STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49149 Based on interview and record review, the facility failed to ensure one resident's right to be free from physical abuse was not violated (Resident #4) when a resident (Resident #5) hit the other resident in the face. The sample was 5. The census was 62. Review of the facility's Residents Rights policy, revised 2/2021, showed: -Be free from abuse, neglect, misappropriation of property, and exploitation; -Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Review of the facility's abuse and investigation and reporting policy, revised 7/2017, showed: -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 investigation will also be reported; -Policy interpretation and implementation: -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. Review of Residents #4's admission assessment Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/22/23, showed moderate cognitive impairment. Review of the resident's face sheet, showed diagnoses included schizophrenia disorder (serious mental condition of the mind), hypertension (high blood pressure), obesity, intellectual disabilities, hypothyroidism (low thyroid hormone level) and bipolar type (extreme emotional highs and lows). Review of the resident's care plan, in use at the time of the survey, showed: (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
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Category: Behaviors- resident is at risk for socially inappropriate/disruptive behavior; -Interventions: Administer behavior medications as ordered by physician; -Interventions: Remove from public area when behavior is disruptive and unacceptable; -Goal: episodes of inappropriate and disruptive behaviors will decrease by 50% within specified time frame. Review of Resident #4's progress note, dated 4/16/24 at 5:46 P.M., showed Licensed Practical Nurse (LPN) C observed Resident #4 being struck by another resident and fell to the floor. LPN C assisted resident from the floor, care was denied. Staff was able to separate the residents, however Resident #4 was verbally aggressive with the other resident. He/She called Resident #5 a nigger and he/she punched a laptop, knocking it to the floor and breaking it. He/She was also observed punching a wall. He/She was also verbally aggressive with staff. Emergency Medical Services (EMS) was called to transport resident to the hospital for further evaluation. He/She was transported to the hospital. Review of Resident #5's annual MDS, dated [DATE], showed: -Cognitively intact; -Diagnoses included high blood pressure, anxiety disorder and depression. Review of the resident's baseline care plan, dated 3/11/24, showed: -Care plan description, resident is at risk for socially inappropriate/disruptive behavior; -Category Behaviors-on going; -Care plan Goal-Episodes of inappropriate and/or disruptive behaviors will decrease by 50% within specified time frame; -Interventions: -Talk in calm voice when behavior is disruptive; -Refer to Social Services for evaluation; -Remove from public area when behavior is disruptive and unacceptable; -Praise for demonstrating desired behavior; -Monitor and document target behaviors; -Do not argue with resident; -Discuss options for appropriate channeling of anger. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's investigation report, showed on 4/16/24 at approximately at 4:20 P.M. on the 200-unit, Resident #4 and Resident #5 were involved in an altercation on the 200 unit: -Summary of alleged incident: While on unit 200, it was reported that Resident #4 and Resident #5 were having words in front of the nursing station. They may have bumped into each other on the elevator. Resident #4 called Resident #5 a racial slur. Resident #5 hit Resident #4. Resident #4 fell while they were fighting. He/She did not hit their head. The staff separated them both and immediately called 911. Resident #4 started hitting the walls and destroying equipment. No police report was done. Resident #4 was taken to the hospital by EMS. During an interview on 4/17/24 at 10:05 A.M., Resident #5 said several months ago, Resident #4 snapped out and was calling the other residents niggas. The resident reported him/her to the Director of Nurses (DON), and he/she thought it was better. But yesterday when Resident #4 saw him/her, he/she started calling Resident #5 the N word again. He/She then made a move like he/she was going to swing on Resident #5. So, he/she defended him/herself. Resident #5 hit him/her once and he/she went down. He/She fell to the ground. The staff came running and told Resident #5 to go to his/her room and he/she did. In the past, they have had about 4 altercations but it wasn't physical until now. He/She stayed in his/her room all night. Resident #4 cursed at Resident #5 today as well, but he/she just ignored him/her. During an interview on 4/18/24 at 8:26 A.M., Certified Nurse Assistant (CNA) G said he/she was in the dining room on the second floor, and he/she heard them arguing and heard another employee say stop. He/She ran over and got between both residents. Resident #5 reached over CNA G's head and hit Resident #4. It was a one/two punch. Resident #4 fell to the floor. Certified Medication Technician (CMT) D called a stat page to the floor. Four or five staff members came. They both were separated and Resident #5 was sent to his/her room. Resident #4 didn't appear to be injured. LPN C called EMS and Resident #4 was sent to the hospital. When EMS came, Resident #4 was still agitated. He/She is usually agitated every day. He/She says things like he/she is going to hit CNA G. He/She is very verbally abusive. It is reported to the nursing. He threatens people saying I'll kick your ass or black bitch. He/She called Resident #5 the N word numerous times. During an interview on 4/18/24 at 8:40 A.M., CNA F said he/she was coming from around the corner out of the linen closet when he/she heard the noise and commotion. He/She and CMT G ran around to find out what was going on. Resident #5 and Resident #4 were having words. Then Resident #4 called Resident #5 the N word. CNA F thought he/she bumped him/her on the elevator. It triggered something in Resident #5. He/She reached over CNA G and punched him/her while they were trying to break them up. Every time Resident #4 said something, Resident #5 tried to hit him/her. They finally broke them up. Resident #4 hit the wall and broke one of the computers until one of the Administrators stopped him/her. The police and ambulance were called. During an interview on 4/19/24 at 9:28 A.M., the Administrator and DON said they expected residents to be free from abuse. It is their right. They expected staff to provide good services to residents that are necessary to avoid physical harm, pain, mental anguish, or emotional stress. MO00234782

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49149 Based on interview and record review, the facility failed to ensure services provided met professional standards of practice by not following the physician orders for two residents (Resident #1 and #4). The facility failed to administer all medication as ordered and did not document the reasons for the omissions. The sample was 5. The census was 62. Review of the facility's Medication orders policy revised November 2014, showed; Policy: The purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders. -Each resident must be under the care of a Licensed physician authorized to practice medicine in this state and must be seen by the physician at least every sixty (60) days; -A current list of orders must be maintained in the clinical record of each resident; -Orders must be written and maintained in chronological order. Review of the facility's administering medications policy, revised 2019, showed: Policy: Medications are administered in a safe and safe and timely manner, and as prescribed. -Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions. -Medications are administered in accordance with prescriber orders, including any required time frame. -Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. enhancing optimal therapeutic effect of the medication; b. preventing potential medication or food interactions; and c. honoring resident choices and preferences, consistent with his or her care plan. -Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). -If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the Medication Administration Record (MAR) space provided for that drug and dose. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 - Few	1. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, dated 1/24/24 showed: -Cognitively intact. -Diagnoses included congestive heart failure (fluid surrounding the heart), high blood pressure, Type 2 diabetes mellitus and edema (swelling). Review of the resident's face sheet, dated 4/16/24, showed diagnoses included transient ischemic attack (TIA, mild stroke), and cerebral infarction (blockage of blood to the brain) without residual deficits. Review of the resident's care plan, dated 3/13/24, showed: -Problem: The resident is at risk for edema related to refusal to elevate legs and lay down after meals; -Intervention: Administer diuretics as ordered; -The care plan did not address the resident's heart or high blood pressure. Review of the resident's MAR, dated 4/1/24 through 4/30/24, showed: -An order dated 1/19/24, for Amiodarone (regulates heart rhythm) 100 milligrams (mg) tablet/dose oral. One tablet once daily was not given on 4/10/24 and 4/14/24; -An order dated 1/19/24, for Loratidine (regulates allergies)10 mg/dose oral. One tablet once daily was not given on 4/10/24 and 4/14/24; -An order dated 1/19/24, for Klor-Con M20 Milliequivalent tablet, extended release (helps heart rhythm) dose oral. One tablet once daily was not given 4/10/24 and 4/14/24; -An order dated 1/19/24, for lisinopril (reduces blood pressure) 20 mg tablet/dose oral. One tablet once a day was not given 4/10/24 and 4/14/24; -An order dated 3/22/24, for Furosemide (reduces swelling) 20 mg/dose oral. One tablet once daily was not given on 4/4/24, 4/8/24, 4/10/24 and 4/14/24. Review of the the resident's progress notes, did not show documentation of the reason the medications were not given or communication with the physician, Administration or with the pharmacy. During an interview on 4/16/24 at 7:17 A.M., the resident said he/she did not get his/her medications and he/she did not refuse them. During an interview on 4/18/24 at 9:13 A.M., Registered Nurse (RN) H said he/she was not sure why resident didn't get the medications. The computer was not user friendly. He/She was not sure why medication was not signed off. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 - Few	2. Review of Resident #4's admission MDS, dated [DATE], showed: -Moderate cognitive impairment. -Diagnoses of schizophrenia (serious mental condition of the mind) and neurological conditions (chemical imbalance of the brain and spinal cord). Review of the resident's face sheet, showed diagnoses included schizophrenia disorder, high blood pressure, obesity, intellectual disabilities, hypothyroidism (low thyroid hormone level) and bipolar type (extreme emotional highs and lows). Review of the resident's progress notes, did not show documentation of the reason the medications were not given or communication with the physician, management or with the pharmacy. Review of the resident's MAR, dated 2/1/24 through 2/29/24, 3/1/24 through 3/31/24 and 4/1/24 through 4/17/24, showed staff did not document administration of the resident's following physician ordered medications: -Miralax (relieves constipation) 17 grams by mouth once daily; February (1 out of 7 opportunities), March (9 out of 31); -Senna (relieves constipation) 8.6 mg by mouth once daily. February (1 of 7 opportunities), March (8 out of 31); -Multivitamin 1 tablet by mouth once daily. March (7 out of 31 opportunities). During an interview on 4/19/24 at 8:30 A.M., the resident's physician said he did not know the resident was missing medications and it could result in a negative outcome if medications were not given in a timely fashion. 3. During an observation and interview on 4/18/24 at 9:23 A.M., Certified Medication Technician (CMT) D said he/she was not sure why medications were not given or not documented as not given. It may be a computer problem that day or someone may have not clicked out. Even if they were given, the system did not let staff go back and click given with the way it was set up. Sometimes, residents refused medications, but they don't know how to get back to put it in. 4. During an interview on 4/18/24 at 1:10 P.M., the Assistant Director of Nursing (ADON) said the medication administration dates were missing, and it appeared the residents did not get their medication. 5. During an interview on 4/19/24 at 9:28 A.M., the Administrator and Director of Nurses said they expected all residents receive their medications per orders. If medication is not given, they expected documentation to reflect the reason why it was not given. They expected a resident who does not get their medication per order may be non-therapeutic and can affect their mental and physical health. MO00234444

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 49149 Based on interview and record review, the facility failed to ensure services provided met professional standards of practice by not following the physician orders for Resident #4. The facility failed to administer his/her medication and did not document the reasons and notification to the physician. The sample was 5. The census was 62. Review of the facility's Medication orders policy, revised November 2014, showed; -Policy: The purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders; -Each resident must be under the care of a Licensed physician authorized to practice medicine in this state and must be seen by the physician at least every sixty (60) days; -A current list of orders must be maintained in the clinical record of each resident; -Orders must be written and maintained in chronological order. Review of the facility's administering medications policy, revised 2019, showed: -Policy: Medications are administered in a safe and safe and timely manner, and as prescribed; -Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions; -Medications are administered in accordance with prescriber orders, including any required time frame; -Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: -a. Enhancing optimal therapeutic effect of the medication; -b. Preventing potential medication or food interactions; and -c. Honoring resident choices and preferences, consistent with his or her care plan; -Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). -If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the Medication Administration Record (MAR) space provided for that drug and dose. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #4's admission assessment Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/22/23, showed: -Moderate cognitive impairment; -Diagnoses of schizophrenia (serious mental condition of the mind) and neurological conditions (chemical imbalance of the brain and spinal cord). Review of the resident's face sheet, showed diagnoses included schizophrenia disorder, high blood pressure, obesity, intellectual disabilities, hypothyroidism (low thyroid hormone level) and bipolar type (extreme emotional highs and lows). Review of the resident's care plan, in use at the time of the survey, showed: -Category: Behaviors-resident is at risk for socially inappropriate/disruptive behavior; -Interventions: Administer behavior medications as ordered by physician; -Goal: episodes of inappropriate and disruptive behaviors will decrease by 50% within specified time frame. Review of the resident's MAR, dated 2/1/24 through 2/29/24, 3/1/24 through 3/31/24 and 4/1/24 through 4/17/24, showed staff did not document administration of the resident's following physician ordered medications: -Chloropromazine (antipsychotic medication) 100 mg tablet 1 tablet by mouth four times daily. February (5 out of 14 opportunities), March (50 out of 124), April (18 out of 68). -Haloperidol (treats mental conditions) 10 mg tablet 0.5 tablet by mouth three times daily. February (3 out of 10 opportunities), March (33 out of 93), April (12 out of 51); -Lithium carbonate (treats manic episodes of bipolar disorder) 300 mg capsule 1 capsule by mouth twice daily. March (23 out of 62 opportunities), April (6 out of 34); -Quitiapine (typical antipsychotic used to treat schizophrenia, bipolar disorder and depression) 200 mg tablet by mouth at bedtime daily. February (1 out of 7 opportunities); -Lorazepam (treats anxiety) 1 mg tablet 1 tablet by mouth three times daily. February (1 out of 10 opportunities), March (31 out of 93), April (5 out of 51); -Divalproex ER (treats seizure disorders and certain psychiatric conditions) 500 mg by mouth two times daily. February (2 out of 14 opportunities); -Metoprolol Tartrate (lowers blood pressure) 25 mg tablet 1 tablet by mouth two times daily. February (7 out of 20 opportunities), (March 33 out of 62), April (10 out of 19); -Abilify (antidepressant) 10 mg tablet 1 tablet by mouth once daily. February (1 out of 7 opportunities); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Atorvastatin (treats high blood pressure) 10 mg tablet 1 tablet by mouth 1 times daily. February (1 out of 7 opportunities), March (7 out of 31); -Benztropine (reduce movement disorders) 1 mg tablet 1 tablet by mouth once daily. February (1 out of 7 opportunities); -Lasix (diuretic) 20 mg tablet 1 tablet by mouth once daily. February (1 out of 7 opportunities), March (7 out of 31); -Medroxyprogesterone (hormonal therapy) 10 mg tablets 1 tablet by mouth once daily. February (1 out of 7 opportunities), March (8 out of 31). Review of the resident's progress notes, did not show documentation of the reason the medications were not given or communication with the physician, administration or with the pharmacy. Review of the resident's progress notes, showed: -On 2/2/24 at 8:54 A.M., the resident was sent to the hospital emergency department for psych evaluation due to aggressive behavior. Family and Doctor notified of resident's behavior. Call placed to Emergency Medical Services (EMS), awaiting arrival; -On 2/4/24 at 11:22 A.M., resident was coming off the elevator yelling at another resident calling resident a bitch and yelling at staff and being redirected to his/her room; -On 2/7/24 at 6:23 P.M., Director of Nursing called to main dining room (MDR), noted resident being verbally aggressive to other residents using racial slurs; calling residents nigger and nigger bitch and advancing towards two residents and stating I'll take you both, and I'll beat the fuck out of you, MDR was cleared of all residents; resident is in close supervision 1:1 at this time; 911 called; -On 3/7/24 at 6:36 P.M., late entry: resident loud yelling down the hall calling staff out of their name and saying that he/she can leave if we don't want him/her there. Resident continues yelling for laundry to be put back in his/her room and for staff not to steal it. Resident taken by the nurse to laundry to show him/her that clothes were in the washer, and it would take an hour to wash and an hour to dry. Resident continues to be increasingly agitated and verbally aggressive with staff. At this time resident placed in lobby and supervised until ambulance arrived. Doctor and Director of Nursing aware; -On 3/7/24 (no time documented), aggressive behavior intervention and protocol plan was put in place due to resident following behavior: Resident swings but does not hit, calls name, yell; -On 3/7/24 at 9:56 A.M., resident was asked to pull shirt down because he/she had exposed his/her entire stomach, he/she told this writer to Kiss (his/her) Ass! He/She did comply as he/she was going to his/her room; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-3/11/24 at 2:37 P.M., staff responded to resident yelling in the hallway by Social Service office. Resident accusing anyone that was attempting to find out what he/she was upset about stealing from him/her. Resident refusing to give details and says you done stealing from me. Resident was educated that he/she can come to Social Services, Administrator to report what is missing so that we can follow up and investigate. Resident still refusing. Staff backed away and continued to observe to make sure behavior did not escalate. Staff stayed near by for 10-15 minutes, no further outburst at this time; -On 4/16/24 at 4:20 P.M., resident was being verbally aggressive with another resident. Resident was struck by another resident. Resident was sent to the hospital. -On 4/17/24 at 7:29 A.M., resident was returned to the facility; -On 4/17/24 at 10:56 A.M., resident continued to have verbally aggressive outbursts. Walked toward staff and other residents making threatening gestures and yelling and cursing. Resident verbalized desire to harm self. Resident continues 1:1 observation until EMS arrives. Resident to be sent to hospital for evaluation and treatment. Review of the resident's hospital emergency room record, dated 4/17/24 at 1:03 P.M., showed the resident's Lithium level measured 0.2 millimoles per liter (2mmol/L) (Normal range is 0.6-1.2mmol/L). During an interview on 4/18/24 at 9:23 A.M., Certified Medication Technician (CMT) D said he/she was not sure why medications were not given or not documented as not given. It may be a computer problem that day or someone may have not clicked out. Even if they were given, the system does not let staff go back and click given with the way it was set up. Sometimes residents refused medications, but they don't know how to get back to put it in. During an interview on 4/18/24 at 9:13 A.M., Registered Nurse (RN) H said he/she is not sure why resident didn't get his/her medications. The computer is not user friendly. He/She was not sure why medication was not signed off. During an interview on 4/18/24 at 9:34 A.M., Hospital Staff A said lab results showed his/her lithium level was undetectable. The medical team surmised that failure by the facility to consistently administer his/her medications could be contributing to his/her increased aggression. During an interview on 4/18/24 at 12:20 P.M., the Administrator said he spoke to the resident's family. The hospital was admitting the resident for medication adjustment. During an interview on 4/18/24 at 1:10 P.M., the Assistant Director of Nursing (ADON) said the medication administration dates were missing, and it appeared the resident did not get their medication. During an interview on 4/19/24 at 9:28 A.M., the Administrator and DON said they expected all residents receive their medications per orders. They expect staff to administer medications per physician's orders. If medication is not given, they expect documentation to reflect the reason why it was not given. They expect a resident who does not get their medication per order may be non-therapeutic and can affect their mental and physical health. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265392	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delhaven Manor	5460 Delmar Blvd Saint Louis, MO 63112

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/19/24 at 8:30 A.M., the resident's physician said he did not know the resident was missing medications and it could result in a negative outcome if medications are not given in a timely fashion. MO00234870