

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265636	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  Nazareth Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  #2 Nazareth Lane Saint Louis, MO 63129	

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** 25073</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure daily weights were obtained as ordered (Resident #1). The resident sample was 6. The census was 87.</p> <p>Review of Resident #1's hospital discharge/transfer sheet, dated 5/29/24, showed:</p> <ul style="list-style-type: none"> <li>-Weigh daily;</li> <li>-Contact the physician if there is a weight gain of 3 pounds or more in a day or 5 pounds or more in two days.</li> </ul> <p>Review of Resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by the staff, dated 6/4/24, showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Cognitively intact;</li> <li>-Diagnoses included congestive heart failure (the heart does not pump enough blood);</li> <li>-Weight loss of 5% or more in last month or a weight loss of 10% or more in last six months;</li> <li>-On a physician's weight loss program</li> <li>-Weight 160 pounds.</li> </ul> <p>Review of the resident's electronic physician order sheet (ePOS), dated 5/29/24 through 6/27/24, showed the following orders:</p> <ul style="list-style-type: none"> <li>-Weigh daily;</li> <li>-Call physician for weight gain greater than 2.5 pound in 48 hours or 5 pounds above admission weight.</li> </ul> <p>Review of the resident's baseline care plan, dated 5/29/24, showed no documentation of obtaining daily weights or the diagnosis of heart failure.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's treatment administration record (TAR) dated 5/29/24 through 6/28/24, showed no documentation of weights on 5/30, 5/31, 6/2, 6/3, 6/7, 6/19, 6/20, or 6/21/24.</p> <p>During an interview on 7/24/24 at 3:30 P.M., the Interim Director of Nursing (DON) and the Administrator said they would expect staff to follow physician's orders. Nursing staff are responsible to weigh residents and document weights in the medical record.</p> <p>MO00238381</p>		