STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265500	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bernard Care Center	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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review, the facility failed to have a licensed nurse in the facility to care for resident's basic needs for approximately five and a half hours, during the overnight shift that began on May 30, 2026. This practice had the potential to affect all residents who required skilled nursing care during the timeframe of 2:00 A.M. through 7:32 A.M. on May 31, 2026. The sample was 10. The census was 126. 1. During an interview on 6/10/26 at 9:30 A.M., the Administrator said she has been on her own for about a month with no Director of Nursing (DON). There is an interim type of nursing staff but she has never worked in long term care. They are hosting a job fair today and hopefully will get some applicants. She said they need a night nurse, that would help. 2. During an interview on 6/10/26 at 12:00 P.M., the Staffing Coordinator said typically there are only two nurses on the overnight shift which are 200 and 300 halls. The 200 nurse covers 100 hall and 200 hall. The 300 hall nurse covers 300 hall and 400 hall. If the 200 or 300 nurse calls in to work then they only have one nurse to cover all four halls. The other two halls have Certified Medication Technician (CMT) and/or Certified Nursing Assistant (CNA). There is also a CMT/CNA on 200, 2 CNAs with no CMT on 300, and one CMT on 400 hall. The staffing coordinator then looked at the nurse assignment sheet to confirm which staff worked the overnight shift on 5/30/26 into 5/31/26. Licensed Practical Nurse (LPN) C called out that day. There was never anyone scheduled for the 200 hall. LPN A, who worked the day shift, stayed over into part of the night shift on 5/30/26, until around 12:00 midnight. After LPN A left, then the assistant director of nursing (ADON) or Administrator, who is an LPN would have come in for the rest of the shift. Review of the assignment sheet for the overnight shift 5/30/26 into 5/31/26, showed: -One nurse, LPN C, scheduled on 300 hall to cover all four halls. -CMT E and CMT D covered 100 hall and 400 hall. During an interview on 6/10/26 at 12:26 P.M., the ADON said she did not come in to work the overnight shift on 5/30/26. During an interview on 6/10/26 at 1:05 P.M., the Administrator said she did not work the entire overnight shift on 5/30/26 after LPN A left. She came to the facility around midnight but she left around 2:00 A.M. She did not stay. There was not a nurse in the building after she left. She is an LPN. 5. During an interview on 6/10/26 at 2:30 P.M., the Human Resources (HR) Manager said she can print out the timecards to show the time LPN A left on 5/31/26 and the time another nurse would have entered the building in the morning. Both the Administrator and ADON are salary, so they do not clock in or out. Review of the timecards showed:-LPN A clocked out at 12:26 A.M. on 5/31/26. -LPN B clocked in at 7:32 A.M. on 5/31/26.-LPN A clocked in at 8:13 A.M. on 5/31/26 for the day shift. 6. During an interview on 6/10/26 at 3:23 P.M., the Administrator said she was available via phone after she left the morning of 5/31/26 and would have come in if needed. She is on-call 24/7 and the staff can call her all the time. 3031769

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