STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265712	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of St Louis, Llc, The	2115 Kappel Drive Saint Louis, MO 63136

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 30687 Based on interview and record review, the facility failed to ensure staff completely and accurately documented neurological checks (neuro checks, assessing mental status and level of consciousness, pupillary response, motor strength, sensation, and gait) for one resident (Resident #2). The sample was three. The census was 84. Review of the facility's Fall Policy, dated 12/1/19, showed the following: -Policy: The staff will identify any resident falls and assess resident's condition and cause of fall. Interventions related to the resident's specific risks and causes will be put in place to prevent the resident from falling and to try to minimize complication from falling; -Assess the resident for changes in level of consciousness and signs or symptoms of injury. Assess the resident immediately after the fall, then frequently throughout the shift. Assessment should continue for a minimum of 72 hours. -Notify the primary care physician (PCP) immediately after the fall and follow the physician's orders related to fall. If the resident is unconscious, has a significant injury or has a significant change in cognition, call 911 for emergency transport. Notify family after the PCP has been called. -Observe the resident for obvious injuries to the scalp, including lacerations, bruises, or contusions, confusion, memory loss, difficulty speaking, gait or balance problems, pupils of unequal size or reactions, headache, vomiting, visual disturbances, or periods of coherence alternating with periods of confusion or lethargy. Monitoring must continue for a minimum of 72 hours (or until the resident is asymptomatic for a specified period of time). -Perform frequent neurological assessments if the fall was unwitnessed and resident is not able to describe the fall or if the resident hit their head. -15 minutes for one hour; -30 minutes for two hours; -60 minutes for four hours; -Eight hours for 16 hours; (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265712	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Estates of St Louis, Llc, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2115 Kappel Drive Saint Louis, MO 63136	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Eight hours until at least 72 hours have elapsed and resident is stable; -Neurological assessments include (at a minimum) pulse, respiration, and blood pressure measurements, assessment of pupil size and reactivity, and equality of hand grip strength. Complete the post fall neuro check form to help keep findings objective. Review of Resident #2's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/5/24, showed the following: -Severe cognitive impairment; -Behaviors of hallucination and delusions; -Verbal behaviors towards others; -Supervision with activities of daily living; -Diagnoses of high blood pressure, Alzheimer's Disease and depression. Review of the resident's nurse's note, dated 5/22/24 at 7:32 P.M., showed at approximately 5:40 P.M., the resident was found sitting on the floor of his/her room, holding his/her head, when another resident was coming out of his/her door. The resident was found to have a bleeding cut under his/her right eye. He/She was alert and responsive, speaking fast Spanish, trying to explain what happened. He/She was pointing at the other resident gesturing with his/her arms and hands that he/she had been hit. Pressure was applied to the open wound and 911 was called. The Emergency Medical Services (EMS) arrived and resident was taken to the hospital. The resident's physician and family were notified. The resident's base vital signs for beginning neuro checks were the following: Temperature (T) 98.1, Pulse (P)-94, Respirations (R)-18, Blood Pressure (B/P)-180/80. Review of the resident's nurse's notes, dated 5/23/24 at 3:29 A.M., showed the resident returned to the facility at 1:45 A.M. from the hospital. He/She was accompanied by two EMS staff via stretcher. The resident ambulated with assistance to his/her bed. The resident has two steri-strips lateral to his/her right eye. The resident denies pain or discomfort. The resident's vital signs were the following: T-97.6, P-88, BP-136/77. The resident was to be monitored for protective oversight. The Assistant Director of Nursing (ADON) and Administrator were notified. Review of the resident Post Fall Assessment (Neuro check form), showed the following: -5/22/24: -Based: no time: B/P: 126/76, P-73, R-24, no documentation of pupil size or reactivity; - Every 15 minutes for an hour: -No time: B/P: 130/72, P-77, R-20, no documentation of pupil size or reactivity; -No time: B/P: 124/72, P-70, R-20, no documentation of pupil size or reactivity; (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Estates of St Louis, Llc, The		STREET ADDRESS, CITY, STATE, ZIP CODE: 2115 Kappel Drive Saint Louis, MO 63136	

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-No time: B/P: 130/70, P-74, R-24, no documentation of pupil size or reactivity; -No time: B/P: 132/76, P-76, R-20, no documentation of pupil size or reactivity. -Every 30 minutes for two hours: -No time: B/P: 130/78, P-76, R-20, no documentation of pupil size or reactivity; -No time: B/P: 124/76, P-75, R-24, no documentation of pupil size or reactivity; -There was no other documentation of this time frame. -5/23/24: 11:00 A.M. to 7:00 A.M., B/P-118/72, P-77, R-18. During an interview on 6/3/24 at 11:27 A.M., Licensed Practical Nurse (LPN) A said he/she took the initial base vital signs of the resident. LPN A said he/she called 911 and they came quickly. The resident left the facility at approximately 6:00 P.M. LPN A said the nurse should document the neuro checks. LPN A said he/she did not fill out the neuro check form because the resident was not in the facility. He/She did not know who filled out the neuro check form. During an interview on 6/3/24 at 9:58 A. M., LPN B said he/she was there when the resident returned from the hospital and neuro checks were started. He/She said he/she does the neuro check and records them on the form. During an interview on 5/31/24 at 11:51 A.M., the Administrator and Regional Director of Operation said they expected the Fall Policy to be followed as written and the neuro checks recorded accurately. The Charge Nurse should be taking the neuro checks and documenting them on the form. The Administrator said the purpose of the neuro checks is to ensure the resident remains stable and does not have a change of condition. MO00236629