

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Normandy Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7301 St Charles Rock Rd Saint Louis, MO 63133	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30687</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident's right to be free from physical abuse was not violated when one resident (Resident #4) was hit in the face by another resident (Resident #9), which caused a scratch under his/her left eye. Resident #4 did not want to return to his/her room because of being fearful of being attacked again. The sample was 6. The census was 99.</p> <p>Review of the facility's Abuse Policy, dated 10/21/22, showed the following:</p> <p>-Policy: The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, and staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual;</p> <p>-Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, mental anguish, or emotional distress. This includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Abuse may be resident-to-resident, staff-to-resident, family-to-resident, or visitor-to-resident;</p> <p>-Prevention:</p> <p>-Identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur;</p> <p>-Examples of steps that the facility may put in place immediately to prevent further potential abuse includes, but are not limited to, staffing changes, increased supervision, protection from retaliation, trauma informed care, resident accommodations, and follow-up counseling for the residents.</p> <p>Review of Resident #4's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/14/24, showed the following:</p> <p>-No cognitive impairment;</p> <p>-No behaviors;</p> <p>(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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Impairment on one side of lower extremity and moderate assistance with activities of daily living (ADLs);</p> <p>-Diagnoses of anemia (a problem of not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues), high blood pressure, Alzheimer's Disease, dementia, depression and diabetes.</p> <p>Review of the resident's current care plan, showed no documentation of interventions regarding the resident agitating other residents.</p> <p>Review of Resident #9's care plan, dated 9/24/23, showed the following:</p> <p>-Focus: Altercation with peer. He/She was the aggressor;</p> <p>-Goal: The resident will continue to participate in activities of his/her choice through next review date;</p> <p>-Intervention: Physical altercation with peer. He/She was the aggressor. He/She bit his/her peer. He/She was separated from peer. A skin and pain assessment conducted. All parties made aware. This resident was moved out of room and 15 minute checks in place. A medication review now, then quarterly and then as needed. His/Her labs will be rechecked.</p> <p>Review of the resident's care plan, dated 12/14/23, showed the following:</p> <p>-Focus: A resident to resident altercation. He/She was the aggressor;</p> <p>-Goal: The resident will continue to participate in activities of his/her choice through next review date;</p> <p>-Intervention: A resident to resident altercation. This resident was the aggressor. Residents separated immediately. The resident was assessed for injury and none found. Social Service to follow up with resident for 72 hours for aggression.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-No cognitive impairment;</p> <p>-No behaviors;</p> <p>-Moderate assistance with ADLs;</p> <p>-Diagnoses of high blood pressure, depression and schizophrenia (a serious mental health condition that affects how people think, feel and behave).</p> <p>Review of the resident's care plan, undated, showed the following:</p> <p>-Focus: The resident has paranoid thoughts at times, including believing that people are focused or judging him/her due to his/her mental illness;</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Goal: Interventions will reduce the risk of mood and behavior problems through the review date;</p> <p>-Interventions: Administer medications as ordered, monitor and document for side effects and effectiveness. Monitor and record mood to determine if problems seem to be related to external causes, (i.e. medications, treatments) concern over diagnosis. Notify the resident's physician of changes in mood and/or behavior. Provide one on one care as needed for emotional support and consult a psychiatrist as needed.</p> <p>During an interview on 7/22/24 at 8:43 A.M., Resident #4 said things are pretty bad at the facility. The resident said he/she got the scratch under his/her left eye, because his/her roommate, Resident #9, hit him/her last night (7/21/24) in the face while he/she was in the bed. The resident said he/she told Resident #9, his/her mother did not want him/her and that's why he/she was at the facility. The resident said he/she did not tell anyone about the altercation.</p> <p>During an interview on 7/23/24 at 10:10 A.M., Resident #4 said he/she slept in a recliner chair near the nurse's station last night. He/She did not want to sleep in a room where someone may attack him/her again in the middle of the night.</p> <p>Review of the resident's medical record, showed no documentation of the altercation.</p> <p>During an interview on 7/22/24 at 10:40 A.M., the Regional Nurse and the Administrator were made aware by the surveyor of the scratch on the resident and the altercation. They said they would start an investigation immediately.</p> <p>During an interview on 7/22/24 at 11:09 A.M., the Regional Nurse said he/she went to talk to the resident and was told his/her roommate jumped on him/her in the middle of the night. The resident said he/she told his/her roommate their mother did not want them anymore.</p> <p>During an interview on 7/31/24 at 10:29 A.M., Social Service Designee (SSD) C said Resident #4 has never complained about his/her roommate. SSD C said the resident has a history of going into his/her roommate's things. SSD C said he/she has had conversations with the resident as an intervention. Other interventions attempted were to allow the resident to write things down and write letters. The resident will tease other residents. SSD C said they just continue to work the interventions. SSD C said Resident #9 had issues with a previous roommate and asked to be moved to another room. The resident's previous roommate was manic and did not sleep much so he/she was moved in to the room with Resident #4. Resident #9 did not mention any concerns with Resident #4.</p> <p>During an interview on 7/31/24 at 10:56 A.M., the Director of Social Services (DSS) said he/she is always having to redirect Resident #4 due to the things he/she will say to other residents. The DSS said he/she has only been with the facility for six to seven months. He/She did not know any new interventions attempted and did not know why the behavior was not on the resident's care plan. The DSS said Resident #9 has been moved a couple of times. Each time he/she has been moved, he/she will find something wrong with the roommate. Resident #9 did not mention any concerns with Resident #4.</p> <p>During an interview on 7/23/24 at 8:57 A.M., Licensed Practical Nurse (LPN) A said he/she did not hear about the altercation until yesterday when the resident was interviewed by the surveyor. LPN A did not report this to the Administrator, but he/she probably should have. LPN A said Resident #4 will not go back into their room because he/she is fearful to be in the room.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 7/23/24 at 8:53 A.M., showed Resident #9 lay in bed. The resident said this past Sunday, 7/21/24, Resident #4 kept picking on him/her so he/she hit the resident in the head. The reason he/she hit Resident #4 was because he/she kept talking about how his/her mother did not want him/her.</p> <p>Review of the resident's medical record, showed no documentation of the altercation.</p> <p>During an interview on 7/26/24 at 11:05 A.M., Certified Nurse Aide (CNA) B said he/she worked the overnight shift on 7/21/24 and he/she did not know or hear anything about an altercation between the residents. CNA B said Resident #4 has a history of agitating other residents and should be redirected. CNA B did not know if the two residents had a history of altercations.</p> <p>During an interview on 7/26/24 at 11:24 A.M., the Assistant Director of Nursing (ADON) said he/she did not know or hear anything about the altercation. The ADON said when he/she asked Resident #4 on 7/22/24 in the afternoon, why he/she did not report it, Resident #4 said he/she did not know whom to tell. The ADON said Resident #4 told him/her he/she talked about Resident #9's mother and then Resident #9 jumped on him/her. The ADON said Resident #4 liked to agitate other residents and should be redirected.</p> <p>During an interview on 7/26/24 at 12:18 P.M., CNA B said he/she did rounds on the residents every two hours on the night of 7/21/24 and both residents were asleep each time. CNA B said neither resident reported anything to him/her. Resident #4 liked to agitate other residents. An intervention would be to call the resident's family and the resident would calm down.</p> <p>During an interview on 7/26/24 at 1:10 P.M., the Administrator said Resident #4 has a history of being an agitator. The Administrator said they have tried medication adjustments and contacting the resident's family as interventions. The residents at the facility can be very challenging.</p> <p>MO00239333</p>		