

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  06/09/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure residents received care consistent with professional standards. Staff failed to schedule follow up appointments with the urologist (a doctor that specialized in the urinary system) for one resident (Resident #5) who has recurrent urinary tract infections and severe urethra erosion (damage to the urinary opening) from prolong use of an indwelling urinary catheter (flexible tubing that carries urine to outside of body into a urine catch bag). The sample size was 6. The census was 123.</p> <p>Review of the facility's Policy and Procedure for Physician Order, dated 9/28/2022, showed:</p> <ul style="list-style-type: none"> <li>-To provide guidance and ensure physician orders are transcribed and implemented in accordance with professional standards, state and federal guidelines;</li> <li>-Service provided by licensed nurse, nursing administration and Director of Nursing (DON);</li> <li>-Orders must be recorded in the medical record by the licensed nurse authorized to transcribe such orders.</li> </ul> <p>Review of Resident #5 Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/24/25, showed:</p> <ul style="list-style-type: none"> <li>-Moderate cognitive impairment;</li> <li>-Indwelling urinary catheter;</li> <li>-Diagnoses included obstructive and reflux uropathy (disorder of the urinary tract), bladder-neck obstruction, cognitive communication deficit, and muscle weakness;</li> <li>-Required maximum assistance from staff for all activities of daily living, total care provide by staff;</li> <li>-Wheelchair dependent.</li> </ul> <p>Review of the resident's care plan, in use at the time of the investigation, showed:</p> <ul style="list-style-type: none"> <li>-Focus: Requires catheterization - indwelling catheter due to diagnosis of obstruction;</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Interventions: The resident has a suprapubic catheter (medical device inserted through the abdomen into the bladder to drain urine), size 16 French (Fr - a unit of measurement for the outer diameter of the urinary catheter). With a 10 cubic centimeter (cc) balloon (balloon inflated with water to hold the catheter in place). Position catheter bag and tubing below the level of the bladder and away from entrance door, created 4/2/24.</p> <p>Review of the resident's medical record, showed no documentation the resident ever had a suprapubic catheter as indicated in the care plan.</p> <p>Review of the resident's orders dated 5/30/25, showed:</p> <ul style="list-style-type: none"> <li>-Provide urinary catheter care every shift;</li> <li>-Replace urinary catheter every other month and as needed (PRN);</li> <li>-Medically necessity urinary catheter size 16 Fr with a 10-cc balloon;</li> <li>-Change catheter drainage bag every month and PRN.</li> </ul> <p>Review of the resident's hospital after visit summary, dated 3/14/24 through 3/16/24, showed referral to urology to continue regular urinary catheter exchanges.</p> <p>Review of the resident's medical record, showed the urology follow up visit, dated April 2024 missing from the resident chart.</p> <p>Review of the resident's physician progress notes, dated 6/27/24, showed plan: Schedule follow up appointment with urology due to chronic urinary catheter retention for regular urinary catheter exchanges.</p> <p>Review of the resident's medical record showed no urology appointment made to follow up with urology as ordered.</p> <p>Review of the resident's hospital Discharge summary dated [DATE], showed active issues requiring follow up: Urology outpatient follow-up for suprapubic catheter.</p> <p>Review of the resident's facility medical record showed no urology outpatient follow-up appointment made as ordered by the hospital upon discharge.</p> <p>Review of the resident's Urology Consultation note dated 3/30/25, completed during the resident hospital stay, showed: Patient previously established with urology here, but last seen April 2024. Please reach out at discharge to schedule ongoing urology outpatient follow-up for chronic urinary retention and surveillance of bilateral non-obstructing stones.</p> <p>Review of hospital inpatient Discharge summary dated [DATE], showed active issues requiring follow up with urology.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/6/25 at 11:28 A.M., a representative with the call center for the hospital urology department said the resident had an appointment on 4/26/24 with a referral for a three month follow up appointment. This appointment was never scheduled. The resident was last seen outpatient on 4/26/24. The representative added the facility called today, 6/6/25, to schedule a follow up appointment from hospital visit 3/30/25. This appointment is scheduled for 6/16/25 at 10:40 A.M.</p> <p>During an interview on 6/9/25 at 10:41 A.M., Licensed Practical Nurse (LPN) Q said, when a resident comes back from the hospital or a physician visit., the nurse caring for the resident is responsible to make sure the discharge or office visit instructions are received. The nurse is also responsible to review the instructions and make appointments, add or change orders, and notify the staff of changes.</p> <p>During an interview on 6/9/25 at 11:21 A.M., The Director of Nursing (DON) and Assistant Director of Nursing (ADON) said it is the responsibility of the charge nurse, at the time the resident returns to the facility, to make sure paperwork with follow up orders are received, reviewed, and transcribed into the resident medical records and appointments are made. They expect the charge nurse to set up follow up appointments. They were not aware the resident did not have requested follow up appointments scheduled after the urology visit 4/16/24, hospital stay 1/4/25, or hospital stay 4/1/25 and they expected staff would have made the follow up appointment from the 4/1/25 hospital stay prior to this surveyor onsite visit. They were also not aware the resident has severe urethra erosion from prolong use of an indwelling urinary catheter.</p> <p>During an interview on 6/9/25 at 11:36 A.M., Wound Care Nurse A said he/she was aware of the resident's urethra erosion and indwelling urinary catheter. The urethra erosion was healed and has been there since he/she has been caring for the resident for about six months. He/She also said the resident had a lot of issues with the urinary catheter becoming clogged which led to the catheter leaking and causing skin breakdown that required treatment for moisture associated skin damage (MASD).</p> <p>During an interview on 6/9/25 at 12:13 P.M., the Administrator and Regional Director said the charge nurse is responsible to make sure the doctor's office or hospital has sent paperwork, which includes the discharge summary, new orders, referrals, and visit notes for the returning resident. If the paperwork is not with the resident, the nurse should call and request the paperwork. It is the charge nurse responsibility to make sure they have received, reviewed, updated orders, make follow up appointments, and inform staff of changes. After this has been completed, the nurse supervisor for the unit should review the paperwork to make sure nothing has been missed. They expect requested follow up appointments to be made as soon as the resident returns from the doctor visit or hospital stay. They were not aware the resident did not have requested follow up appointments scheduled after urology visit 4/16/24, hospital stay 1/4/25 or hospital stay 4/1/25 and they expected staff would have made the follow up appointment from the 4/1/25 hospital stay prior to this surveyor onsite visit. They were also not aware the resident has severe urethra erosion from prolong use of an indwelling urinary catheter.</p> <p>MO00255305</p>		