

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 04/08/2026
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)		
<p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to choose his or her attending physician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to honor the rights of residents to choose their own physician. The facility discontinued services with Physician A, who provided care to 35 residents, 31 of whom expressed a desire to continue care with Physician A. Five of the 31 residents were sampled and it was found the facility failed to coordinate continued access for care for all 5 (Residents #4, # 5, #6, #2, and #3). The sample was 6. The census was 127. Review of the facility's Resident Rights policy, dated 9/21/25, showed the following:--Purpose: To ensure that resident rights are protected;--Resident Rights Under Social Security Act: Resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside facility. Facility must protect and promote rights of each resident, including each of the following rights:--Notice of Rights and Services: Facility must inform resident both orally and in writing in a language that resident understands of his or her rights and all rules and regulations governing resident conduct and responsibility during the stay in facility;--Free Choice:---Resident has the right to:---Choose a personal attending physician;---Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect Resident's well-being; and----Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment. 1. Review of Resident #4's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/17/26, showed the following:--Cognitively intact;--Diagnoses included anxiety and depression. Review of the resident's Social Services (SS) note, dated 3/24/26 at 2:48 P.M., showed SS met with the resident to provide notification that Physician A will no longer maintain privileges at the facility, effective 3/31/26. The resident was educated regarding the requirement that attending physicians must hold active facility privileges in order to provide care within the facility. The resident was also informed of their right to choose an attending physician. The resident verbalized a preference to remain under the care of Physician A, citing satisfaction with care and desire for continuity of care. SS provided education that Physician A will not be able to provide care within the facility. Continued care with this provider would require outside appointments. The facility will assist in coordinating transportation in accordance with availability and facility processes. SS acknowledged the importance of continuity of care and reassured the resident that support will be provided to ensure safe coordination of care moving forward. Review of the resident's medical record, showed Physician B listed as the resident's primary care physician (PCP). During an interview on 4/7/26 at 12:05 P.M., the resident said management came to him/her and asked if he/she wanted to stay with Physician A or change to Physician B. The resident said he/she wanted to stay with Physician A. The Activity Director told the resident he/she had to change physicians because Physician A would no longer be able to practice at this facility and Physician's A office was too far. The resident wanted to go back to Physician A. 2. Review of Resident #5's annual MDS, dated [DATE], showed the following:--Moderate cognitive impairment;--Diagnoses included high blood pressure, anxiety disorder, and schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves). Review of the resident's SS note, dated 3/24/26 at 2:57 P.M., showed SS met with the resident to (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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>provide notification that Physician A will no longer maintain privileges at the facility, effective 3/31/26. The resident was educated regarding the requirement that attending physicians must hold active facility privileges in order to provide care within the facility. The resident was also informed of their right to choose an attending physician. The resident verbalized a preference to remain under the care of Physician A, citing satisfaction with care and desire for continuity of care. SS provided education that Physician A will not be able to provide care within the facility continued care with this provider would require outside appointments. The facility will assist in coordinating transportation in accordance with availability and facility processes SS acknowledged the importance of continuity of care and reassured the resident that support will be provided to ensure safe coordination of care moving forward. Review of the resident's medical record, showed Physician B listed as the resident's PCP. During an attempted interview on 4/7/26 at 11:40 A.M., the resident was unable to answer questions related to his/her physician. During an interview on 4/7/26 at 1:40 P.M., Family Member (FM) D said he/she was not notified about a PCP change for the resident. FM D wanted the resident to keep Physician A. 3. Review of Resident #6's annual MDS, dated [DATE], showed the following:-No cognitive impairment;-Diagnoses included high blood pressure and schizophrenia. Review of the resident's SS note, dated 3/24/26 at 2:52 P.M., showed SS spoke with the resident's guardian to provide notification that Physician A will no longer maintain privileges at the facility, effective 3/31/26. The resident's guardian was educated regarding the requirement that attending physicians must hold active facility privileges in order to provide care within the facility. The resident was also informed of their right to choose an attending physician. The resident's guardian verbalized a preference to remain under the care of Physician A, citing satisfaction with care and desire for continuity of care. SS provided education that Physician A will not be able to provide care within the facility. Continued care with this provider would require outside appointments. The facility will assist in coordinating transportation in accordance with availability and facility processes SS acknowledged the importance of continuity of care and reassured the resident that support will be provided to ensure safe coordination of care moving forward. Review of the resident's medical record, showed Physician B listed as the resident's PCP. During an interview on 4/7/26 at 1:12 P.M., FM E said he/she was the guardian for the resident. About two weeks ago, he/she was given the option to change the resident's PCP. FM E said he/she did not want to change PCP for the resident. He/She wanted the resident to remain under Physician A's care. To his/her knowledge, Physician A was still the resident's PCP. 4. Review of Resident #2's admission MDS, dated [DATE], showed the following:-Severe cognitive impairment;-Diagnoses included stroke and cerebral palsy (a group of permanent, non-progressive neurological disorders). Review of the resident's SS note, dated 3/24/26 at 2:15 P.M., showed SS met with the resident and family to provide notification that Physician A will no longer maintain privileges at the facility, effective 3/31/26. The resident was educated regarding the requirement that attending physicians must hold active facility privileges in order to provide care within the facility. The resident was also informed of their right to choose an attending physician. The resident verbalized a preference to remain under the care of Physician A, citing satisfaction with care and desire for continuity of care. SS provided education that Physician A will not be able to provide care within the facility. Continued care with this provider would require outside appointments. The facility will assist in coordinating transportation in accordance with availability and facility processes. SS acknowledged the importance of continuity of care and reassured the resident that support will be provided to ensure safe coordination of care moving forward. Review of the resident's medical record, showed Physician B listed as the resident's PCP. 5. Review of Resident #3's admission MDS, dated [DATE], showed the following:-Severe cognitive impairment;-Diagnoses included high blood pressure, diabetes, and dementia. Review of the resident's SS note, dated 3/24/26 at 2:13 P.M., showed SS met with the resident and family to provide notification that Physician A will no longer maintain privileges at the facility, effective 3/31/26. The resident was educated regarding the requirement that attending physicians must hold active facility privileges in (continued on next page)</p>		

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<p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>order to provide care within the facility. The resident was also informed of their right to choose an attending physician. The resident verbalized a preference to remain under the care of Physician A, citing satisfaction with care and desire for continuity of care. SS provided education that Physician A will not be able to provide care within the facility. Continued care with this provider would require outside appointments. The facility will assist in coordinating transportation in accordance with availability and facility processes. SS acknowledged the importance of continuity of care and reassured the resident that support will be provided to ensure safe coordination of care moving forward. Review of the resident's medical record, showed Physician B listed as the resident's PCP. During an interview on 4/7/26 at 1:20 P.M., FM C said he/she was the guardian for Residents #2 and #3. The facility asked him/her if the residents could change to a new PCP. FM C said he/she wanted to keep Physician A as the resident's PCP. He/She was told Physician A would no longer be allowed in the facility. FM C did not have a car to take the residents to appointments outside the facility, so he/she felt he/she did not have a choice and agreed to change the resident's PCP to Physician B. 6. During an interview on 4/7/26 at 9:14 A.M., the Director of Nursing (DON) and Administrator said they received an email from the facility's corporate Chief Nursing Officer (CNO) in early March 2026 stating effective 3/31/26, Physician A would no longer have privileges with their organization. The DON said the email said to notify the residents of the change and see if they want to stay with Physician A. Physician A had 35 residents in the facility, 31 of whom wanted to stay with Physician A. The SS Director spoke with the residents regarding their rights to choose a physician. Physician A's residents were changed to Physician B because of the deadline issued by corporate. Review of an email received from the facility's corporate Regional Director of Operations on 4/7/26 at 2:50 P.M., showed no letter was issued to residents regarding the change from Physician A. The DON was to communicate with the residents, the guardians or responsible parties that Physician A was no longer going to have privileges in the facility and the resident could either choose a new physician who would be able to see them at the facility, or if they wanted to remain with Physician A we would arrange transportation to his/her private office to be seen. During an interview on 4/8/26 at 10:07 A.M., Physician A's Office Manager (POM) said Physician A had not had an examination office for about 15 years. Physician A preferred to see his/her residents onsite in the facility. During an interview on 4/8/26 at 11:53 A.M, the DON said they had not set up transportation for the residents that wanted to stay with Physician A. The DON said to her knowledge, Physician A did not have an office. 2797289</p>		