

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Redman Road Saint Louis, MO 63136	

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 - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure services provided met professional standards by not following physician orders and not obtaining one resident's vital signs (blood pressure, temperature, pulse rate, respirations and oxygen saturation) (Resident #1). The sample was three. The census was 100.</p> <p>Review of the facility's Medical Provider Orders policy, revised, [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Policy: The facility shall use uniform guidelines for the ordering and following of medical provider orders;</li> <li>-Following of medication and/or treatment orders: <ul style="list-style-type: none"> <li>-Medical provider orders should be reviewed prior to administration of medication and/or treatment to validate the orders contain all required elements;</li> <li>-Staff should follow all valid medical provider orders timely unless there is an emergency which would temporarily delay the implementation of the order;</li> <li>-If an order does not contain all the required elements, staff should contact the ordering provider for clarification of the order prior to implementation of the order.</li> </ul> </li> </ul> <p>Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for personal and toileting hygiene, lower and upper body dressing, and bathing;</li> <li>-Diagnoses included: Quadriplegia (paralysis of arms and legs), malnutrition (inadequate nutritional intake) and chronic osteomyelitis (infection of the bone);</li> <li>-Three, stage three pressure ulcers (a wound caused by prolonged pressure to an area of the body that has full thickness loss of skin in which underlying fat visible);</li> <li>-Two, stage four pressure ulcers (a wound caused by prolonged pressure to an area of the body that has full thickness skin and tissue loss which underlying muscle and bone is visible);</li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Redman Road Saint Louis, MO 63136	
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 - Few</p>	<p>-The resident has a suprapubic catheter (a tube that is surgically inserted in the resident's bladder through the abdomen to drain urine) and an ostomy (an opening that is surgically created through the abdomen to divert stool to the outside of the body).</p> <p>Review of the resident's care plan, in use while the resident was in the facility, did not address obtaining the resident's vital signs.</p> <p>Review of the resident's physician orders, dated [DATE], showed an order, dated [DATE], check a full set of vital signs on [DATE] and continue monthly.</p> <p>Review of the resident's Treatment Administration Record (TAR), dated 5/1 through [DATE], showed:</p> <p>-An order, start date [DATE], obtain vital signs and report abnormalities to the nurse practitioner (NP) or physician, one time on day shift;</p> <p>-On [DATE], blood pressure documented: not applicable (N/A); temperature documented: N/A; respirations documented: X; Oxygen saturations: N/A, day shift: 2 drug refused;</p> <p>-On [DATE], blood pressure: blank; temperature: blank; respirations: blank; oxygen saturation: blank;</p> <p>-No further documentation that vital signs were obtained.</p> <p>Review of the resident's progress notes show:</p> <p>-On [DATE] at 2:40 P.M., the resident continues to be on observation after being catheterized (a tube placed in the bladder to drain urine). Draining yellow urine without difficulty. No further concerns. Blood Pressure: 128/65 (normal is 120/80); Temperature: 98.4 Fahrenheit (normal is 98.6 ); Pulse: 93 beats per minute (normal range is 60-100); Respiratory rate per minute: 18 (normal range is 12-20).</p> <p>-No oxygen saturation was documented.</p> <p>Review of the resident's TAR, dated 6/1 through [DATE] showed:</p> <p>-An order, start date [DATE], obtain vital signs and report abnormalities to NP or physician, every month, starting on the fifth of the month;</p> <p>-On [DATE], blood pressure: blank; temperature: blank; respirations: blank; oxygen saturation: blank;</p> <p>-No further documentation that vital signs were obtained.</p> <p>Review of the resident's electronic medical record (EMR), under the vital signs tab, showed no documentation of vital signs obtained for May and [DATE].</p> <p>Review of the resident's death in facility tracking MDS, dated [DATE], showed the resident expired on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Redman Road Saint Louis, MO 63136	
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 - Few</p>	<p>During an interview on [DATE] at 9:15 A.M., Licensed Practical Nurse (LPN) E said that vital signs are obtained every shift and as needed and placed in the resident's medical records under the vital signs section or on the TAR. Any nursing staff can obtain vital signs.</p> <p>During an interview on [DATE] at 9:44 A.M., Certified Nursing Assistant (CNA) B said that he/she only does vital signs when the nurse tells him/her to and was not aware of any routine or monthly orders for vital signs for this resident.</p> <p>During an interview on [DATE] at 11:18 A.M., the Wound Nurse said vital signs are obtained every shift for newly admitted residents for 72 hours and then monthly once the resident becomes established at the facility. The physician may have blood pressure checks with certain medications as well.</p> <p>During an interview on [DATE] at 11:44 A.M., the Director of Nursing (DON) said she would expect staff to follow the physician orders and obtain the resident's vital signs as ordered and document them in the resident's medical record. The facility did not have a policy related to obtaining resident vital signs.</p> <p>During an interview on [DATE] at 9:54 A.M., the facility's Medical Director said she would expect staff to obtain vital signs at the very minimum once a month on the resident. Vital signs include blood pressure, temperature, pulse, respirations and oxygen saturation. She would expect the vital signs to be accurate, timely, and easily accessible in the resident's medical record.</p> <p>MO00256438</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 Redman Road Saint Louis, MO 63136	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to accurately document completed wound treatments or treatment refusals by the resident on the treatment administration record (TAR) for one resident (Resident #1). The sample was three. The census was 100.</p> <p>Review of the facility's Medical Provider Orders policy, revised, [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Policy: The facility shall use uniform guidelines for the ordering and following of medical provider orders;</li> <li>-Following of medication and/or treatment orders: <ul style="list-style-type: none"> <li>-Medical provider orders should be reviewed prior to administration of medication and/or treatment to validate the orders contain all required elements;</li> <li>-Staff should follow all valid medical provider orders timely unless there is an emergency which would temporarily delay the implementation of the order;</li> <li>-If an order does not contain all the required elements, staff should contact the ordering provider for clarification of the order prior to implementation of the order.</li> </ul> </li> </ul> <p>Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for personal and toileting hygiene, lower and upper body dressing, and bathing;</li> <li>-Diagnoses included: Quadriplegia (paralysis of arms and legs), malnutrition (inadequate nutritional intake) and chronic osteomyelitis (infection of the bone);</li> <li>-Three, stage three pressure ulcers (a wound caused by prolonged pressure to an area of the body that has full thickness loss of skin in which underlying fat visible);</li> <li>-Two, stage four pressure ulcers (a wound caused by prolonged pressure to an area of the body that has full thickness skin and tissue loss with underlying muscle and bone visible).</li> </ul> <p>Review of the resident's care plan, used while the resident was at the facility, showed:</p> <ul style="list-style-type: none"> <li>-Focus: The resident is resistive to care by refusing treatments to be completed by nursing and causing his/her wounds to get worse;</li> <li>-Interventions: Allow the resident to make decisions to treatment regime to provide a sense of control; Provide the resident with opportunities for choice during care provisions.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Redman Road Saint Louis, MO 63136	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Focus: Wound management;</p> <p>-Interventions: Provide wound care per treatment order.</p> <p>Review of the resident's Treatment Administration Record (TAR), dated 6/1 through [DATE] showed:</p> <p>-An order, dated [DATE], cleanse right ischium (forms part of the hip) with normal saline and wound cleaner, apply soaked gauze and cover with ABD (a large thick dressing) pad twice daily and as needed (PRN);</p> <p>-For 14 out of 43 opportunities, the treatment entry was blank;</p> <p>-An order, dated [DATE], cleanse left sacrum (tailbone) with Vashe (wound cleaner), apply soaked gauze and cover with ABD pad, twice daily and PRN;</p> <p>-For 14 out of 43 opportunities, the treatment entry blank;</p> <p>-An order, dated [DATE], cleanse right sacrum with Vashe, apply soaked gauze and cover with ABD pad twice daily and PRN;</p> <p>-For 14 out of 43 opportunities, the treatment entry was blank;</p> <p>-An order, dated [DATE], cleanse right hip with Vashe, apply soaked gauze and cover with ABD pad twice daily and PRN;</p> <p>-For 14 out of 43 opportunities, the treatment entry was blank;</p> <p>-An order, dated [DATE], cleanse left ischium with normal saline and wound cleaner, pat dry, apply Santyl (an ointment used to remove dead skin) and cover with ABD pad, twice daily and PRN;</p> <p>-For 14 out of 43 opportunities, the treatment entry was blank;</p> <p>-An order, dated [DATE], cleanse left leg with normal saline and wound cleaner, pat dry, apply Xeroform (a specialized dressing), ABD pad and dry dressing, every day;</p> <p>-For two out of six opportunities, the treatment entry was blank;</p> <p>-An order, dated [DATE], cleanse right leg with normal saline and wound cleaner, pat dry, apply moistened gauze and dry dressing, every day;</p> <p>-For two out of six opportunities, the treatment entry was blank.</p> <p>Review of the resident's death in facility tracking MDS, dated [DATE], showed the resident expired on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2025
NAME OF PROVIDER OR SUPPLIER  Atrium Place Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 Redman Road Saint Louis, MO 63136	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE], at 9:30 A.M., Licensed Practical Nurse (LPN) A said staff should document treatments as completed or document if a resident refused on the TAR. The electronic medical record prompts you to put in a reason as to why the treatment was not completed. A box will pop up and the nurse can place a narrative reason in the documentation box. LPN A did not know what it meant when the administration times were left blank. It could be that someone just forgot to chart.</p> <p>During an interview on [DATE] at 11:18 A.M., the facility Wound Nurse said the resident refused wound treatments frequently. She would expect clear and accurate documentation of the resident's treatments. The staff should not leave the treatments undocumented or blank on the TAR.</p> <p>During an interview on [DATE] at 11:44 A.M., the Director of Nursing said she expected clear and accurate documentation of the resident's treatments on the TAR and not for the dates and times to be left blank.</p> <p>During an interview on [DATE] at 12:13 P.M., Nurse Practitioner (NP) D said he/she had a conversation with the resident on [DATE] and [DATE] about the resident's frequent refusals of wound dressing changes and provided education to the resident. NP D said she would expect the staff to document clear and accurate information about the resident's treatments.</p>		