

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Heritage Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4401 North Hanley Road Saint Louis, MO 63134	

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 15 residents. Of those, 4 residents were sampled and 2 reported concerns with being unable to choose their physician (Residents #2 and #7). The sample was 8. The census was 104. 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 #2's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/9/26, showed the following:-No cognitive impairment;-No moods or behaviors;-Diagnoses included stroke, cancer, and diabetes. Review of the resident's progress note, dated 3/18/26 at 9:12 A.M., showed the Social Worker placed a call to the resident's guardian to inform them of the primary doctor change effective on 4/1/26. A voicemail was left for the guardian. Review of the resident's medical record, showed no documentation of a legal guardian appointed to the resident. During an interview on 4/15/26 at 11:00 A.M., the resident said he/she was told by management that Physician A would no longer be at this facility and he/she had go to with another physician. He/She told management he/she did not want another physician. The resident is his/her own guardian and power of attorney. He/She wants to stay with Physician A; this is his/her right. 2. Review of Resident #7's annual MDS, dated [DATE], showed the following:-No cognitive impairment;-No moods or behaviors;-Diagnoses included high blood pressure, stroke, and depression. Review of the resident's progress note, dated 3/16/26 at 11:45 A.M., showed the resident was notified that Physician A will no longer have privileges at the facility and he/she will have a new physician. During an interview on 4/16/26 at 8:09 A.M., the resident said his/her physician was Physician A. The resident was not notified Physician A would not have privileges at the facility and he/she was not asked to change physicians. He/She would like to stay with Physician A and would have appreciated being asked to change his/her physician. 3. During an interview on 4/16/26 at 8:37 A.M., the Director of Nursing (DON) and Administrator said the facility's resident rights policy should be followed as written. The Administrator said she received an email from corporate that Physician A would no longer have privileges at the facility. The Administrator and DON were instructed to notify residents, residents' responsible parties, and resident guardians of the change in physician. The DON said she told the residents about the change and did not ask the residents if they wanted to change their physician. (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: 265534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Heritage Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4401 North Hanley Road Saint Louis, MO 63134	

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>She was following directive from her corporate office. There were no letters sent to anyone about the physician change. The Administrator and DON said they should have asked the residents if they wanted to change physicians. 2797307</p>