| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265636 | A. Building<br>B. Wing | 07/29/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Nazareth Living Center | #2 Nazareth Lane<br>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.

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|---|---|
| F 0602<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from the wrongful use of the resident's belongings or money.<br><br>(continued on next page) |

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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| F 0602<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from misappropriation (unauthorized, improper, or unlawful use of funds or other property) when staff misappropriated $90.00 of the resident's money from his/her personal account and without the resident's consent (Resident #8). The census was 84.Review of the facility's Abuse Prevention Plan policy, copyright 2017, showed: -3. Training of Employees, Contract Staff, and Volunteers: Training will be provided to all new and existing employees, contract employees, and volunteers through orientation and annual training programs related to effective communication, dementia management and abuse prevention, freedom from abuse, neglect, and exploitation. This includes training and orientation to resident needs for agency staff. Nurse's aides are required to have 12 hours of training annually. These programs include topics required by 42 C.F.R. S 483. 95, including, but not limited to, the following: -a. Definitions of abuse, neglect, and financial exploitation; -b. Providing protection for residents involved in incidents of abuse, neglect, misappropriation of resident property and/or financial exploitation; -e. Annual training on state and federal abuse prevention and reporting requirements, e.g., the Resident's [NAME] of Rights, Elder Justice Act, and state-specific laws;-4. Prevention of Abuse, Neglect, Misappropriation of Resident Property, and Financial Exploitation: In order to prevent abuse, neglect, misappropriation of resident property, and financial exploitation, the facility shall do the following: -a. Identify, correct, and intervene in situations where abuse, neglect, misappropriation of resident property, and/or financial exploitation occurs; -d. Encourage residents and families to report concerns, incidents, and grievances to appropriate staff. Residents and resident representative will be informed of reporting procedures through Resident Council, Family Council, and upon admission; -e. Require staff to report concerns, incidents, and grievances immediately to their supervisor. Ensure concerns, incidents, and grievances are promptly investigated and appropriate steps are taken to minimize the likelihood of re-occurrence;-5. Abuse Prevention Plans: -a. The facility will develop an individual abuse prevention plan for each vulnerable adult who receives services in the facility; -b. The plan shall contain an individual assessment of: -The resident's susceptibility to abuse, neglect, and financial exploitation by other individuals, including other vulnerable adults; -Specific measures to be taken to minimize the risk of abuse, neglect, and financial exploitation of residents and other vulnerable adults;-6. Identification of possible incidents which need investigation: -c. Any allegations involving abuse, neglect, misappropriation of resident property and/or financial exploitation will be investigated; -e. Events may include, but are not limited to, staff to resident physical abuse, staff to resident verbal abuse, resident to resident altercations (a resident to resident altercation is an incident involving a resident who willfully inflicts injury upon another resident. Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm), misappropriation of a resident's funds, property or personal effects, etc. This list is not intended to be exhaustive and the facility will review any potential incident for conduct that meets the definitions of abuse, neglect, misappropriation of resident property, or financial exploitation; -f. Report within the timelines of the guidance: -Staff will notify the facility charge of building immediately of any reports of possible abuse, neglect, misappropriation of resident property, and/or financial exploitation. The charge of building will immediately notify the Administrator, Director of Nursing (DON), and Director of Social Services (DSS);-7. Investigation of Incidents and Allegations: -a. All accidents and incidents as well as allegations of abuse, neglect, misappropriation of resident property, and/or financial exploitation will be thoroughly investigated by DSS, DON, or their appropriate designees; -e. Identify and interview all who might have knowledge of the incident including the alleged victim, perpetrator, witnesses or others who may have had related contact with the alleged perpetrator, related to the incident in question; -f. The focus of the investigation is to determine the extent, cause and future prevention with thorough documentation of the investigative process completed;-9. Reporting of suspected resident abuse and/or neglect: -a. Staff will notify the facility charge of building immediately of any reports of possible abuse, neglect, misappropriation of resident property, and/or financial exploitation. The charge of building will immediately notify the Executive Director (ED) or designee in the ED's Absence; -b. The community is responsible for reporting suspected abuse, neglect, misappropriation of resident property, and/or financial exploitation in accordance with legal requirements. If the event that caused the suspicion involves abuse or results in serious bodily injury, the individual is required to report the suspicion immediately, but not later than two hours after forming the suspicion. If the |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure services provided met professional standards of practice when facility staff failed to administer physician ordered medications for three residents (Resident #1, Resident #2 and Resident #6) and failed to notify the physician and resident representative (RR) that the medications were not administered. The facility failed to follow parameters in the physician orders for one resident (Resident #5) and administered medications outside of the parameters and did not notify the physician or RR when medication was administered outside the set parameters. The census was 84.Review of the facility's physician services policy, copyright 2022, showed:-Policy: It is the policy of the facility to provide care and services related to Physician Services in accordance with State and Federal regulation;-Procedure: 8. All physician orders will be followed as prescribed and if not followed, the reason shall be recorded in the resident's medical record during that shift. Review of the facility's physician services policy, copyright 2020, showed:-Policy: To administer resident medications in a safe and accurate manner that will ensure the 6 rights of patient identification for administration;-Purpose: To ensure safe administration of resident's medication as indicated and ordered by the provider;-Procedure:-1. Medications are administered by licensed nurses or as otherwise delegated, trained associates;-2. Medications are administered in accordance with the orders;-3. Medications are administered within their prescribed time;-4. The person preparing or administering the medication will contact the provider if there are questions or concerns regarding medication;-5. With any irregularities, appropriate notifications will be completed for clarification;-7. Obtain vitals as ordered with medication administration prior to administering the medications. -10. Administer medications following the 6 Rights of medication administration: -a. Right Resident; -b. Right Medication; -c. Right Dose; -d. Right Time; -e. Right Route; -f. Right Documentation;-11. Sign medication out in electronic record/Medication Administration Record (MAR) at time of medication administration. 1. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/2/25, showed the following:-Cognitively intact;-Rejection of care not exhibited;-Upper and lower extremity impairment on both sides;-Intermittent catheterization (procedure where a flexible tube (catheter) is inserted into the bladder to drain urine); -Always incontinent of bowel and bladder;-Antibiotic (ABT) not marked as taking or indication noted;-Diagnoses included burns involving 50-59 percent (%) of body surface with 40-49% third degree burns (involves all of the layers of skin and sometimes the fat and muscle tissue under the skin), acquired absence of right leg above knee, acquired absence of left leg above knee, dependence on renal (kidney) dialysis (removes waste products and excess fluid from the blood when the kidneys can no longer perform this function adequately), osteomyelitis (a bone infection) of vertebra (individual bones of the spine), sacral (sacrum, the bony structure at the base of the spine) and the coccyx (known as the tailbone or the base of the spine) and sacrococcygeal region (the region of the body located between the sacrum, anuria (complete absence of urine production) and oliguria (decreased urine production) and weakness. Review of the resident's care plan, during the survey, showed:-Problem: Infection, created 6/16/25;-Goal: Resident will not develop newly acquired multidrug resistant organism (MDRO, infection that is resistant to many ABT), resident will not develop signs or symptoms of acute (condition that develops suddenly and lasts for a limited time that usually lasts less than six months) infection, created 6/16/25;-Approach: -Monitor for signs and symptoms of infection, created 6/16/25; -Notify physician or nurse practitioner (NP) as needed for signs and symptoms of active infection, created 6/16/25;-Problem: Indwelling catheter (a flexible tube inserted into the bladder to drain urine), resident requires bladder scans every six hours and required straight catheter if greater than 300 milliliters (mls) is detected, edited 6/9/25; -Goal: Resident will have a catheter care managed appropriately as evidenced by not exhibiting signs of infection or ureteral (the ureters, which are two narrow tubes that carry urine from the kidneys to the bladder) trauma, edited 6/9/25;-Approach: Bladder scans as ordered per physician every six hours, 12:00 A.M., 6:00 A.M., 12:00 P.M., 6:00 P.M., created 6/9/25;-Problem: Medication, resident has the potential for discomfort and side effects related to the use of ABT for the diagnosis of active wound infection, edited 6/9/25;-Goal: Resident will be free of any discomfort or adverse side effects, edited 6/9/25;-Approach: -Administer medications as ordered, created 5/29/25; -Monitor for adverse consequences, created 5/29/25; -Observe for possible side effects every shift, created 5/29/25. Review of the resident's MAR and progress notes, dated 5/27/25 through 6/23/25, showed: -Ondansetron (medication used to prevent nausea and |

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| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident (Resident #4) received treatment and care in accordance with acceptable standards of practice when the facility failed to follow physician orders for a Prevena (wound vac, negative pressure wound therapy (NPWT) system used to manage closed surgical incisions) and the resident's wound dehisced (separation of the edges of a surgical wound, either partially or completely, due to failure of proper wound healing). Additionally, the facility failed to administer physician ordered medications and failed to notify the physician and resident representative (RR) that the medications and treatments were not administered. The census was 84.Review of the facility's physician services policy, copyright 2022, showed:-Policy: It is the policy of the facility to provide care and services related to Physician Services in accordance with State and Federal regulation;-Procedure: 8. All physician orders will be followed as prescribed and if not followed, the reason shall be recorded in the resident's medical record during that shift. Review of the prevention and treatment of skin breakdown policy, copyright 2018, showed: - Purpose: Maintaining intact skin is integral to resident health and wellness. Care and service are delivered to maintain skin integrity and promote skin healing if skin breakdown should occur;-Policy: Resident skin integrity is assessed upon admission and weekly thereafter. A skin risk assessment is completed upon admission and weekly for 4 weeks upon significant change, and quarterly thereafter. Those residents at an increased risk for impaired skin integrity are provided preventative measures to reduce the potential for skin breakdown. Those residents' who experience a break in skin integrity or wounds are provided care and service to heal the skin according to professional standards of care;-If a resident is admitted with impaired skin integrity or a new pressure injury (localized damage to the skin and underlying tissue, usually over a bony prominence, caused by prolonged pressure or pressure combined with shear) or lower extremity wound develops the licensed nurse implements the following items: -1. Documentation of the skin impairment is completed in the medical record. Staging of Pressure Injury is completed as necessary by trained licensed associates. Other lower extremity wounds with be described a partial thickness loss or full thickness loss; -2. Standing orders/protocol for skin wound are initiated; -3. Notify attending provider, resident and resident representative. Attending provider determines wound type and may provide additional orders; -4. Notify Supervisor/designee; -5. Evaluate current pressure reduction interventions and revise resident centered care plan; -6. Notify dietitian for nutritional interventions; -7. Notify therapy associates and other members of the care team as appropriate for possible additional treatment interventions; -8. Educate resident/resident representative on skin wound/pressure injury and care plan interventions; -10. Weekly the licensed nurse will stage, measure, and examine the wound bed and surrounding skin. If wound bed has deteriorated; notify provider;-12. Documentation reflects areas as addressed above. Review of Resident #4's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed the following: -Cognitively intact;-Rejection of care not exhibited;-Indwelling catheter; -Occasionally incontinent of bowel;-Antibiotic (ABT) not marked as taking or indication noted; -Surgical wounds;-Diagnoses included fracture of lower end of left femur (the thigh bone), weakness, dementia, type two diabetes, high blood pressure, congestive heart failure (CHF, heart doesn't pump blood efficiently, leading to fluid buildup in the body) and chronic respiratory failure. Review of the resident's care plan, during the survey, showed:-Problem: Resident is limited in ability to walk in room related to left femur fracture, created [DATE];-Goal: Resident will ambulate with walker 75 feet with supervision, created [DATE];-Approach: Monitor/record/report presence of pain/intolerance during ambulation (walking);-Problem: Potential for discomfort and side effects related to the use of ABT, created [DATE];-Goal: Resident will be free of any discomfort or adverse side effects, created [DATE];-Approach: -Administer medication as ordered, created [DATE]; -Monitor for adverse consequences, created [DATE]; -Observe for possible side effects, created [DATE]. Review of the resident's Medication Administration Record (MAR), Treatment Administration Record (TAR) and progress notes, dated [DATE] through [DATE], showed:-Amlodipine (treats high blood pressure) 25 mg at bedtime, start date [DATE], discontinue (DC) [DATE]; -[DATE], Not administered: Drug item unavailable;-Furosemide (Lasix, treats flid retention, swelling) 20 mg once daily, start date [DATE], DC [DATE]; -[DATE], Not administered: Drug item unavailable;-Levetiracetam (anticonvulsant, used primarily to treat and prevent seizures) 500 mg twice daily, start date [DATE], DC [DATE]; [DATE] A.M. medication pass, Not administered: Drug item unavailable;-Omeprazole (treats |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>(continued on next page) |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish a system for records of disposition of all controlled substances (medication that is regulated by the United States Drug Enforcement Administration (DEA) due to the potential of causing dependency and abuse) in sufficient detail to enable an accurate reconciliation with the narcotic delivery reconciliation logs and shift to shift count sheets for four carts out of four carts that had controlled substances. This had the potential to affect all residents with controlled substance orders. The census was 84.Review of the facility's Controlled Substances Policy, copyright 2025, showed:-Purpose: The facility complies with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications (listed as Schedule II-V (CII, medication with higher potential of dependency and abuse), Schedule three controlled medication (CIII, medication with low to moderate potential of dependency and abuse), Schedule four controlled substance (CIV, medication with low potential of dependency and abuse), Schedule five controlled substance (CV, lowest potential of dependency and abuse) of the Comprehensive Drug Abuse Prevention and Control Act of 1976);-Procedure: Handling Controlled Substances; -1. Only authorized licensed nursing and/or pharmacy personnel have access to Schedule II controlled substances maintained on premises; -2. The director of nursing (DON) services identifies staff members who are authorized to handle controlled substances; -3. Controlled substances are counted upon delivery. The nurse receiving the medication, along with the person delivering the medication another associate must count the controlled substances together. Both individuals sign the designated controlled substance record. If the count is inconsistent with the prescription label, the licensed nurse will contact the pharmacy; -4. An individual resident-controlled substance record is made for each resident who will be receiving a controlled substance. The facility will maintain a bound book with a log of the receipt, release and destruction of any controlled substances. Do not enter more than one prescription per page. This record contains: resident and prescription specific information;-Storing Controlled Substances: -1. Controlled substances are separately locked in permanently affixed compartments, except when using single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected; -2. The licensed nurse on duty maintains the keys to controlled substance containers;-Dispensing and Reconciling Controlled Substances: -1. Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up; -2. The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: -a. Records of personnel access and usage; -b. Medication administration records; -c. Declining inventory records; -d. Destruction, waste and return to pharmacy records; -3. Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count; -4. The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services. The oncoming nurse reconciles the controlled substance while the off going nurse reads the log. Both nurses are responsible for verification of accuracy; -5. The director of nursing services documents irreconcilable discrepancies and notifies the Administrator: -a. If a major discrepancy or a pattern of discrepancies occurs, or if there is apparent criminal activity, the director of nursing completes the Narcotic Discrepancy Report and notifies the Administrator and consultant pharmacist immediately; -b. The Administrator, consultant pharmacist, and/or director of nursing services determine whether other action(s) are needed, e.g., notification of police or other enforcement personnel and any state agency; -c. The medication regimen of residents using medications that have such discrepancies are reviewed to assure the resident has received all medications ordered and the goal of therapy is met (example: a resident receiving a pain medication complains of unrelieved pain); -d. The director of nursing services consults with the provider pharmacy and the administrator to determine whether any further legal action is indicated; -6. Unless otherwise instructed by the director of nursing services, when a resident refuses a non-unit dose medication (or it is not given), or a resident receives partial tablets or single dose ampules (or it is not given) the medication is destroyed, and may not be returned to the container; -7. Waste and/or disposal of controlled medication are done in the presence of the nurse and another licensed associate who also signs the disposition sheet; -8. Medications returned to the pharmacy are recorded and signed by the director of nursing services (or designee) and the receiving pharmacy; -9. Disposal methods are used to prevent diversion and/or accidental exposure to controlled or hazardous |