

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3421 Gasconade Saint Louis, MO 63118	

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Based on interview and record review, the facility failed to ensure staff provided adequate assistance to prevent accidents for one of four sampled residents (Resident #1) when Certified Nursing Assistant (CNA) B and CNA C used a Hoyer lift (full body lift, used for residents who are unable to move themselves), to transfer the resident but did not use the correct size sling. While the resident was suspended in mid-air, the sling straps broke, and the resident fell to the ground and hit his/her head. This caused a laceration (cut) to the posterior side (back side) of the resident's head. The resident was sent to the hospital and required sutures. The sample size was 4. The census was 92. The facility was notified of the past non-compliance on 10/24/25. The facility initiated their investigation and suspended both CNAs pending investigation. All staff were in-serviced. The staff demonstrated followed their policy following the incident. The two CNAs alleged to be in the room when the incident occurred had scheduled 1-1 in-service and training prior to returning to the facility. Maintenance completed an audit on all the mechanical lifts for proper function. Audits were also completed on all Hoyer pads. This deficiency was corrected on 10/10/25. Review of the facility's Total Mechanical Lift Policy, revised 6/20, showed:-Purpose: A mechanical lift is used appropriately to facilitate transfer of residents.-Policy: Nursing staff will be trained to use the mechanical lift. The resident will have a physician's order for the use of a mechanical lift, and at least two people are present while resident is being transferred with the mechanical lift. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/22/25, showed:-Severe cognitive impairment;-Dependent (Helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) for chair/bed-to-chair transfer, sit to stand transfer, and upper and lower body dressing;-Diagnoses included stroke, right side hemiplegia (weakness on one side of the body), seizures, non-Alzheimer's dementia and malnutrition. Review of the resident's care plan, revised 9/19/23, included:-Focus: Resident has decreased mobility and needs assistance of two staff members to transfer safely with Hoyer lift;-Goal: Additional safety measures will be taken when transferring resident;-Interventions/Tasks: Ensure two staff members are present when using Hoyer lift for safety measures, ensure chair wheels are locked for repositioning and transfers, complete transfer evaluation on admission and as needed. Review of the resident's medical record, showed:-An undated order, may use mechanical lift (Hoyer) for transfer. Large sling.-A progress note, dated 10/9/25 at 6:00 A.M., nurse aide (NA) reports resident on floor, CNA caring for resident reports them and another CNA was transferring resident to his/her wheelchair in Hoyer when Hoyer straps broke and resident fell to floor. Upon assessment resident was lying on floor on back. Resident noted with laceration to posterior scalp with slow trickle of blood noted. Resident alert and responding with yes and no answers. Unable to verbalize what happened. Director of Nursing (DON) made aware, reports she will inform Administrator. Resident denies pain. CNA instructed to remain with resident until Emergency Medical Service (EMS) arrives. 911 called.-Resident lifted off the floor onto stretcher with two EMS caregivers. Resident denies pain and remains alert and responding to questions with yes and no answers. Resident's family made aware.-A progress note, dated 10/9/25 at 11:15 P.M., Resident readmitted to facility per EMS, alert and oriented to self. Medical director made aware, orders verified. No distress noted.-A progress note, dated 10/13/25 at 10:00 P.M., resident resting quietly in bed, no distress noted. laceration 4.0 centimeters (cm) remains well approximated, no bleeding noted. Will continue to monitor. Review of the facility's investigation, showed:-It was reported by the nurse that resident fell from the Hoyer lift. The CNAs in the room claimed the Hoyer strap broke. The resident was on the floor, assessed by nurse and sent out for evaluation.-Findings: Upon interview, resident was unable to verbalize details. Immediately following the fall, Resident assessed for visible injuries, laceration covered with dry dressing. Resident lifted off floor onto stretcher with two EMS providers. Resident denied pain. No further bleeding noted on dressing. Only minor injury, small laceration on head measuring 4four cm in length and shallow, slow trickle of blood which stopped shortly after dressing applied. The incident occurred at end of shift. The staff involved in the incident were placed on suspension pending investigation.-Staff reported that the resident was being transferred from the bed when the straps (two) broke and the resident fell. The staff said they used the black Hoyer pad. The staff saved the straps, and CNAs were told to save the Hoyer pad. However, CNA D reported that CNA B threw the Hoyer pad away in the trash. According to CNA B, he/she was lifting the resident off the bed, while CNA D was spotting and watching over the resident when the resident fell. CNA C stated he/she saw the two straps hanging</p>		