

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 09/03/2025
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	Ensure services provided by the nursing facility meet professional standards of quality. (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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide services per acceptable standards of practice for one resident (Resident #1), when the facility failed to provide follow-up care and treatment by not completing a clinical referral for a resident with a diagnosis of chronic hepatitis C infection (viral infection that causes liver swelling that can lead to serious liver damage, liver failure and liver cancer). The sample size was 3. The census was 82. Review of the Centers for Disease Control and Prevention (CDC) website, showed hepatitis C treatment plans typically consisted of 8-12 weeks of oral direct-acting antiviral (DAA) medications. This short course of well-tolerated medication could cure more than 95% of cases and was recommended for virtually everyone diagnosed with hepatitis C. Treatment is crucial to reduce the risk of developing chronic liver disease, cirrhosis, and liver cancer. In July 2023 the CDC recommended automatic Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) testing (a test used to detect the presence of the HCV in a person's blood) on all HCV antibody reactive samples to minimize patient visits and increase the number of patients diagnosed and treated. Review of the facility's Physician Orders Policy, updated 8/24/24, showed:-Policy: The purpose of this policy is to ensure our residents receive the care prescribed by their physician;-The Registered Nurse (RN)/Licensed Practical Nurse (LPN) are to follow the orders as written. Review of Resident #1's referral from the previous facility dated 3/25/24, showed: -Diagnosis: Chronic viral hepatitis C;-Advanced Registered Nurse Practitioner (ARNP) Subjective Objective Assessment Plan (SOAP) dated 3/15/24, showed resident to have follow up referral for hepatitis clinic;-Resident noted to have active hepatitis C. Labs for hepatitis C virus Antibody (AB) reactive (blood test used to detect antibodies against the hepatitis C virus), Hepatitis C Virus Ribonucleic Acid (RNA, used to detect the presences of hepatitis C virus in the blood) quantitative blood test level of 531 is elevated and means hepatitis C is an active infection;-Plan: Resident to follow up at clinic regarding hepatitis C results, will coordinate with Medical Doctor (MD) to see about medication regimen to start. Review of the resident's electronic medical record, showed:-admission: [DATE];-Cognitively intact;-Diagnoses included chronic viral hepatitis C;-No referral to the hepatitis clinic or orders to treat acute hepatitis C virus. Review of the resident's care plan, dated 4/4/24, showed:-Problem: Resident has viral hepatitis C;-Goal: Resident will not experience any complications throughout the review period; -Approaches: Administer medications as ordered, assess for signs/symptoms of active disease and notify physician: easy bleeding, easy bruising, fatigue, lack of appetite, itchy skin, ascites (abdominal swelling due to build up of fluid, caused by liver failure), edema, weight loss, confusion, etc. Obtain lab work as ordered by physician. Review of the History and Physical (H&P) dated 5/14/24, completed by Advanced Registered Nurse Practitioner (ARNP) C, showed: -New admission with past medical history including chronic hepatitis C;-Overall Plan: New admission History and Physical completed, hospital records reviewed, Point of Services (POS-documentation) and medications reviewed. Review of the H&P notes, dated 6/3/25, completed by Physician A, showed:-Past Medical History included chronic viral hepatitis C;-No new labs to review;-Plan: Examination completed on rounds in the presence of nursing staff. Lab chart reviewed, treatment plan, medication reconciliation, abnormal labs reviewed, new orders as written follow-up as scheduled. Review of the progress notes, dated 8/26/24, completed by ARNP C, showed: -History: Reviewed this patient with nursing. Current chronic medical conditions are all stable with no acute concerns;-Labs: no new labs to review;-Diagnoses: Chronic viral hepatitis C;-Plan: Chronic hepatitis C, order routine quantitative hepatitis C RNA;-Overall Plan: Order routine labs Completed Blood Count (CBC number of red blood cells, white blood cells, platelets, hemoglobin and hematocrit in blood), Comprehensive Metabolic Panel (CMP measures 14 different substances to provide a picture of the body's chemical balance and metabolism. It includes tests that check the function of the kidneys and liver, as well as blood sugar, protein, and electrolyte levels), Glycated hemoglobin (A1C, blood test that measures average blood sugar levels over the past 2-3 months), Lipoprotein (LP, measures the level of lipoprotein in the blood that can contribute to the buildup of plaque in arteries increasing the risk of heart disease and stroke). Review of the resident's medical record, showed no documentation staff obtained the labs ordered on 8/26/24. Review of the H&P, dated 9/18/24, completed by Physician B, showed:-Active health concerns: No active health concerns recorded;-Inactive health concerns: no inactive health concerns recorded;-Past medical history: did not list chronic or acute hepatitis C. Review of the hospital Discharge summary dated [DATE] showed:-Presenting problem/history of present illness: Patient presents to the Emergency Department (ED)</p>		