

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Bernard Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4335 West Pine Blvd Saint Louis, MO 63108	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment throughout the facility. The facility failed to ensure noise levels were comfortable when the overhead announcements were too loud and the door to the smoking area slammed, for two residents (Residents #108 and #79). One resident (Resident #4) had soiled briefs on the bathroom floor. One resident had a clogged toilet (Resident #11). In addition, the facility failed to provide clean and well-maintained walls, floors, doors, and windows for the 400 locked unit, 300 hall, 100 hall, 200 hall, lobby, hospitality room, and Southern dining room. The facility census was 131. Review of the facility's Safe and Homelike Environment Policy, last reviewed on 6/5/25, showed:-Purpose: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the residents to use his or her personal belongings to the extent possible;-Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas;-A homelike environment is one that deemphasizes the institutional character of the setting, to the extent possible, and allows the residents to use those personal belongings that support a homelike environment;-Comfortable sound levels means levels that do not interfere with the resident's hearing, levels that enhance privacy when privacy is desired, and levels that encourage interaction when social participation is required. Review of the facility's Housekeeping-Deep Cleaning policy, last reviewed on 6/29/23, showed:-Deep cleaning is to be completed as scheduled. This includes floor cleaning (scrubbing and waxing included), windows to be cleaned and ensure no spider webs, floors at closets and doorways are free from was/dirt build up, etc.;-All areas should be monitored on a daily basis, and all resident living areas and non-living areas should be clean and odor free. Review of the facility's Daily Cleaning Checklist for resident rooms, undated, showed:-Resident room:-Pick up all paper, trash, etc., and dispose into cleaning cart;-Use high duster for dusting high places (vents and ceiling, corners);-Clean window edges and all furniture tops and sides;-Glass cleaner, clean windows, mirrors.-Resident Bathroom: Clean inside and outside and sides and base of toilet;-Mopping Residents' room:-Mop entire room, working your way out of the room, dip mop 2-3 times;-In heavy odor rooms, use odor counter at base of toilet;-As you move to the next room, clean the handrails and bumper base;-Clean front of the door. 1. Observation and interview on 12/15/25 at 11:50 A.M., showed Resident #108 walked out of the smoke room. As the resident was speaking, an overhead announcement began. The resident quit talking until the announcement was over. The resident said he/she could not talk over the loudspeakers. The overhead announcements did not always bother him/her so long as he/she could hear what was going on. Observation and interview on 12/16/25 at 11:09 A.M., showed Resident #79 sat in the hallway outside the smoke room. As the resident was speaking, staff came out of the smoke room. The door closed with a loud bang. The resident scrunched his/her eyes and said the door slamming bothered him/her. The smoke room door opened and closed again with a loud bang. The resident said that was a super slam! Boom! It could wake up the dead! Between 11:10 A.M. and 11:13 A.M., the door slammed shut seven times. During an interview on 12/19/25 at 8:59 A.M., the Administrator said there have been issues with the door slamming and they have had it fixed multiple times. She has received reports from residents that the door was broken, but they were not necessarily complaints. She can hear the door slam shut in her office. She has not received any complaints about the overhead speakers. 2. Observation in Resident #4's room on 12/15/25 at 10:50 A.M., showed one soiled brief on the floor in the corner of the bathroom. On 12/16/25 at 8:12 A.M., 8:39 A.M., 9:59 A.M., and 11:12 A.M., two soiled briefs lay on the floor in the corner of the bathroom. During an interview on 12/17/25 at 12:15 P.M., the resident said staff instructed him/her not to place soiled briefs in the trash cans. Residents are expected to ask for a trash bag from the staff to place the soiled brief in. During an interview on 12/19/25 at 12:50 P.M., Certified Medical Technician (CMT) B said staff give the residents on the 100 hall a trash bag to place their soiled briefs in. Staff will take the bagged soiled briefs from the residents and dispose of them in the locked soiled linen and trash room. If the resident is cognitively impaired, nursing staff should check the resident rooms and bathrooms for soiled briefs. Housekeeping will not pick up any trash that contains soiled briefs, and they will not pick up soiled briefs in the resident bathrooms. During an interview on 12/19/25 at 2:30 P.M., the Director of Housekeeping said normally nursing staff put soiled briefs in the dirty utility closet on the 100 hall. Residents were supposed to tell nursing staff if they needed to throw away a brief. During an interview</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that residents received proper treatment and care to maintain mobility and good foot health for five residents (Resident #128, #105, #45, #17 and #1). The sample was 29. The census was 131. Review of the facility's Podiatry (foot) Services policy, revised, 5/14/24, showed:-Purpose: It is the policy of this facility to ensure residents receive proper treatment and care within professional standards of practice and state scope of practice, as applicable, to maintain mobility and good foot health;-Policy: Foot care that is provided in the facility, such as toenail clipping for residents without complication disease processes, shall be provided by staff who have received education and training to provide this service. Residents requiring foot care who have complication disease processes will be referred to qualified professional such as a podiatrist (foot doctor). Employees should refer an identified need for foot care to the Social Worker (SW) or designee. The SW or designee will assist residents in making appointments. Review of the facility's Nail Care policy, revised 6/26/24, showed:-Purpose: The purpose of this procedure is to provide guidelines for the provision of care to resident's nails for good grooming and health;-Policy: Assessment of resident nails will be conducted on admission and readmission to determine the resident's nail condition, needs, and preferences. Report unusual or abnormal conditions of the nails to the physician and the responsible party (curling, color changed, separation from the nail bed, redness, bleeding, pain, odor, infection). Identify conditions that increase risk for foot or nail problems, such as diabetes, peripheral vascular disease (PVD, a lack of blood flow in the legs caused by narrowing of the blood vessels,) heart failure, kidney disease, or stroke. Routine cleaning and inspection of the nails will be provided during activities of daily living (ADL) care on an ongoing basis. Routine nail care, to include trimming and filing, will be provided on a regular schedule. Nail care will be provided between scheduled occasions as the need arises. The resident's care plan will identify: The frequency of nail care to be provided, type of nail care provided and the person responsible for providing nail care to the resident.-Principles of nail care: Nails should be kept smooth to avoid skin injury. Toenails of residents with diabetes or circulation problems shall be filed only. 1. Review of Resident #128's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/20/25, showed:-Moderate cognitive impairment;-No rejection of care behavior exhibited;-Diagnoses include schizophrenia (a mental disorder that distorts reality);-Requires supervision or touching assistance with lower body dressing, putting on and taking off footwear, personal hygiene and bathing. Review of the resident's care plan, in use at the time of survey, showed:-Problem: The resident is independent with ADLs but requires cueing at times for hygiene needs;-Interventions: Remind the resident of good hygiene. Provide protective oversight and assist when needed. Review of the resident's physician order sheet (POS), showed an order, dated 4/29/21, for may see podiatrist. Review of the resident's medical record, reviewed during the survey from 12/15/25 through 12/19/25, showed no documented podiatry visits or consults. Observation on 12/15/25 at 11:13 A.M., showed the resident wore slide-on sandals with his/her toes exposed. His/Her toenails on both feet approximately an inch long, thick, jagged and curled under. Both feet extremely dry with large flakes of dry skin. 2. Review of Resident #105's quarterly MDS, dated [DATE], showed:-Moderate cognitive impairment;-No rejection of care behavior exhibited;-Diagnoses include diabetes and schizophrenia;-Requires partial to moderate assist putting on and taking off footwear and lower body dressing;-Requires supervision or touching assistance with personal hygiene and bathing. Review of the resident's care plan, in use at the time of survey, showed:-Problem: The resident is at risk for alteration in health related to diabetes;-Interventions: Refer to podiatrist or foot care nurse to monitor and document foot care needs and to cut long nails. Review of the resident's POS showed an order, dated 5/14/21, for may see podiatrist. Review of the resident's medical record, reviewed during the survey from 12/15/25 through 12/19/25, showed no documented podiatry visits or consults. Observation on 12/17/25 at 10:00 A.M., showed the resident wore gray slipper socks that were brown on the bottom of the sock. The socks had large holes exposing the resident's heels. Certified Medicine Technician (CMT) B removed the resident's socks and a large of amount of white flakes fell out of the socks. The resident's toenails were approximately 0.5 inches (in) long, thick, and jagged. 3. Review of Resident #45's quarterly MDS, dated [DATE], showed:-Moderate cognitive impairment;-No rejection of care behavior exhibited;-Diagnoses include anxiety, depression and schizophrenia;-Requires supervision or touching assistance with putting on and taking off</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure food was served at a palatable and appetizing temperature during tray service by failing to maintain the temperature of hot food at least at 120 degrees Fahrenheit (F) and failed to ensure food was palatable for two of 29 sampled residents (Residents #11 and #13). The census was 131. Review of the facility's dietary food preparation policy, dated 7/5/23, showed:-Food temperatures: foods will be served at proper temperature to ensure food safety;-Acceptable serving temperatures: eggs should be between 135 degrees F and 155 degrees F. Meat should be 135 degrees F;-If temperatures are not at acceptable levels and cannot be corrected in time for meal service, make an appropriate menu substitution and discarded out of temperature range foods. 1. Review of Resident #11's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/4/25, showed:-Diagnoses included major depressive disorder, schizoaffective disorder (mental health condition that includes features of both schizophrenia and a mood disorder), and epilepsy (seizure disorder);-Moderately impaired cognition. During an interview on 12/17/25 at 11: 29 A.M., the resident said the food is not good. The food is not always warm, and the taste is bad. 2. Review of Resident #13's annual MDS, dated [DATE], showed:-Diagnoses included bipolar disorder (mood disorder that can cause intense mood swings), major depressive disorder, type two diabetes, and schizoaffective disorder;-Cognitively intact. During an interview on 12/15/25 at 2:00 P.M., the resident said the food tastes okay but could be better. The food is cold a lot. 3. Observation on 12/17/25 at 8:08 A.M., of the breakfast meal service on the 300 hall, showed:-Sausage patty measured 93 degrees F and felt cold. The sausage tasted rubbery;-Scrambled eggs measured 115.9 degrees F and felt cold. 4. Observation on 12/17/25 at 12:45 P.M., of the lunch meal service on the 100 hall, showed:-The plate covered with plastic wrap and contained 3 chicken strips, a slice of white bread, green beans and mashed potatoes;-The chicken strips had a piece of sliced bread on top. The bread was limp and damp;-The chicken strips tasted rubbery;-The mashed potatoes tasted very dry, bland, and powdery. The mashed potatoes did not have gravy. 5. During an interview on 12/19/25 at 9:22 A.M., the Food Service Manager said food should be palatable and taste good. He would expect food to be served at a safe and palatable temperature. He said the reason the food temperatures are not good is because the elevator breaks frequently so dietary staff have to carry the food up the stairs, which takes longer. 6. During an interview on 12/19/25 at 1:15 P.M., the Administrator said she would expect food to be served at a safe and palatable temperature. She would expect food to be palatable. 17104431710440</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain essential equipment in a safe and operable working condition by not maintaining a consistently operating elevator. This deficient practice had the potential to affect all residents. In addition, one resident (Resident #2) did not have access to his/her wheelchair while being repaired because the repair needed to occur in the lower level of the facility, and the resident did not have access to an alternate wheelchair during the repair. The sample size was 29. The facility census was 131. Review of Resident #2's face sheet, showed:-admitted on [DATE];-Diagnoses included high blood pressure, chronic atrial fibrillation (irregular heart rhythm), acquired absence of right leg below the knee, and acquired absence of left leg below the knee. Review of the resident's care plan, in use during survey, showed:-Problem: Resident has limited physical mobility and needs assistance with Activities of Daily Living (ADLs). He/She needs encouragement to get out of bed. He/She needs total assistance with care. He/She uses an electric wheelchair for locomotion. He/She is a bilateral knee amputee;-Interventions: Monitor/document/report as needed (PRN) any signs or symptoms of immobility, contractures (fixed tightening of muscle, tendons, ligaments, or skin, preventing normal movement) forming or worsening, thrombus (blood clot) formation, skin breakdown, and fall related injury;-Provide supportive care, assistance with mobility as needed. Document assistance as needed;-Problem: Resident is at risk for psychosocial problems related to depression and acceptance surrounding his/her diagnosis, specifically the loss of his/her legs. He/She is working on getting prosthetics and is often frustrated about the process. Resident complains daily to staff about his/her wheelchair and other issues;-Interventions: Anticipate and meet the resident's needs;-Administer medications as ordered. Monitor/document for side effects and effectiveness;-Explain all procedures to the resident before starting and allow the resident time to adjust to changes;-Praise any indication of the resident's progress/improvement in behavior. Observation and interview on 12/16/25 at 8:53 A.M., showed the resident sat in his/her wheelchair. The resident has bilateral knee amputations (BKA). The tilted electric wheelchair was missing the support limb for the right thigh. The resident said it broke two weeks ago. Someone is coming to fix it on 12/18/25. Observation and interview on 12/19/25 at 8:26 A.M., showed the resident in bed. The resident said he/she was upset because his/her wheelchair was in the basement to get repaired, but the elevator was out of service. At 8:45 A.M., the resident told Licensed Practical Nurse (LPN) N that he/she wanted to get his/her wheelchair. He/She is having company, and Christmas is next week. The resident said he/she likes to come and go and does not like being in bed. He/She was once in bed for four months because of a wound, and he/she did not want to do that anymore. The resident said, if God gives me the strength, I will get up. During an interview on 12/19/25 at 8:59 A.M., the Administrator said the elevator stopped working yesterday. In the last year, it has broken more times than ever. As soon as the company comes out, it will be fixed. They have been called but there is no estimated time of when they will arrive. During an interview on 12/19/25 at 1:00 P.M., the Director of Nursing (DON) said she spoke to the resident. The company had to use the basement to repair the wheelchair; they could not use the resident's room or hallway. The resident likes to leave and go around to the store. The wheelchair may be fixed, but it is in the basement. She believed the resident was offered a geri-chair (medical reclining chair), but the resident has no trunk control, and she did not believe they had anything that reclines or had a seatbelt that would keep the resident positioned well. 1710443</p>		

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<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>Based on observation, interview and record review, the facility failed to maintain an appropriate exhaust system to remove cigarette smoke from the facility's indoor smoke room. This affected all residents who sat in the 300 Hall dining room or walked from the 300 Hall to the 400 Hall. The facility census was 131. Review of the facility's Safe and Homelike Environment policy, last revised on 6/5/25, showed:-Purpose: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment;-Environment refers to any environment the facility that is frequented by residents, including hallways and dining rooms;-General considerations: Have adequate outside ventilation by means of windows, or mechanical ventilation or a combination of the two. 1. Observations of the smoke room on 12/15/25 at 11:50 A.M. and 6:00 P.M., 12/16/25 at 11:06 A.M., 1:24 P.M. and 3:41 P.M., 12/17/25 at 7:45 A.M., 8:49 A.M., and 3:00 P.M., 12/18/25 at 9:59 A.M. and 4:00 P.M. and 12/19/25 at 7:30 A.M. showed:-Multiple residents and staff entered and exited the smoke room;-Multiple residents sat in the smoke room to smoke;-The smoke odor began at the entrance from the lobby and could be smelled to the end of the hallway at the top of the 400 Hall and inside and outside the 300 Hall dining room;-Two floor fans not turned on;-Two garage fans not turned on.2. Observation of the 300 Hall outside the smoke room on 12/15/25 at 6:00 P.M., showed a visible haze of smoke.3. During an interview on 12/17/25 at 9:15 A.M., a resident who lived on the 400 Hall said he/she could smell smoke when the door to his/her room was open.4. During an interview on 12/17/25 at 8:59 A.M., Housekeeper D said there was a strong smoke odor outside the smoke room and in the 300 Hall dining room. It smelled more when there were more residents smoking inside the smoke room.5. During an interview on 12/18/25 at 9:54 A.M. Certified Nurse Aide A said he/she had seen smoke in the hallway outside the smoke room. He/She wouldn't want his/her house to smell like smoke. He/She did not smoke. 6. During an interview on 12/18/25 at 10:23 A.M., the Maintenance Director said it smelled like smoke outside the smoke room. The ceiling tiles in the hallway outside the smoke room had yellowed due to the smoke. The fans in the smoke room should be on, but residents turned them off. He installed two new garage fans, but there was a power issue, and they did not work. 7. During an interview on 12/18/25 at 10:43 A.M., the Administrator said she did not like the smoke odor, and she could smell it in her office. There were exhaust fans, but they were broken. The smell was worse in the colder weather when more residents sat inside to smoke. The other fans were used in the warmer weather to cool down the smoke room.</p>		

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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure all corridors had handrails and failed to ensure existing handrails were securely affixed to the wall. The census was 131. Review of the Facility Area Audit, Preventative Maintenance Inspection, undated, showed handrails listed as an item for staff to inspect. 1. Observation of the 100 Hall on 12/16/25 at 8:16 A.M., showed:-No railings between room [ROOM NUMBER] and the 100 hall dining room;-No railings around the perimeter of the 100 hall nurse's station;-Broken railing that pulled away from the wall outside of room [ROOM NUMBER]. 2. Observation of the 400 Hall on 12/16/25 at 10:42 A.M., showed:-No railing outside the enclosed nurse's station;-Loose railing to the right of the nurse's station window;-Loose railing outside of room [ROOM NUMBER];-Loose railing pulled away from the wall between rooms [ROOM NUMBERS]. Observation on 12/16/25 at 11:05 A.M., showed a staff member stood next to a resident who held on to the handrail outside the 400 hall dining room. 3. Observation of the 300 hall on 12/16/25 at 11:18 A.M., showed:-No railings between the doors to the lobby and the Director of Nurse's (DON) office;-No railings between the DON's office and the women's restroom;-No railings between the men's restroom and staff office;-No railings from the staff office to the end of the wall extending approximately 13 feet. 4. Observations of the 200 hall on 12/16/25 at 1:37 P.M., showed:-No railings on either side of a hallway leading to a designated exit door by the nurses' station;-No railings around the perimeter of the enclosed nurses' station;-No railings between rooms [ROOM NUMBERS]. 5. During an interview on 12/18/25 at 10:23 A.M. the Maintenance Director said he checked the status of the facility's handrails every three months. He was aware there were handrails that needed to be replaced or were missing. He did not have the needed replacement parts because the current handrails were plastic. [NAME] railings were being used to replace the plastic handrails. Some handrails had been completely removed around the beginning of the month but had not yet been replaced. He knew handrails needed to be firmly affixed to the wall. He was not aware handrails were needed outside the nurses' stations and on both sides of all corridors used by residents. If staff noticed something needed to be repaired or replaced, they would either tell him directly or fill out a maintenance request form. 6. During an interview on 12/18/25 at 10:44 A.M., the Administrator said they were in the process of replacing and repairing handrails throughout the facility. Orders were placed to replace the handrails. Old fashioned wood railings were being used because they did not know where the plastic handrails were ordered from. She knew handrails needed to be firmly affixed to the wall and on both sides of the hall. She was not aware they needed to be located outside the nurses' stations or in the hallway near the lobby or the designated exit door on the 200 hall.</p>		