

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Delhaven Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46967</p> <p>Based on interview and record review, the facility failed to provide necessary behavioral health care services for a resident's psychosocial well-being when staff did not address the resident's behaviors, which included alcohol use and verbal/physical aggression, for one resident (Resident #2). The facility failed to address the behaviors and inform staff how to handle the resident's escalating behaviors. The sample was eight. The census was 62.</p> <p>The Administrator was informed on [DATE] of an Immediate Jeopardy (IJ), which began on [DATE]. The IJ was removed on [DATE] as confirmed by surveyor on-site verification.</p> <p>Review of the facility's Substance Use Disorder policy dated [DATE], showed:</p> <ul style="list-style-type: none"> -Residents admitted to the facility with substance use disorder (SUD) will receive the necessary behavioral health care and services to attain and maintain the highest practicable physical, mental, and psychosocial well-being, provided by the facility and in accordance with the comprehensive assessment and care plan; -SUD is defined as recurrent use of alcohol and/or drugs which causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home; -The behavioral health care needs of those with SUD or other serious mental health disorders are evaluated as part of the facility assessment. During the facility assessment, the facility determines whether the capacity, services and staff skills are available to meet the needs of those with SUD or other serious mental health disorders; -All residents are screened for serious mental health disorders, intellectual disabilities, and related conditions prior to admission to determine if specialized services under the Preadmission Screening and Resident Review (PASARR) requirements are necessary; -If the resident does not qualify for specialized services under PASARR, but requires more intensive behavioral health services, the facility will provide for and/or arrange for these services; -The specific services needed by the resident are identified during the comprehensive assessment; <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: 265392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Delhaven Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The care plan will address the individualized needs the resident may have related to the mental disorder or the SUD. For example:</p> <ul style="list-style-type: none"> -Activity needs that are different from other residents; -Access to group counseling; -Access to medication assisted treatment, if applicable; <p>-The resident's history of substance use disorder and risk for using substances which could lead to an overdose while in the facility are identified to the extent possible and documented in the medical record;</p> <p>-In addition, safety, and health concerns specific to the resident and his/her history are identified. Health and safety considerations related to substance use disorder may include:</p> <ul style="list-style-type: none"> -Risk of respiratory depression and fatal overdose; -Increased risk of falls and other accidents; -Potential for wandering and elopement; -Potential for resident-to-resident altercations and other disruptive behaviors; -Constipation and fecal impaction; -Skin infections; -Weight loss and malnutrition; -Potential for cognitive decline and mood disorders; <p>-Care plan interventions are directed at maintaining the safety of the resident, staff, and other residents and not necessarily on addressing the underlying addictive behaviors. Examples of appropriate care interventions for a resident with SUD include:</p> <ul style="list-style-type: none"> -Monitoring the resident for signs and symptoms of substance use (changes in behavior, unexplained lethargy, odors, new needle marks, slurred speech, lack of coordination, etc.) and overdose, especially after returning from a leave of absence or during/after visitation; -Increasing supervision of the resident and, if needed, the resident's visitors; -Supporting the resident's efforts to prevent substance use such as coordinating behavioral health services, medication assisted treatment, and 12-step meetings; -Facility staff are trained on the signs and symptoms of opioid overdose and emergency interventions (the administration of opioid reversal agents (i.e., naloxone and cardiopulmonary resuscitation (CPR)) when drug overdose is suspected; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Delhaven Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Behavioral contracts may be initiated to address behaviors which could endanger the resident, other residents, and staff and to encourage residents to follow their plan of care;</p> <p>-Behavioral contracts are only used with residents who have the capacity to understand them;</p> <p>-Examples of appropriate uses of behavioral contracts include:</p> <p>-A behavioral contract that communicates the resident's right to have a leave of absence and explains the health and safety risks of leaving without facility knowledge or leaving against medical advice (AMA). The contract does not restrict a resident's right to leave the facility, but can distinguish between a leave of absence, elopement, and leaving AMA;</p> <p>-A behavioral contract which clarifies the facility response to suspected illegal substance abuse. If substance abuse is suspected, a behavioral contract may stipulate:</p> <p>-Monitoring and supervision in the facility may be increased to maintain the health and safety of the resident suspected of substance abuse, as well as the other residents;</p> <p>-Visitation may be restricted or supervised if the resident's visitors are deemed to be a danger to the resident, other residents, or staff;</p> <p>-Voluntary drug testing may be conducted if there are concerns that suspected drug use could adversely affect the resident's condition;</p> <p>-Voluntary inspections may be conducted if there is reasonable suspicion of possession of illegal drugs, weapons, or other unauthorized items which could endanger the resident or others;</p> <p>- Local law enforcement will be notified if there is suspicion of a crime in accordance with state laws, such as possession of illegal substances, paraphernalia, or weapons;</p> <p>-Refusal to accept or non-adherence to the terms of a behavioral contract will not be the sole basis for a denial of admission, a transfer or discharge;</p> <p>-Non-adherence to the contract will be treated as a care plan intervention that needs attention or needs to be altered to meet the needs of the resident. The interdisciplinary team (IDT) will work with the resident and resident representative to revise the care plan and contract.</p> <p>Review of Resident #2's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed:</p> <p>-admitted [DATE];</p> <p>-Cognitively intact;</p> <p>-No behaviors exhibited;</p> <p>-Diagnoses included high blood pressure, high cholesterol, and depression.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Delhaven Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the resident's progress notes, dated [DATE] at 6:00 A.M., showed the resident arrived back to the facility at 5:10 A.M. after checking him/herself out the facility at 2:50 P.M. on [DATE]. The resident's speech was slurred, and he/she was loud. His/Her gait was unsteady, and he/she was belligerent due to inebriation (drunk or intoxicated). The resident's physician was notified. He/She gave order to hold all medications and give fluids.</p> <p>Review of the resident's hospital discharge paperwork, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Diagnosis: Alcohol intoxication delirium; -Drugs of abuse screen completed; -Zofran (used to treat nausea or vomiting) four milligrams given. <p>Review of the resident's care plan, in use during the survey, showed:</p> <ul style="list-style-type: none"> -Problem Onset [DATE]: The resident placed him/herself in unsafe situations when away from the facility. He/She was a danger to him/herself due to polysubstance abuse. He/She had poor decision-making skills. He/She was educated and agreed to leave of absence (LOA) with supervision; -Approaches: Place resident in area with frequent observation. Alert staff of unsafe behavior. Provide diversion activities. Approach in calm and accepting manner. Monitor and document behaviors. -The care plan did not list who is designated to monitor the resident's behaviors, the frequency of monitoring, which behaviors would be monitored, and specific diversion activities. <p>Review of the resident's progress notes, showed:</p> <ul style="list-style-type: none"> -On [DATE], time unknown, the resident went into another resident's room and cursed at him/her. Staff deescalated the situation; -On [DATE] at 11:00 P.M., the resident told the nurse he/she was going to sign out of the facility. He/She was encouraged to stay inside. He/She refused, put on his/her coat, and exited the front door. The Administrator and Director of Nursing (DON) were notified; -On [DATE] at 12:15 A.M., the resident returned to the facility; -On [DATE] at 6:15 P.M., the nurse reported the resident had a falling out spell (passed out). The resident was wheeled back to his/her room. Staff notified the physician; -On [DATE] at 1:00 A.M., the resident tried to leave the facility. Staff redirected him/her. His/Her speech was slurred, and his/her eyes rolled up/down and side to side rapidly. Nurse practitioner notified. No new orders given. <p>Review of the resident's physician progress note, dated [DATE] and [DATE], showed:</p> <ul style="list-style-type: none"> -History of polysubstance abuse; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Delhaven Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The resident reported depression and anxiety;</p> <p>-Alcohol and cocaine abuse in early remission;</p> <p>-No documentation of resident's aggressive behaviors or intoxication.</p> <p>Review of the resident's progress note, dated [DATE] at 5:37 P.M., showed the resident was physically aggressive with another resident.</p> <p>Review of the resident's medical record on [DATE], showed no documented Social Services notes.</p> <p>During an interview on [DATE] at 8:38 A.M., LPN E said he/she has worked at the facility since [DATE]. The resident would get drunk and bully staff and other residents. On [DATE], the resident asked to speak to LPN E. He/She refused to talk to the resident. The resident was drunk and made irrational statements. The resident grabbed him/her by the neck and pushed him/her in the corner. He/She filed a grievance against the resident immediately. He/She did not document the incident in the nurse's notes. He/She did not notify the resident's physician. Staff were aware the resident was getting drunk. He/She did not know what staff are supposed to do when residents return to the facility intoxicated. The resident got physical when he/she did not get his/her way. The DON said she would have a meeting with the resident and LPN E. They did not have a meeting.</p> <p>Review of the facility's complaint/grievance report, dated [DATE], showed:</p> <p>-Resident #2 was under the influence of alcohol;</p> <p>-He/She cursed at Licensed Practical Nurse (LPN) E and grabbed him/her by the collar;</p> <p>-Plan to resolve investigation: Social Worker will have a discussion with Resident #2;</p> <p>-Results of actions taken: The Administration team set up a meeting with Resident #2.</p> <p>Review of the resident's physician progress note, dated [DATE], showed:</p> <p>-History of cocaine and alcohol abuse. Improved, in early remission;</p> <p>-No complaints and anxiety was better;</p> <p>-No documentation of resident's verbal and physical aggression towards staff and other residents;</p> <p>-No documentation of resident's recent alcohol abuse.</p> <p>Review of the resident's progress note, dated [DATE] at 12:18 A.M., showed the receptionist asked the nurse to come to the lobby for a fight. The resident was in the lobby with blood on his/her hands and shirt. His/Her speech was slurred, and he/she smelled of alcohol. The resident told the nurse he/she tried to talk to Resident #1, and he/she disrespected him/her. Staff called the police.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Delhaven Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 12:18 P.M., Certified Medication Technician (CMT) A said Resident #2 would come back to the facility drunk. He/She was combative and verbally aggressive. He/She usually drank between 2:00 P.M. and 8:00 P.M. CMT A notified the nurse. The nurse did not find alcohol in Resident #2's room. Resident #2 has had altercations with other residents. When residents are under the influence of alcohol or drugs, staff just tells the nurse.</p> <p>During an interview on [DATE] at 12:40 P.M., CNA C said the resident returned to the facility intoxicated at least two or three times per week. He/She reported it once to a nurse eight months ago. He/She is not sure if the Administrator is aware. If a resident comes back to the facility intoxicated, he/she would report it to a nurse.</p> <p>During an interview on [DATE] at 12:46 P.M., CMT B said the resident was very aggressive. He/She would often return to the facility drunk. He/She has reported the instances to the nurse. They could not find any alcohol on him/her. He/She did not document the incidents. If a resident returns to the facility under the influence, staff are supposed to notify the Charge Nurse.</p> <p>During an interview on [DATE] at 1:05 P.M., LPN D said the resident has returned to the facility intoxicated. He/She would stumble around and had slurred speech. The facility did not have a policy for intoxicated residents. He/She would go to his/her room and go to sleep.</p> <p>During an interview on [DATE] at 2:08 P.M., the Social Worker said the resident was having substance use issues. She was made aware in April. She offered him/her Alcohol Anonymous and counseling services. He/She refused the services. The resident would get drunk on the weekends. He/She attacked LPN E on [DATE]. She met with the resident on [DATE], time unknown. after he/she attacked LPN E. She is not sure if the resident was on a behavior contract. He/She should have been put on a behavior contract after the first incident. The nursing staff was supposed to initiate the behavior contract.</p> <p>During interviews on [DATE] at 11:14 A.M., [DATE] at 1:21 P.M. and [DATE] at 1:45 P.M., the DON said she has been at the facility since [DATE]. The resident had a history of being verbally and physically aggressive. He/She returned to the facility intoxicated. He/She denied drinking alcohol. He/She had an altercation with another resident in April and he/she attacked LPN E in May. She thought the Administrator talked to the resident about the incident with LPN E. LPN E said the resident smelled like alcohol. She was not aware of the problem in his/her care plan. The resident did what he/she wanted to do. The resident's physician was aware of his/her substance use and behaviors. The physician did not address the issues with the DON. The facility does not have a substance abuse assessment. Substance abuse is covered under the facility assessment. She thinks 80% of the residents drink alcohol or have a history of substance abuse. She tried to initiate an Alcohol Anonymous group at the facility. The residents came in, got snacks, and left. She is not sure if Resident #2 was on the attendance list. The facility is not allowed to search residents' rooms or person. Resident #2 should have been on a behavior contract. She was not sure who initiated behavior contracts.</p> <p>During an interview on [DATE] at 8:10 A.M., the Administrator said staff would meet with the resident when possible. He does not have control over what residents do when they sign out. Staff will address the situation when residents return. He never saw the resident intoxicated. The resident did not trigger a PASARR. When residents are intoxicated, staff should contact the physician and send them out. The facility puts residents on behavior contracts when deemed necessary. Resident #2 should have been on a behavior contract. He thought the DON or Social Services was responsible for initiating behavior contracts. He did not know why the resident was not on a behavior contract.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Delhaven Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 10:01 A.M., Resident #2's physician said staff notified him/her of the resident being intoxicated on [DATE]. He/She told staff to hold the resident's medications. He/She was not aware the resident assaulted another resident. If the resident was getting drunk and being aggressive, the facility should have contacted his/her office. The resident should have been on a behavior contract and discharged from the facility sooner.</p> <p>MO00238048</p> <p>MO00238149</p> <p>Note: At the time of the abbreviated survey, the violation was determined to be at the immediate jeopardy level J. Based on observation, interview and record review completed during the on-site visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of the exit, the deficiency was lowered to the D level. This statement does not denote the facility has complied with state law (section 198.026.1 RSMO) requiring that prompt remedial action to be taken to address Class I violation(s).</p>		