

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Parkwood Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 Parkwood Lane Maryland Heights, MO 63043	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure orders for weight monitoring were completed as ordered. Concerns were noted in four of five residents identified by the facility as receiving dialysis services (Resident's #6, #9, #10 and #12). The resident sample was 11. The census was 85. Review of the facility's Physician's Orders policy, revised 4/16/2024, showed:-The purpose of the policy is to transcribe and follow physician orders accurately;-Orders received by the physician are to be followed as prescribed. In the event that a resident refuses, documentation must be completed and the physician must be notified. Review of the facility's Dialysis policy, revised 4/16/2024, showed:-Ongoing communication, coordination, and collaboration between the nursing home and the dialysis staff is imperative in providing optimal care for the resident;-For a resident receiving dialysis, the charge nurse will communicate with the attending physician/practitioner, resident/resident representative, and dialysis staff regarding any significant changes in a resident's status that may impact the dialysis portion of the care plan;-A dialysis communication form may be utilized to assist with communication between facilities. 1. Review of Resident #6's quarterly Minimum Data Set (MDS, a federally-mandated resident assessment instrument completed by facility staff), dated 1/6/26, showed:-The resident was cognitively intact;-Medical diagnoses including congestive heart failure (a chronic cardiac condition in which the lower chambers of the heart fail to adequately pump blood to the arteries), history of thrombotic pulmonary emboli (blockages in the arteries of the lungs), and iron deficiency anemia (a chronic condition in which the body fails to adequately metabolize iron into the blood, reducing red blood cell count). Review of the resident's physician order sheet, showed:-An order for weekly weights to be recorded every Sunday on day shift, for 4 weeks entered on 10/24/25 with a stop date of 1/15/26;-An order for weekly weights to be recorded every Monday on day shift, one time only, entered on 11/21/25 with a stop date of 1/15/26;-An order for weekly weights to be recorded every Monday for 4 weeks entered on 1/24/26 with a stop date of 2/4/26;-An order for weekly weights to be recorded on day shift for 4 weeks entered on 1/15/26 with a stop date of 1/24/26. Review of the resident's recorded weights, documented under the Weights tab in the electronic medical record (EMR), showed:-No recorded weight in October of 2025;-A recorded weight of 141.4 pounds (lbs) on 11/3/25;-A recorded weight of 140 lbs on 12/10/25;-No recorded weight in January 2026;-No recorded weight in February 2026. Review of the resident's scanned documentation, showed the most recent recorded dialysis communication sheet was received on 12/16/25 with a post-dialysis weight of 140.2 lbs. 2. Review of Resident #9's comprehensive MDS, dated [DATE], showed:-The resident was cognitively intact;-Medical diagnoses including End Stage Renal Disease (ESRD, a chronic condition in which the kidneys fail to adequately filter toxins from the blood), history of transient ischemic attack (TIA, an occlusion of one of the blood vessels in the brain), history of acute myocardial infarction (MI, a heart attack). Review of the resident's active physician order sheet showed:-An order for weekly weights to be recorded every Sunday on day shift entered on 11/3/25 with a stop date of 2/16/26. Review of the resident's recorded weights, documented under the Weights tab in the EMR showed:-No recorded weight in November of 2025;-A recorded weight of 180 lbs on 12/10/25;-No recorded weight in (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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>January of 2026;-A recorded weight of 195.3 lbs on 2/24/26;-A recorded weight of 193.6 lbs on 3/3/26. 3. Review of Resident #10's quarterly MDS, dated [DATE], showed:-The resident is cognitively intact;-Medical diagnoses including ESRD, personal history of TIA, unspecified heart failure, and coronary artery disease (a chronic buildup of plaque in the arteries of the heart, eventually leading to a vessel occlusion). Review of the resident's active physician orders, showed:-An order for weekly weights to be recorded weekly on day shift entered on 11/14/24 with no stop date that had been placed on hold;-An active order for weekly weights to be recorded on Monday day shift entered on 2/25/25. Review of the resident's recorded weights, documented under the Weights tab in the EMR, showed:-No recorded weight in December of 2025;-No recorded weight in January of 2026;-A recorded weight of 214.5 lbs on 2/10/26;-A recorded weight of 214.7 lbs on 3/9/26. 4. Review of Resident #12's quarterly MDS, dated [DATE], showed:-The resident is cognitively intact;-Medical diagnoses including ESRD, essential hypertension (chronic high blood pressure), iron deficiency anemia, and insomnia. Review of the resident's active physician orders showed:-An active order for weekly weights to be recorded on day shift entered on 1/23/25. Review of the resident's recorded weights in the EMR showed:-A recorded weight of 205 lbs on 1/22/26;-A recorded weight of 198.4 lbs on 2/2/26;-A recorded weight of 206.2 on 3/5/26. 5. During interview on 3/12/26 at 2:05 P.M. Licensed Practical Nurse (LPN) B said residents on dialysis are typically placed on weekly weights, and weights are also recorded at each dialysis session. Weights taken by facility staff should be placed in the EMR for tracking purposes, and dialysis communications sheets with recorded post-dialysis weights are gathered by the nurse managers to be transcribed into the electronic record. Staff are expected to follow physician orders as written. 6. During interview on 3/12/26 at 2:15 P.M. Certified Medication Technician (CMT) C said residents on dialysis have individualized weight orders but often have monthly or weekly orders to record a weight. Any nursing staff member can obtain a resident's weight and should record it in the EMR. Nursing managers will gather any dialysis communication forms brought from dialysis by residents returning to the facility so post-dialysis weights can be recorded in the electronic record. Staff are expected to follow physician orders as written. 7. During interview on 3/12/26 at 2:56 P.M. the facility Director of Nursing (DON), Assistant Director of Nursing (ADON) and LPN A said residents on dialysis should have orders placed for weekly recorded weights unless directed otherwise by the physician. Any nursing staff member can record a resident's weight, and all obtained weights should be placed in the EMR under the Weights tab. The DON, who recently took the position, said weight tracking was an issue that was identified recently, and during the most recent Quality Assurance and Performance Improvement (QAPI) meeting the team began to set new expectations and systems to track resident weights. The previous DON was receiving all dialysis communication forms in her office and failed to upload or transcribe the majority of post-dialysis weights provided on the dialysis communication forms.</p>		