

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265699	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2025
NAME OF PROVIDER OR SUPPLIER Beauvais Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 Magnolia Avenue Saint Louis, MO 63110	

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. (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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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect one resident from misappropriation of property when Certified Nurse Aide (CNA) A took the resident's debit card to obtain vending machine snacks for the resident and then started to Cash App themself money over a period of two months. The resident (Resident #4) had only given the CNA permission to get him/her snacks. CNA A removed a total of \$483.40 from the resident's bank account and then credited the resident \$29.40 for a total withdrawal amount of \$454.00. The sample was 8. The census was 137. The facility was notified of past non-compliance on 9/10/25. The resident's bank notified the Administrator on 9/8/25 of the suspicious charges. The Administrator, contacted the police and suspended the employee. The facility reimbursed the resident for the full amount on 9/10/25. The employee was terminated. Staff were in-serviced on 9/8/25. This deficiency was corrected on 9/10/25. Review of the facility's Abuse Prevention and Prohibition Program Policy, revised 10/24/22, showed:-Purpose: To ensure the Facility establishes, operationalizes, and maintains an Abuse Prevention and Prohibition Program designed to screen and train employees, protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, misappropriation of property, and crime in accordance with federal and state requirements. -Policy: Each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. The Facility has zero-tolerance for abuse, neglect, mistreatment, and/or misappropriation of resident property. Staff must not permit anyone to engage in verbal, mental, sexual, or physical abuse, neglect, mistreatment, or misappropriation of resident property. -Screening: The Facility does not knowingly employ anyone who has had disciplinary action against his/her professional license or a finding entered into the state nurse aide registry related to abuse, neglect, mistreatment or misappropriation or has been convicted of abusing, neglecting, or mistreating other people.-Staff, residents and families will be able to report concerns, incidents and grievances without fear of retribution or retaliation.-Supervisors shall immediately intervene, correct, and report identified situations where abuse, neglect or misappropriation of resident property is at risk for occurring.-Investigation: The Facility promptly and thoroughly investigates reports of resident abuse, mistreatment, neglect, injuries of an unknown source, or criminal acts.-If the Administrator receives a report of an incident or suspected incident of resident abuse, mistreatment, neglect, injuries of an unknown source or crime, the Administrator or designee, may appoint a member of the Facility's management team (the Investigator) to investigate the alleged incident.-Integration with the Quality Assurance and Performance Improvement Program (QAPI). The Administrator will report data concerning abuse, neglect, misappropriation of resident funds, and exploitation to the Quality Assessment and Assurance (QAA) Committee. Review of the facility's Resident Rights Policy, revised 5/1/23, showed:-Purpose: to promote and protect the rights of all residents at the facility.-Policy: All residents have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Facility including those specified in this policy.-Procedure: State and federal laws guarantee certain basic rights to all residents of the Facility. These rights include, but are not limited to, a residents' right to: Have the Facility manage their funds, upon request; Retain and use personal possessions to the maximum extent that space and safety permit;-Each employee has a duty to read and be familiar with the residents' rights.-Inquiries concerning residents' rights are referred to the Administrator and/or the Director of Nursing Services. Review of Resident #4's medical record, showed:-A quarterly Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff, dated 4/11/25, showed the resident cognitively intact; -A Brief Interview of Mental Status assessment, dated 8/26/25, showed the resident cognitively intact;-Diagnoses included sleep disorder, muscle weakness, need for assistance with personal care, mood disorder due to known psychological condition with depressive features, difficulty walking, and hemiplegia and hemiparesis (weakness or paralysis on one side of the body) following a stroke;-A progress note dated 9/10/25 at 3:32 P.M., facility administration was notified by bank in regard to alleged misappropriation of funds. Immediate interventions and investigation was initiated. Police notified. DHSS aware. Review of the resident's care plan, in use at the time of the investigation, showed:-Focus: The resident has limited physical mobility:-Goal: Remain free from complications related to immobility;-Interventions: The resident is non-weight bearing. Set up assist in motorized wheelchair. Provide supportive care, assistance with mobility as needed:-Focus: The resident has a psychosocial well-being</p>		