

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265668	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Carrie Elligson Gietner Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 South Broadway Saint Louis, MO 63111	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265668	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Carrie Elligson Gietner Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 South Broadway Saint Louis, MO 63111	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide protective oversight for one resident, (Resident #1), when the facility failed to follow their weather advisory procedures regarding going outdoors in extreme heat. The failure put this resident, who was prescribed two medications that could affect the body's ability to regulate temperature, at an increased safety risk due to the extreme heat. The resident was outside of the facility, without supervision, from 9:00 A.M. until approximately 4:00 P.M., during a heat advisory. The resident reported to facility administration that after purchasing cigarettes, he/she became overheated and lost consciousness in someone's backyard for an unknown length of time. The resident was admitted to the hospital on [DATE] at 4:28 P.M. and transferred to another hospital on 7/25/25, with nasal abrasions, fractures, and heat exposure The sample was six. The census was 83. The Administrator was notified on 07/31/25 of the Past Non-Compliance Immediate Jeopardy (IJ) which occurred on 07/24/25. Upon notification, the facility administration immediately in-serviced all staff on the facility's policy and procedures for inclement weather/severe heat, leave of absence, and guardianship, and completed chart audits for guardianship verification. The IJ was corrected on 07/25/25. Review of the Inclement Weather/Severe Heat Precautions policy, dated 8/23/22, showed:-Purpose: The purpose of this policy is to identify potentially harmful weather or outside temperatures that may pose harm to the residents;-Policy: The facility will identify the following environmental risks that may cause harm to the resident: Excessive heat greater than 98 degrees Fahrenheit (F) (deemed by the Medical Director) and heat advisory;-The Administrator, Director of Nursing (DON) or designee will determine the weather status before residents exit the facility on walks, Outside Pass (OSP) time, or out of the facility smoke time. If any of the environmental risks are present that may cause harm to the resident, the Administrator/DON/Designee will assess the resident's best interest whether residents should leave facility for OSP time;-In the event that the resident becomes noncompliant with following the inclement/excessive weather guidelines, the legal guardian/designee will be notified. If the resident is their own responsible party, the facility administration/designee will educate the resident on the risks of exiting the facility, and document education in the resident's record and ensure that the plan of care reflects the resident's noncompliance in following facility policy along with interventions and education. Review Resident #1's medical record showed:-A Pre-admission Screening and Resident Review (PASARR), dated 9/16/21, showed the resident wandered, needed supervision for safety, 24/7 supervision, monitor for elopements, fifteen minute checks and maximum monitoring; -Resident admitted to the facility on [DATE]. -Diagnoses included: high blood pressure, end-stage renal disease (a severe medical condition where the kidneys have permanently lost most or all of their function), diabetes, anxiety, depression, bipolar (mood disorder that can cause intense mood swings) and schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves). Review of the Missouri casenet website showed the resident was appointed a guardian on 2/4/22. Review the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/2/25, showed:-Cognitively intact;-No behaviors. Review of the resident's medical record showed court documents, dated 6/4/25, confirmed the resident's guardianship remained in place. Review of the resident's care plan, in use at the time of the investigation, showed prior to 7/24/25, nothing noted in the care plan about the resident's ability or inability to go out independently on leave of absence (LOA), and nothing noted about the presence of a guardian or the resident's ability or inability to make decisions on his/her own. Review of the resident's Physician's Orders Summary (POS), dated 7/31/25, showed:-An order, dated 9/30/24, Haloperidol (antipsychotic medication used to treat mental illness) Oral Tablet 5 milligrams (mg);-An order, dated 9/30/24, Propranolol HCl (heart medication) Oral Tablet 20 mg. Review of the Center for Disease Control and Prevention (CDC) website showed the use of Haloperidol and Propranolol HCl can affect the body's ability to regulate temperature. Review on 7/31/25, of the resident's LOA sign out sheet showed, on 7/24/25 the resident signed out at 9:00 A.M. No destination was obtained. No length of stay was obtained. No signature from the resident was obtained. Review of the National Weather Service website showed on 7/24/25, the St. Louis area was under a heat advisory, and the high temperature for the day was 96 degrees F with a heat index of 107 degrees F. Review of the facility's investigation, dated 7/24/25, showed at 9:00 A.M. on 7/24/25, the resident approached the Activity Director to see if he/she could go to the gas station. The Activity Director escorted the resident to the DON's office and asked the DON if the resident could go. The DON said the resident</p>		