility's investigation, showed:</p> <p>-Resident is alert and oriented x 3 with periods of confusion who was admitted to the facility on [DATE]. According to his/her most recent MDS, the resident does have short/long term memory impairment;</p> <p>-On [DATE] at approximately 5:55 A.M., the Nurse was summoned to the resident's room by his/her roommate because the resident was not easily aroused. The charge nurse entered the room and found the resident lying in bed supine. Charge nurse assessed and found the resident without signs or life, there was no pulse or rise and fall of the chest. Code Blue initiated, charge nurse attempted to do CPR, however the resident was cold to touch, and neck was stiff. Second nurse entered the room for assisting. The physician, resident representative was notified on the resident's condition. DON and Administrator made aware;</p> <p>-Upon completion of investigation, it was determined that the resident's Change in Condition was related to an overall gradual decline in care related to diagnosis. The resident was currently going through chemotherapy. The resident last visited the Oncologist (cancer doctor) on [DATE]. The resident was in bed during the day, with no complaints about anything. Registered Nurse (RN) D saw the resident at 1:00 A.M. and he/she was asleep, stable without any complaints. During an interview with the CNA, CNA H stated he/she last seen the resident at 4:30 A.M. when doing rounds and the resident was awake trying to get comfortable in bed.</p> <p>During an interview on [DATE] at 10:20 A.M., Licensed Practical Nurse (LPN) B said he/she last worked with the resident around mid-May and would have to look up the resident's code status. If a resident was a full code and found unresponsive, then LPN B would perform CPR. He/She would have someone call 911 and call a code for more assistance. He/She is not sure why CPR would not be performed on someone who was a full code. LPN B said he/she would have to look up policy, maybe if visible rigor mortis set in, but is unsure. He/She was not working the night the resident passed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Lansdowne Village		STREET ADDRESS, CITY, STATE, ZIP CODE  4624 Lansdowne Avenue Saint Louis, MO 63116	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 11:35 A.M., Resident #3's roommate said the resident was in bed 1 closest to the door. When the resident got chemotherapy, it would wear him/her our and he/she would not want to speak. The resident got chemotherapy that day before he/she passed so was not really talking the day. At approximately 1:00 A.M., he/she heard the aide come in the room to provide care. At around 5:30 A.M., he/she woke up for the day. He/She said the resident's name. When the resident did not respond, he/she went to the nurse's station to notify the nurse. The nurse immediately went to the room and then came back and told the roommate that Resident #3 died .</p> <p>During an interview on [DATE] at 1:40 P.M., Registered Nurse (RN) D said on [DATE], their shift started at 3:00 P.M. on a different unit. At approximately 11:15 P.M., he/she went to Resident #3's unit. At approximately 1:00 A.M., he/she went into Resident #3's room. the resident lay asleep with his/her eyes closed. RN D observed the resident's chest rise and fall with no discomfort. At 4:30 A.M., CNA H went into the resident's room to provide care. RN D said at approximately 5:55 A.M., he/she went to check on the resident. He/She then checked the resident's EMR and the resident was a full code. RN D started to lay the resident's bed down to position him/her to perform CPR. RN D said the resident's neck seemed stiff and the resident would not lay all the way out. His/Her legs would not straighten out. RN D tried to straighten his/her leg but was worried about breaking the resident's leg. RN D decided not to do CPR due to the resident's stiffness. RN I was also in the room. RN D called the DON to verify the CPR policy related to when staff needs to perform CPR. The DON confirmed the policy that CPR is not done if rigor mortis had set in. RN D called the physician. RN D attempted to call the resident's family a couple times but did not answer. RN D called the medical examiner and then talked to the family who came up to the facility. RN D said the facility had in-services in the past on the expectation to not have to do CPR if rigor mortis, but could not remember the date.</p> <p>During an interview on [DATE] at 2:35 P.M., LPN E said he/she is a newer nurse at the facility. All nurses are supposed to be CPR certified. His/Her CPR certification expired not too long ago but he/she is scheduled for a class on Friday [DATE]. The facility provides the certification onsite. LPN E said the night before the resident passed away was his/her first night working. If a resident that was a full code was found unresponsive, he/she would get someone to initiate CPR since he/she is not certified, unless the resident is a DNR.</p> <p>During an interview on [DATE] at 2:45 P.M., LPN L said if he/she found someone unresponsive then he/she would initiate CPR. LPN L said he/she would call out for assistance and have someone call 911 to get EMS on the way. LPN L said there is no reason to not initiate CPR if a full code. The code status can be found in the computer. The facility provides CPR certifications on site.</p> <p>During an interview on [DATE] at 2:50 P.M., CNA G said on [DATE], he/she was the CNA assigned to the resident. The resident reported he/she felt sick that day. The resident went to chemotherapy. The resident said he/she did not feel good and was in pain. The resident was contracted on both of his/her legs and one of his/her hands. He/She was able to sit up on his/her own. The resident's right side was the weak side. CNA G was not sure of the resident's code status since the CNAs do not have much to do with the computer. If he/she found a resident unresponsive, then he/she would initiate CPR then yell to get the nurse. CNA G said the only reason not to initiate CPR is if the resident was a DNR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Lansdowne Village		STREET ADDRESS, CITY, STATE, ZIP CODE  4624 Lansdowne Avenue Saint Louis, MO 63116	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 3:00 P.M., the DON said the morning the resident died she was downstairs on the rehabilitation unit. RN D called the DON and she immediately went upstairs to Resident #3's room. RN D asked the DON if the policy had changed related to when to perform CPR and the DON said she told RN D, no the policy had not changed. The DON said RN D is a newer nurse. RN D called the code but then got a better look at the resident. RN D said no respirations or rise and fall of chest. So per policy, CPR was not done. RN D said the resident was already cold and stiff.</p> <p>During an interview on [DATE] at 7:50 P.M., CNA H confirmed he/she worked on [DATE] and his/her shift started around 3:00 P.M. The resident seemed like his/her normal self. Around 4:30 A.M., he/she provided care and emptied the resident's urinal. CNA H thought the nurse was last in the room at approximately 1:00 A.M. and reported the resident was fine. When the code was called, CNA H was in another room. He/She immediately went in the resident's room. The DON was already in the room. CNA H said the resident was a full code but is not sure if CPR was initiated. There were a lot of nurses in the room, so CNA H said he/she left the room to assist another resident. CNA H said the resident was contracted and weak on one side. He/She liked to pull his/her legs up. The resident could put them down but preferred to keep them up. CNA H does not remember if he/she was in-serviced on CPR. CNA H has been there almost a year. When he/she first started, he/she was not told he/she had to be CPR certified but said he/she is CPR certified now. If a resident is a full code and unresponsive, he/she would start CPR. There would never be a reason not to start CPR. CNA H said the policy was never discussed regarding reasons to not initiate CPR and he/she would automatically do CPR.</p> <p>During an interview on [DATE] at 11:26 P.M., RN I said he/she worked the overnight shift on [DATE] and started his/her shift at 11:00 P.M. on the rehabilitation floor of the facility. RN I said as he/she assisted a resident back to the other side of the facility, RN D came up to him/her, panicked. RN D said, I need you now, it is a code. RN I asked what room and RN D informed him/her that it was Resident #3. RN I had a CNA assist the resident he/she had and went to assist RN D. RN I went in the room. The resident had no pulse and was cold from head to toe. RN D called the code and went to lay the bed down flat to do CPR but it was like rigor mortis set in, irreversible stiffness. The resident's neck seemed stiff, his/her legs were stiff and pulled up. The resident's arms were pulled up too. They would not move. At the time of the code, he/she was not CPR certified. He/She has a class scheduled at the facility in the morning after this shift. RN I said he/she was told by the facility that per policy if a code is called he/she cannot do CPR if he/she is not certified. RN I has been at the facility around 6 years. He/She said he/she was probably in serviced approximately 6 months ago. RN I said when a resident is found unresponsive, the nurse calls a code and initiates CPR until code status is verified. The only two reasons to not do CPR is if the resident is an active DNR or irreversible signs of death is present, such as rigor mortis.</p> <p>Review of the information provided by the facility on [DATE] at 1:30 P.M., showed CPR in-services last completed on [DATE]. Review of the CPR cards, showed RN I's CPR certification was still active and did not expire until [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/14/2024
NAME OF PROVIDER OR SUPPLIER  Lansdowne Village		STREET ADDRESS, CITY, STATE, ZIP CODE  4624 Lansdowne Avenue Saint Louis, MO 63116	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 2:07 P.M., the Administrator and DON said they would expect staff to be competent on the facility policies. They would also expect staff to understand code status and obvious signs of death as stated in the policy. They would expect the nurse to know what to do if a resident is found unresponsive and be able to act immediately. The DON said RN D did know what to do. RN D only asked to clarify a part of the policy. If the DON had not been there, there would have been another nurse available to ask. That night there were three nurses there. The Administrator said RN D knew what to do but agreed that if RN D had to clarify the policy with the DON or any available nurse, that would cause a delay in care. The Administrator said they have been talking and plan to start quarterly in-services/mandatory meetings over CPR, the policy, and expectations. She said maybe it needs to be monthly because it is important the staff understand. She said they have a lot of full code residents and fragile residents at the facility.</p> <p>MO00237438</p>		