

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 12/23/2024
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)
<p>F 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>16752</p> <p>Based on an interview, a review of the facility's survey notebook, and a review of the Missouri Department of Health and Senior Services website, the facility failed to maintain a posting of its current survey results. The survey sample was 24 residents with a supplemental 25 residents. Refer to F577</p> <p>Findings include:</p> <p>A review of the Missouri Department of Health and Senior Services website revealed the facility had surveys on the following dates:</p> <p>02/26/24 A complaint investigation survey</p> <p>04/02/24 A complaint investigation survey</p> <p>05/31/24 A complaint investigation survey</p> <p>07/12/24 A complaint investigation survey</p> <p>A review of the facility's survey notebook revealed the notebook only contained the recertification/complaint survey results from 08/24/23.</p> <p>An interview on 12/18/24 at 7:08 pm with the Administrator revealed the survey results are kept in a yellow notebook in a location where the residents can review. The Administrator also stated that she only maintained the state and life safety survey. The Administrator stated that she was unaware that she should post the surveys that occurred earlier this year.</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
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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>16752</p> <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on the interview and a review of the facility's resident council meeting minutes, the facility failed to inform and review with the residents of the facility's survey results. During a group meeting nine of nine residents (Resident (R) 2, 15, 26, 34, 40, 41, 46, 51, and 57) stated that they were unaware of the location of the survey results and that the results were never discussed with them. The total sample was 24 residents with 25 supplement residents.</p> <p>Findings include:</p> <p>A review of the facility's Resident Council Meeting Minutes provided by the Activity Director failed to reveal any discussion of the facility's past survey results or the location of the survey results.</p> <p>During a meeting with nine representatives of the Resident Council on 12/18/24 at 1:30 PM it was revealed they were aware that surveyors had been in the facility from time to time. However, no one from the administration ever discussed the results of the surveys. The nine group members also stated they were unaware of the location of the survey results or that they could ask to see the survey results.</p> <p>An interview on 12/18/24 at 7:08 PM with the Administrator revealed the survey results were contained in a yellow notebook which was located outside the copier room. The Administrator admitted that she had never discussed the survey results with the resident council group and had assumed the group was made aware of the location of the survey results when residents' rights were discussed in the resident council meeting with the Activity Director</p> <p>An interview was conducted on 12/20/24 at 11:00 AM with the Activities Director revealed that residents' rights are discussed monthly, however, the survey location and the survey results have never been discussed with the residents. The Activities Director stated the Administrator has never asked to attend a resident council meeting to discuss survey results.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on interview, record review, and facility policy review, the facility failed to correctly issue Medicare Part A beneficiaries CMS-10055 (Skilled Nursing Advanced Beneficiary Notice (SNFABN) when resident completed therapy or skilled nursing services for two of three residents (Resident (R) 9 and R68) reviewed for beneficiary notices. This failure had the potential of a resident or responsible party to not make an informed decision related to continuing to receive Medicare A services, by having the facility continue services and bill Medicare A, continue the services, and bill the resident, or not receive the services.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled ABN / NOMNC Policy provided by the facility stated, Skilled nursing facilities must deliver a completed copy of the Advance Beneficiary Notice of Non-Coverage (ABN) and Medicare Non-Coverage (NOMNC) to beneficiaries/enrollees receiving covered skilled nursing services. The ABN/NOMNC must be delivered at least 2 calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily. Procedure - Social Services is responsible to deliver notice 2 calendar days prior to the resident or their Responsible Party for review and signature. The resident or Responsible Party receives a signed copy and Social Services keeps a copy for facility records.</p> <p>1. Review of R9's undated Admission Record located in the Electronic Medical Record (EMR) under the Profile tab indicated she was readmitted to the facility on [DATE] with a primary diagnosis of heart failure.</p> <p>Review of R9's Skilled Nursing Facility Advance Beneficiary Notice SNFABN document dated 05/03/24 and provided by the facility indicated that R9 reached her highest potential for speech therapy services and that Medicare probably would not pay. The estimated cost to continue speech therapy was blank and the address and phone number to contact the Medicare contractor was blank. An option to please choose one option. Check one box, date & sign this notice .option 1. Yes, I want to receive these items or services .Option 2. No, I will not receive these items or services . No choice was made and R9 signed the document on 05/03/24.</p> <p>Review of R9's Notice of Medicare Non-Coverage document indicating services would end on 05/07/24 stated, Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current insert type services after the effective date indicated above. The type of care was blank, and no information was filled provided to contact the Quality Improvement Organization (QIO) in the event R9 chose to appeal the decision or had questions. R9 signed the document on 05/03/24.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R9's Skilled Nursing Facility Advance Beneficiary Notice SNFABN document dated 09/13/24 and provided by the facility indicated that R9 reached her highest potential for occupational therapy services and that Medicare probably would not pay. The estimated cost to continue speech therapy was blank and the address and phone number to contact the Medicare contractor was blank. An option to please choose one option. Check one box, date & sign this notice .option 1. Yes, I want to receive these items or services . Option 2. No, I will not receive these items or services . No choice was made and R9 signed the document on 09/13/24.</p> <p>Review of R9's Notice of Medicare Non-Coverage document indicating services would end on 09/18/24 stated, Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current insert type services after the effective date indicated above. The type of care was blank, and no information was provided to contact the Quality Improvement Organization (QIO) in the event R9 chose to appeal the decision or had questions. R9 signed the document on 09/13/24.</p> <p>2.Review of R68's undated Admission Record located in the EMR under the Profile tab indicated he was admitted to the facility on [DATE] with a primary diagnosis of muscle wasting with atrophy.</p> <p>Review of R68's Skilled Nursing Facility Advance Beneficiary Notice SNFABN document dated 10/01/24 and provided by the facility indicated that R68 reached his highest potential for occupational therapy services and that Medicare probably would not pay. The estimated cost to continue speech therapy was blank and the address and phone number to contact the Medicare contractor was blank. An option to please choose one option. Check one box, date & sign this notice .option 1. Yes, I want to receive these items or services . Option 2. No, I will not receive these items or services . No choice was made and R68's Responsible Party (RP) signed the document on 10/01/24.</p> <p>Review of R68's Notice of Medicare Non-Coverage document dated 10/04/24 stated, Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current insert type services after the effective date indicated above. The type of care was blank, and no information was provided to contact the QIO in the event R9 and or RP chose to appeal the decision or had questions. The RP signed the document on 10/01/24.</p> <p>During an interview on 12/20/24 at 8:01 PM with the Social Services Designee (SSD)1 stated that the business office issued the NONMC/SNFABN forms.</p> <p>During an interview on 12/21/24 at 12:35 AM with the Director of Operations (DO) stated that the SSD had been filling out the NOMNC/SNFABN forms. The expectation was for the letter to be provided to the resident or their RP 48 hours prior to discharge from Medicare A services. The forms should be filled out in their entirety.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>Based on observation, interview and record review, the facility failed to ensure grievances were resolved in a timely manner for one of 24 sampled residents (Resident (R) 23). This failure has the potential to affect the current residents and/or their family members by not having grievances resolved in a timely manner.</p> <p>Findings include:</p> <p>Review of the policy titled Grievance Policy and Procedure dated 06/15/24 indicated our facility investigates all grievances and complaints filed within the facility in a timely manner .(3) if a grievance is pertaining to an alleged violation of resident rights, as necessary, the Administrator must be notified, by the Social Service Worker, so that immediate action can be taken to prevent further potential violations of any resident right.</p> <p>Review of the Admission Packet provided by the facility indicated our facility investigates all grievances and complaints filed within the facility in a timely manner. The Administrator has assigned the responsibility of investigating grievances and complaints to the Social Service Department. For investigations and follow-up that take longer than 5 working days, the Administrator will notify the resident and social service document on Grievance form daily the progress until the concern is resolved.</p> <p>Review of the Social Service Director and or Designee job description provided by the facility indicated .19. review complaints/grievances from residents and families and from employees on behalf of the residents and families and submit written reports to the Administrator and include actions taken by the facility.</p> <p>A review of R23's Admission Record located in the resident's electronic medical record (EMR) section tab Profile revealed the resident was admitted to the facility on [DATE] with diagnoses of schizophrenia, and diabetes.</p> <p>A review of R23's Quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 11/14/24 located in the resident EMR section tab MDS revealed the resident had a Brief Interview for Mental Status (BIMS) score of nine out of 15 points which indicated the resident's moderate cognition impairment.</p> <p>A review of the facility's Grievance Log revealed on 08/23/24 R23 filed a grievance with two concerns. The first concern dealt with the number of people visiting his roommate. The second concern dealt with the rodent population in the facility. A continued review of the form revealed the Administrator addressed the resident's concerns about the number of visitors in his room. However, the form did not address or provide a resolution to the resident's concerns about the rodent population. The form was not signed by the resident indicating that he was satisfied with the resolution. The form was instead signed by the Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/18/24 at 7:08 PM, an interview with the Administrator revealed the Social Services Director (SSD) was responsible for handling the grievances. However, the Administrator stated the SSD was overwhelmed and she took over the process of handling the residents' grievances. The Administrator was unable to show where she resolved the resident's concerns. The Administrator acknowledged that she signed the form that the resident should sign. The Administrator had to read the grievance policy and acknowledge that she had not followed the policy.</p> <p>An interview on 12/19/24 at 9:30 AM with R23 revealed that he remembered filing the grievance in August and felt the issue with the rodent population still had not been resolved.</p> <p>MO00235802</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>30687</p> <p>Based on interview and record review, the facility failed to ensure newly hired employees were screened to rule out the presence of a Federal Indicator, with the Certified Nurse Aide (CNA) Registry for two staff members. A sample of 10 employees hired were reviewed. The facility hired at least 45 new employees since the last survey. The census was 78.</p> <p>Review of the facility Abuse and Neglect Policy, undated, showed the following:</p> <p>-Policy:</p> <p>-Each resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion. The resident has the right to be free from mistreatment, neglect and misappropriation of property. Resident must not be subject to abuse by anyone, including, but not limited to; facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members, legal guardians, friends or other individuals.</p> <p>-Employee Screening:</p> <p>-Background, reference and credentials' checks should be conducted on employees prior to or at the time of employment, by facility administration/business office managers, in accordance with applicable state and federal regulations. Any person having knowledge that an employee's license or certification is in question should report such information to the Administrator and Leadership Team.</p> <p>1. Review of Housekeeper (Hsk) A's employee file, showed the following:</p> <p>-Hire date: 10/2/23;</p> <p>-No CNA registry check performed.</p> <p>2. Review of Hsk B's employee file, showed the following:</p> <p>-Hire date: 9/18/24;</p> <p>-No CNA registry check performed.</p> <p>3. During an interview on 12/23/24 at 1:35 P.M., the Business Office Manager/Human Resource Manager (BOM/HRM) said he/she is responsible to ensure the CNA registry is checked for all employees. The BOM/HRM said these two employees must have been overlooked.</p> <p>4. During an interview on 12/23/24 at 1:35 P.M., the Administrator said she expected the facility's policy to be followed. The Administrator did not know the CNA registry was not checked for these two employees.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on interview, record review, and review of facility's policy, the facility failed to timely report a resident to resident alleged physical altercation to the State Agency (SA) involving two residents (Resident (R)13 and R17) of 16 residents reviewed for reporting alleged allegations of abuse. This had the potential for continued resident to resident altercations for the two residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Abuse, Neglect and Exploitation Policy revised 04/08/24 revealed, .1. The Abuse Coordinator in the facility is the Administrator or facility appointed designee. Report allegation or suspected abuse, neglect or exploitation immediately to the Administrator, Other officials in accordance with State Law (this includes law enforcement officials), and State Survey and Certification agency through established procedures.</p> <p>1. Review of R13's undated Admission Record located in the Electronic Medical Record (EMR) under the Resident tab indicated the resident was admitted to the facility on [DATE] with a primary diagnosis of dementia.</p> <p>Review of R13's quarterly Minimum Data Set (MDS) under the MDS tab in the EMR had an Assessment Reference Date (ARD) of 10/16/24 indicated the resident had a Brief Interview of Mental Status (BIMS) score of three out of 15 which revealed the resident had severe cognitive impairment.</p> <p>Review of R17's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R17's quarterly MDS under the MDS tab in the EMR had an ARD of 12/05/24 indicated the resident had a BIMS score of five out of 15 which revealed the resident had severe cognitive impairment.</p> <p>Review of R17's Progress Note located in the EMR under the Progress Notes tab dated 11/30/24 at 7:28 AM indicated R17 allegedly punched R13 in the eye. There were no visible injuries.</p> <p>During an interview with R13 on 12/18/24 at 2:30 PM R13 stated that he did not recall anyone hitting him and stated that he was not afraid of any staff or other residents.</p> <p>During an interview on 12/18/24 at 1:20 PM the Administrator confirmed the alleged incident between R13 and R17 was not reported to the SA.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on interview, record review, and policy review, the facility failed to complete a thorough investigation for and resident to resident alleged altercation for two residents (Resident (R) R13 and R17) out of 16 sampled residents reviewed for abuse. This failure had the potential to place the residents to future potential altercations.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, Neglect and Exploitation Policy provided by the facility and revised on 04/08/24 stated, .When suspicion of abuse .occur, it must be communicated to the facility's Administrator, Department Head, or Supervisor and the Administrator and/or designee must initiate an investigation Components of the investigation may include: .Interview all witnesses separately. Include roommates, residents in adjoining rooms, staff members in the area and any noted visitors in the area. Obtain witness statements, according to appropriate policies. All statements should be signed and dated by the person making the statement. Document the entire investigation chronologically .The Administrator should follow up with government agencies, during business hours, to confirm the report was received, and to report the results of the investigation when final, as required by state agencies .</p> <p>Findings include:</p> <p>Review of R13's undated Admission Record located in the Electronic Medical Record (EMR) under the Resident tab indicated the resident was admitted to the facility on [DATE] with a primary diagnosis of dementia.</p> <p>Review of R13's quarterly Minimum Data Set (MDS) under the MDS tab in the EMR had an Assessment Reference Date (ARD) of 10/16/24 indicated the resident had a Brief Interview of Mental Status (BIMS) score of three out of 15 which revealed the resident had severe cognitive impairment.</p> <p>Review of R17's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R17's quarterly MDS under the MDS tab in the EMR had an ARD of 12/05/24 indicated the resident had a BIMS score of five out of 15 which revealed the resident had severe cognitive impairment.</p> <p>Review of R17's Progress Note located in the EMR under the Progress Notes tab dated 11/30/24 at 7:28 AM indicated R17 allegedly punched R13 in the eye. There were no visible injuries.</p> <p>During an interview with R13 on 12/18/24 at 2:30 PM R13 stated that he did not recall anyone hitting him and stated that he was not afraid of any staff or other residents.</p> <p>During an interview on 12/20/24 at 3:15PM the Administrator confirmed that the alleged incident between R13 and R17 was not investigated and should have been.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>Based on record review, interview, and policy review, the facility failed to ensure six of six residents (Resident (R) 9, R13, R17, R28, R78, and R129) and their representatives reviewed for facility initiated emergent hospital transfer from a total sample of 24 were provided with written transfer/discharge notice that stated the reason for transfer, the place of transfer, and other information regarding the transfer. This failure had the potential to affect the residents and their Resident Representative (RR) by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired. Additionally, the Ombudsman was not notified of hospital transfers for three of six residents (R9, R13, R17).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Admission, Transfer and Discharge Policy revised 08/24/24 indicated .The facility may transfer or discharge the resident in compliance with facility standards, and are as follows, but not limited to: 1. The resident's welfare and needs cannot be met in the facility . There was no information in the policy to include that the resident, RR, or the Ombudsman needed to be notified in writing of the transfer.</p> <p>1. Review of R9's Admission Record located in the Electronic Medical Record (EMR) under the Profile tab stated the resident was originally admitted to the facility on [DATE]. She was discharged to the hospital on 03/28/24, readmitted on [DATE], discharged to the hospital on 07/13/24, and readmitted on [DATE].</p> <p>Review of R9's Transfer and Discharge document provided by the facility and dated 03/28/24 did not include the reason for the transfer or the location of the transfer. A copy of the form was not provided to the resident or their RR.</p> <p>Review of R9's Transfer and Discharge document provided by the facility and dated 07/13/24 did not include the reason for the transfer or the location of the transfer. A copy of the form was not provided to the resident or their RR.</p> <p>2. Review of R13's undated Admission Record located in the Electronic Medical Record (EMR) under the Resident tab indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. He was discharged to the hospital on 08/23/24, readmitted on [DATE], and readmitted on [DATE].</p> <p>Review of R13's Transfer and Discharge document provided by the facility and dated 08/23/24 did not include the reason for the transfer or the location of the transfer. A copy of the form was not provided to the resident or their RR.</p> <p>3. Review of R28's Admission Record located in the EMR under the Profile tab stated the resident was originally admitted to the facility on [DATE]. He was discharged to the hospital on 10/11/24, readmitted on [DATE], discharged to the hospital on 11/15/24, and readmitted on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R28's Transfer and Discharge document provided by the facility and dated 10/11/24 did not include the reason for the transfer or the location of the transfer. A copy of the form was not provided to the resident or their RR.</p> <p>Review of R28's Transfer and Discharge document provided by the facility and dated 10/22/24 did not include the reason for the transfer or the location of the transfer. A copy of the form was not provided to the resident or their RR.</p> <p>Review of R28's Transfer and Discharge document provided by the facility and dated 11/15/24 did not include the reason for the transfer or the location of the transfer. A copy of the form was not provided to the resident or their RR.</p> <p>During an interview on 12/18/24 at 4:45 PM with Licensed Practical Nurse (LPN)1 stated that for emergent transfers to the hospital, the floor nurses notify the RR's by telephone of the transfer and do not send any transfer/discharge documents that she was aware of.</p> <p>During an interview on 12/20/24 at 5:26 PM with the Social Services Designee (SSD) stated that she and the floor nurses provide the transfer/discharge notifications. The nursing department was responsible for having the resident or their RR sign the form, then the nurse notifies the RR by phone. The SSD stated that she had not read the form, had not mailed copies of any of the forms, and was not aware that the RR was required to receive a copy. She further revealed from July-September 2024 she had been giving the Ombudsman a verbal report of how many residents were admitted /discharged /hospitalized . Beginning October 2024, she started emailing the Ombudsman a summary of all admissions/transfers/discharges.</p> <p>During an interview on 12/20/24 at 6:20 PM with the Director of Nursing (DON) stated that when a resident was sent out to the hospital, the original form was sent with the resident to the hospital. No one signs the document to acknowledge receipt. The guardian should be mailed a copy of the transfer/discharge form. Once the nurse sends the resident out to the hospital, a copy of the transfer/discharge form should be placed in the SSD's mailbox. When the resident returned from the hospital, the original comes back to the facility and it goes in their permanent record. In November 2024, the SSD was in-serviced regarding the need for the Ombudsman to be notified monthly of all transfers/discharges. The DON was not aware that the forms were not being completed, but the expectation was that the forms be completed and a copy to be provided to the resident/RR.</p> <p>4. A review of R129 Admission Record located in the resident's EMR section tab Profile revealed the resident was admitted to the facility with an initial admitted [DATE] and readmitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis, chronic viral hepatitis C, and major depressive disorder.</p> <p>A review of R129's Nurses Notes located in the resident's EMR section tab Profile revealed on 11/28/24 the resident with coffee-colored emesis MD notified was sent to the hospital with admission returned to the facility on [DATE].</p> <p>A review of the R129's Admission Transfer Discharge form for 11/28/24 revealed two copies, one copy did not identify the destination of the resident or the effective date of transfer and why the resident is being transferred.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. A review of R17's Admission Record located in the resident EMR section tab Profile revealed the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease, schizoaffective disease, and Alzheimer's disease.</p> <p>A review of the resident's Nurses' Notes located in the resident's EMR section tab Progress Notes revealed the resident was sent to the emergency department for evaluation of complaints of chest pain and behaviors. Most recently the resident was sent and admitted to the hospital on 12/09/24 for behaviors.</p> <p>A review of the Admission, Transfer, and Discharge Forms for R19 provided by the Director of Operations for the dates of 03/14/24, 09/14/24, 11/04/24, and 12/09/24 revealed the following:</p> <p>On 03/14/24, the form lacked documentation as to why the resident was being sent out, the destination, and notification of the responsible party</p> <p>On 09/14/24, the form lacked documentation of a copy of the form being sent with the resident and a copy of the form being sent to the legal representation.</p> <p>On 11/10/24, the form lacked documentation of the form being sent to the legal representative.</p> <p>On 12/09/24, the form lacked documentation on where and why the resident was being transferred, and the responsible representative was notified and a copy of the form was sent with the representative and mailed to the responsible representative.</p> <p>An interview with the Social Services Director on 12/20/24 at 7:30 PM she was not aware that she was responsible for mailing a copy of the form to the legal representative and had not sent the form until a couple of months ago. The Social Services Director also revealed that the previous Director of Nursing handled that process</p> <p>An interview on 12/20/24 at 6:36 PM with the Director of Nursing revealed the forms were incorrectly filled out it should reflect the date, destination, and the reason why the resident is being sent out. It should also reflect the notification of the responsible representative, that a copy of the form was sent with the resident and a copy of the form the was mailed to the responsible representative.</p> <p>6. Review of R78's Admission Record located under the Resident tab in the EMR revealed R78 was admitted on [DATE]. Review of the admission MDS with an ARD of 10/01/24 located under the Resident tab of the EMR revealed R78 had a BIMS score of six out of 15 indicating severe cognitive impairment.</p> <p>Review of the Progress Note dated 10/01/24 located under the Resident tab of the EMR indicated, staff were called to the resident's room at 6:20 PM by the roommate. The roommate reported the resident began shaking and fell face first onto the floor. R78 was observed on the floor with food in her mouth (peanut butter sandwich) Patient was placed on her side and the food was removed from her mouth as it had not been swallowed. Patient was noted to be blue and apneic, and unresponsive . 911 was called. Patient transferred to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the document titled, discharge/transfer notice provided by the facility indicated, copy will be provided to the resident's legal representative if applicable at the time of transfer/discharge from the facility . copy will be mailed to the legal representative by Social Services.</p> <p>During an interview on 12/20/24 at 5:34 PM, the SSD stated she has not been sending family members or resident's guardians the transfer/discharge notices via mail.</p> <p>During an interview on 12/20/24 at 6:36 PM, the DON verified the transfer/discharge notice was not signed by the resident or resident's representative. She confirmed that the form indicated that SSD would mail a copy to the legal representative.</p> <p>30622</p> <p>40824</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>Based on record review, interview, and policy review, the facility failed to ensure six of six residents (Resident (R) 9, R13, R17, R28, R78, and R129) out of a sample of 24 residents who were reviewed for hospitalization were provided with a bed hold notice within 24 hours of emergent transfer to the hospital to include bed reserve payment. This failure increased the potential that residents would not know to request a bed hold and may be unable to return to the facility.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Bed Hold Policy indicated, .This notification shall be given on admission to the facility, at the time of transfer to the hospital .Medicare does not pay for any type of bed hold. If the resident is discharged to the hospital, or goes out of the facility for over-night leave of absence, the bed may be held by paying the current room rate for the bed being served .</p> <p>1. Review of R9's Admission Record located in the Electronic Medical Record (EMR) under the Profile tab stated the resident was originally admitted to the facility on [DATE]. She was discharged to the hospital on 03/28/24, readmitted on [DATE], discharged to the hospital on 07/13/24, and readmitted on [DATE].</p> <p>Review of R9's Bed Hold Policy notifications provided by the facility for hospitalization s on 03/28/24 and 07/13/24 revealed they were blank, unsigned by the resident/RR, and were not provided to the resident/RR.</p> <p>2. Review of R13's undated Admission Record located in the Electronic Medical Record (EMR) under the Resident tab indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. He was discharged to the hospital on 08/23/24 and readmitted on [DATE].</p> <p>Review of R9's Bed Hold Policy notification provided by the facility for a hospitalization on [DATE] was blank, unsigned by the resident/RR, and was not provided to the resident/RR.</p> <p>3. Review of R28's Admission Record located in the EMR under the Profile tab stated the resident was originally admitted to the facility on [DATE]. He was discharged to the hospital on 10/11/24, readmitted on [DATE], discharged to the hospital on 10/22/24, readmitted on [DATE], discharged to the hospital on 11/15/24, and readmitted on [DATE].</p> <p>Review of R28's Bed Hold Policy notifications provided by the facility for hospitalization s on 10/11/24, 10/22/24, and 11/15/24 were blank, unsigned by the resident/RR, and were not provided to the resident/RR.</p> <p>4. Review of R129 Admission Record located in the EMR under the Profile tab revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R129's Nurses Notes located in the EMR under the Profile tab revealed on 11/28/24 the resident was sent to the hospital.</p> <p>Review of R129's Bed Hold Form, dated 11/28/24 and provided by the facility, revealed it was not completed.</p> <p>5. Review of R17's Admission Record located in the EMR under the Profile tab revealed the resident was initially admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>Review of the Nurses' Notes located in the EMR under the Progress Notes tab revealed the resident was sent to the emergency department for evaluation of complaints of chest pain and behaviors on 03/14/24, 09/14/24, 11/04/24, and 12/09/24. A review of the resident's bed-hold forms, provided by the facility, for these dates revealed the form was not completed.</p> <p>During an interview on 12/20/24 at 5:26 PM with the Social Services Designee (SSD) stated that the Bed Hold Policy on the back of the Transfer and Discharge form was to filled out by the nurse sending the resident to the hospital and then a copy provided to the resident/RR. The SSD stated that she had not sent out copies of any Bed Hold Policy upon transfer to the hospital and was not aware that the resident/RR were to sign the document and be provided a copy.</p> <p>During an interview on 12/20/24 at 5:26 PM with the Director of Nursing (DON) stated that she was not aware that the SSD had not been providing the resident/RR with a copy of the Bed Hold Notification and was not aware that it did not include the reserve payment information. Her expectation was that the nurse discharging the resident to the hospital was to obtain signatures on the Bed Hold Policy notification, they provide a copy to the SSD, and the SSD should be sending a copy to the resident/RR.</p> <p>6. Review of R78's Admission Record located under the Resident tab in the EMR revealed R78 was admitted on [DATE]. Review of the admission MDS with an ARD of 10/01/24 located under the Resident tab of the EMR revealed R78 had a BIMS score of six out of 15 indicating severe cognitive impairment.</p> <p>Review of the Progress Note dated 10/01/24 located under the Resident tab of the EMR indicated, staff were called to the resident's room at 6:20 PM by the roommate. The roommate reported the resident began shaking and fell face first onto the floor. R78 was observed on the floor with food in her mouth (peanut butter sandwich) Patient was placed on her side and the food was removed from her mouth as it had not been swallowed. Patient was noted to be blue and apneic, and unresponsive . 911 was called.</p> <p>Review of the document titled, discharge/transfer notice provided by the facility indicated, copy will be provided to the resident's legal representative if applicable at the time of transfer/discharge from the facility . copy will be mailed to the legal representative by Social Services.</p> <p>During an interview on 12/20/24 at 5:34 PM, the SSD stated she has not been sending family members or resident's guardians the transfer/discharge notices via mail.</p> <p>30622</p> <p>40824</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>30622</p> <p>40824</p> <p>Based on interview, record review, and policy review, the facility failed to ensure that four (Residents (R)9, R19, R32, and R37) out of 24 sampled residents had an accurate Minimum Data Set (MDS) assessment. Failure to code the MDS correctly could potentially lead to inaccurate federal reimbursements and inaccurate assessment and care planning of the resident.</p> <p>Findings include:</p> <p>Review of the undated policy titled MDS (Minimum Data Set) provided by the facility stated .The RAI (Resident Assessment Instrument) Manual serves as the policy by which the facility follows the process of completing MDS assessments.</p> <p>1. Review of R9's undated Admission Record located in the Electronic Medical Record (EMR) under the Profile tab indicated she was readmitted to the facility on [DATE] with a primary diagnosis of heart failure.</p> <p>Review of R9's MDS located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 07/13/24 with a Brief Interview for Mental Status (BIMS) score of not assessed. R9 was coded as not having any falls since admission or prior assessment.</p> <p>Review of R9's Health Status Note located in the EMR under the Progress Notes and dated 07/08/24 at 4:09 PM indicated that she sustained a fall and was hospitalized .</p> <p>2. Review of R37's undated Admission Record located in the EMR under the Profile tab indicated the was readmitted to the facility on [DATE] with a primary diagnosis of pulmonary fibrosis.</p> <p>Review of R37's annual MDS assessment with an ARD of 12/04/24 and a BIMS of zero indicated that he had severe cognitive impairment. R37's MDS was coded for smoking.</p> <p>Review of R37's Smoking Safety Evaluation located in the EMR under the Assessments tab dated 12/03/24 indicated that he was not a smoker.</p> <p>Review of the facility's undated document titled Residents Who Smoke . provided by the facility did not include R37.</p> <p>During an interview on 12/20/24 at 3:34 PM Regional Corporate Nurse (RCN) confirmed R9 had sustained a fall on 07/13/24 and the MDS was incorrectly coded for fall status and R37 was not a smoker and that the MDS assessment was coded in error.</p> <p>3. Review of R32's Admission Record located under the Resident Tab in the EMR indicated R32 was admitted on [DATE] with diagnosis of Schizophrenia.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the significant change MDS with an ARD of 10/02/24 located under the Resident tab of the EMR indicated R32 had a BIMS of eight out of 15 indicating moderate cognitive impairment. The MDS indicated R32 had a diagnosis of Schizophrenia.</p> <p>During an interview on 12/18/24 at 7:32 PM, the RCN stated she reviewed the hospital records and documentation that R32 had a Schizophrenia diagnosis.</p> <p>During an interview on 12/19/24 at 11:13 AM, the RCN and DOR stated R32 did not have a Schizophrenia diagnosis. The mental health providers were able to provide documentation that R32 has not been diagnosed or treated for Schizophrenia.</p> <p>4. A review of R19's Admission Record located in the resident's EMR section tab Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included intellectual disabilities, dementia, schizoaffective disorder, and diabetes mellitus type II.</p> <p>A review of R19's Fall Risk Evaluation dated 01/08/24 located in the resident's EMR section tab Assessment revealed the resident sustained one to two during the assessment; the resident had a fall score 14.</p> <p>A review of the resident's Quarterly Fall Risk assessment dated [DATE] located in the resident's EMR section tab Assessments revealed the resident sustained one to two falls during the assessment.</p> <p>A review of the facility's Incidents and Accidents for the year provided by the Administrator revealed that R19 sustained a fall in her room without injury on 01/16/24.</p> <p>A review of R19's Annual MDS with an ARD of 02/16/24 located in the resident's EMR section tab MDS, revealed the resident had not sustained any falls during the assessment period.</p> <p>In an interview on 12/20/24 at 11:10 PM the Corporate Director of Operations revealed the RCN was responsible for completing the MDS. The RCN was unavailable for interview.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>30622</p> <p>40824</p> <p>Based on interviews, record reviews, and facility policy reviews the facility failed to ensure that all Interdisciplinary Team Members (IDT) were participated in quarterly care conferences for 12 of 24 sampled residents (Resident (R) 9, R12, R13, R17, R25, R29, R32, R34, R36, R40, R57, and R73). This failure had the potential for the residents to have unmet care needs.</p> <p>Findings include:</p> <p>Review of the facility policy revised 08/24/24 stated, A care plan shall be used in developing the resident's daily care routine .Every quarter, an attempt will be made to schedule a care plan conference with the resident, family and/or responsible party to allow the staff to provide the best person-centered care .Care plan meetings will be held quarterly with the interdisciplinary team, resident and responsible party or guardian .A care plan conference will include the interdisciplinary team as applicable. Attendees will sign the care plan conference sign in sheet .</p> <p>1.Review of R9's undated Admission Record located in the Electronic Medical Record (EMR) under the Profile tab indicated she was readmitted to the facility on [DATE] with a primary diagnosis of heart failure.</p> <p>Review of R9's Care Plan meeting notes provided by the facility dated 04/08/24, 07/08/24, and 10/10/24 indicated that only the Social Services Designee (SSD) and R9 attended the care conference.</p> <p>2.Review of R12's undated Admission Record located in the EMR under the Profile tab indicated she was admitted to the facility on [DATE] with a primary diagnosis of hemiplegia and hemiparesis following a stroke.</p> <p>Review of R12's Care Plan meeting notes provided by the facility dated 10/15/24 indicated that only the SSD and R12 attended the care conference.</p> <p>3.Review of R13's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with a primary diagnosis of dementia.</p> <p>Review of R13's Care Plan meeting notes provided by the facility and dated 01/17/24, 04/15/24, 07/22/24, and 10/17/24 indicated that only the SSD and R13 attended the care conferences.</p> <p>4.Review of R29's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE] with a primary diagnosis of chronic obstructive pulmonary disease (COPD).</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R29's Care Plan meeting notes provided by the facility dated 05/23/24 indicated that only the SSD, family, and R29 attended the care conference and on 09/23/24 the SSD, family, and R13 attended the care conference.</p> <p>5. Review of R36's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE] with a primary diagnosis of Alzheimer's Disease.</p> <p>Review of R36's Care Plan meeting notes provided by the facility dated 02/06/24, 05/07/24, 08/04/24, and 11/03/24 indicated that only the SSD and R13 attended the care conferences.</p> <p>Review of R36's Care Plan located in the EMR under the Care Plan tab did not include allergic dermatitis treatment.</p> <p>6. Review of R73's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R73's Care Plan meeting notes provided by the facility and dated 10/15/24 indicated that only the SSD and R73 attended the care conference.</p> <p>During an interview on 12/18/24 at 4:45 PM with Licensed Practical Nurse (LPN)1 stated that she had never been invited to attend care conferences.</p> <p>During an interview on 12/20/24 at 7:45 AM with the Director of Nursing (DON) stated that she wasn't sure which IDT members should attend the care conferences but if the resident had issues with weight for instance, then someone from dietary should attend. If the resident was on therapy services or restorative, then someone from the therapy department should attend. Any staff that would have attended would have signed the care plan meeting form.</p> <p>During an interview on 12/20/24 at 7:08 PM with the DON, confirmed that all disciplines should attend the care conferences. The day before the care conference the staff were notified of the care conferences, and the morning of the care conferences was mentioned again during the all staff meetings. She didn't know why, but the staff just don't show up.</p> <p>During an interview 12/20/24 at 5:58 PM with the Social Services Designee (SSD) stated that it was her responsibility to hold admission, quarterly, and change of condition care conferences that included the responsible party if applicable, the resident, and IDT members to include dietary, activities, nursing, social services, and therapy services.</p> <p>7. A review of R15's Admission Record located in the resident's EMR section tab Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease, major depressive disorder, and bipolar disorders.</p> <p>A review of R15's Care Plan Meetings notes dated provided by the facility for dates of 12/6/23, 03/14/24, and 07/30/24 revealed the care plan meetings were attended only by the Social Services Director with the resident's responsible party on the phone. No other member from the Interdisciplinary attended the care conference.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. A review of R17's Admissions Record located in the resident's EMR section tab Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included schizoaffective disorder, Alzheimer's Disease, and chronic obstructive pulmonary disease.</p> <p>A review of R17's Care Plan Meeting notes provided by the facility for the dates of 03/13/24, 6/13/24, and 09/03/24 revealed only the Social Services Director and the resident's responsible party (by phone) attended the care conference. No other member from the Interdisciplinary attended the care conference.</p> <p>9. A review of R40's Admission Record located in the resident's EMR section tab Profile revealed the resident was admitted to the facility on [DATE] revealed the resident was admitted to the facility with diagnoses that included end-stage renal disease, diabetes mellitus type II with neuropathy, major depressive disorder.</p> <p>A review of R40's Care Plan Meeting notes provided by the facility revealed the care plan meetings held on 02/02/24 and 06/12/24 were attended by the SSD and Assistant Director of Nursing. Care plan meetings were held on 09/18/24 and 11/30/23 were attended by the SSD. No other member from the Interdisciplinary attended the care conference.</p> <p>10. A review of R57's Admission Record located in the resident's EMR section tab Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included schizophrenia, psychotic disorders with delusions, and neuroleptic-induced Parkinsonism.</p> <p>A review of R57's Care Plan Meeting notes provided by the facility revealed the care plan notes dated 03/13/24, 06/06/24, and 10/07/24 showed the SSD attended the meetings. No other member from the Interdisciplinary attended the care conference.</p> <p>Interviews on 12/20/24 at 2:35 pm with the following staff regarding if invited to a resident care plan conference:</p> <p>Certified Medication Technician (CMT)2 stated she/he has never been invited to participate in care plan conferences and has been told the meeting is only for the department heads.</p> <p>Licensed Practical Nurse (LPN)3 stated he/she has never been invited to a care conference and would like to attend since he/she has direct contact with the resident.</p> <p>CMT has been told it's only for the department heads to feel that staff working directly with the residents would have beneficial information.</p> <p>An interview on 12/20/24 at 7:45 AM with the Director of Nursing revealed that she attends the care conferences when possible and sometimes other disciplines will attend. The contract Registered Dietician visits the facility monthly but does not attend the care planning meetings.</p> <p>11. Review of R25's Admission Record located under the Resident tab in the EMR indicated R25 admitted on [DATE] with diagnoses of chronic obstructive pulmonary disease, bipolar disorder, anorexia nervosa, and personality disorder.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the annual MDS with an ARD of 10/16/24, located under the Resident tab in the EMR indicated R25 had a BIMS score of 15 out of 15 indicating R25 was cognitively intact.</p> <p>During an interview on 12/16/24 at 2:28 PM, R25 stated she had only been invited to two care plan meetings in eight years.</p> <p>Record review of the paper Care Plan note provided by the facility, revealed R25 last had a care plan meeting on 02/15/24. The following attended the meeting: R25, and SSD1 attended via phone call. No other member from the Interdisciplinary attended the care conference.</p> <p>12. Review of R32's Admission Record located under the Resident Tab in the EMR indicated R32 was admitted on [DATE].</p> <p>Review of the significant change MDS with an ARD of 10/02/24 located under the Resident Tab of the EMR indicated R32 had a BIMS score of eight out of 15 indicating moderate cognitive impairment.</p> <p>Review of the paper care plan sheets, dated 12/07/23, provided by the SSD1 revealed R32, the SSD and R32's responsible party and the DON were in attendance.</p> <p>Review of the paper care plan sheet, dated 04/04/24, provided by the SSD1 revealed R32 and the SSD were the only one in attendance.</p> <p>Review of the paper care plan sheet, dated 08/21/24, provided by the SSD1 revealed R32 and the SSD were the only ones in attendance.</p> <p>Review of the paper care plan sheet, dated 11/06/24, provided by the SSD1 revealed R32 and the SSD1 were the only ones in attendance.</p> <p>No other member of the Interdisciplinary attended the care conferences.</p> <p>During an interview on 12/18/24 at 9:37 AM, SSD1 stated the nursing staff, therapy and dietary staff are invited to the care plan meetings. They often do not show up and tell her they are short-staffed or don't have time to attend the meetings. She stated she has offered multiple time frames, and the staff still do not show up to them. She stated the administrative staff are notified about any scheduled care plan meetings during the morning stand up meetings.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>32847</p> <p>Based on observation, interview and record review, the facility failed to ensure that residents receive proper treatment to maintain vision when staff failed to reschedule transportation arrangements for one sampled resident (Resident #500) out of 13 sampled residents, who had an eye appointment and was recommended to have retina surgery then cataract surgery. The resident missed the appointment when transportation did not show up and staff failed to reschedule the appointment after it was missed. The facility also failed to follow-up with the resident's routine eye appointment. The census was 77.</p> <p>During an interview on 2/7/25 at 12:50 P.M., the transportation policy was requested. The Administrator said there is no policy. There is just a protocol that staff follow.</p> <p>Review of Resident #500's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/9/25, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Vision: Adequate-Sees fine detail, including regular print in newspaper/books; -Diagnoses included diabetes, dementia, schizophrenia, and anxiety. <p>Observation and interview on 2/7/25 at 8:56 A.M., showed the resident in his/her room and sat on his/her bed. He/She appeared to have a hard time focusing on one item and his/her pupils looked gray/cloudy. The resident said he/she does not have any complaints except he/she just wants his/her glasses.</p> <p>During an interview on 2/7/25 at 10:08 A.M., the social worker said the medical record shows the resident was seen on 5/29/24 by the eye doctor, but she is not seeing any progress note. The provider sends the notes of who they plan to see and then sends the progress note of the visit to nursing after the visit is complete. The resident should have some glasses on the way. The social worker states he/she will call the provider now to get the last visit notes.</p> <p>Review of the resident's provided eye examination, dated 6/25/24, showed:</p> <ul style="list-style-type: none"> -Problem List: Diabetes with mild non-proliferative diabetic retinopathy (condition that damages the retina, light sensitive layer of tissue at the back of the eye) without macular edema (early stage of diabetic retinopathy that occurs when small blood vessels in the retina swell) bilateral; -Posterior subcapsular polar age-related cataract (type of cataract, clouding of the lens of the eye that occurs due to aging and is characterized by a gradual thickening of the lens) bilateral; -Age related nuclear cataract (type of cataract that develops in the central part of the eye's lens, known as the nucleus) bilateral; <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-high cholesterol, altered mental status, schizophrenia, dementia with behavioral disturbance, and diabetes;</p> <p>-Diagnosis/Treatment: Resident seeing retina specialist for hole in retina (small tear or break in the retina) before cataract surgery. Resident has cataract appointment on 8/13/24.</p> <p>Review of the resident's medical record, showed:</p> <p>-A progress note, dated 9/13/24 at 1:30 P.M., that included: Care plan meeting held with resident's case monitors. Resident did not attend. Case monitors asked about dentures and glasses and was informed the resident had been seen by dental and eye team recently;</p> <p>-A progress note, dated 1/16/25 at 4:51 P.M., that included: Care plan meeting held with case managers. Resident did attend. Case monitor and resident asked about dentures and glasses. Resident has been seen by eye and dental team and staff will follow up about dentures and glasses;</p> <p>-No progress note related to the resident's retina eye appointment, cataract appointment, or retina surgery or related to the appointments being canceled.</p> <p>Review of the upcoming eye visit appointment list, for 2/14/25 at 9:00 A.M., did not show the resident on the list for an appointment. The resident was on the back of the list as one of the residents with incomplete information. The resident was missing a consent form and needed the facility to provide one so the eye care partner could see the resident at the next scheduled visit.</p> <p>During an interview on 2/7/25 at 12:22 P.M., the Administrator said she is not sure of the resident's eye provider. The resident had an appointment in August 2024 which got rescheduled to this July 2025. She is on the phone with the provider to determine why the resident was rescheduled. At 12:36 P.M., the Administrator said the reason the appointment in August was canceled is the former transportation provider did not show up. The facility use our own transportation company now.</p> <p>During an interview on 2/7/25 at 12:45 P.M., the Administrator said she should have been made aware of the eye appointment issue prior to today and recommended treatments should have been looked into prior to today as well. The eye appointment should have been rescheduled when transportation did not show up in August. The Administrator does not remember the resident having an eye surgery, so she does not think that was done. The Interdisciplinary Team (IDT) team and transportation person are responsible for scheduling appointments. The transportation staff person and nursing/Director of Nursing (DON) are responsible for following up when an appointment is cancelled and that the appointments are also rescheduled. She would also expect any changes such as cancellations or rescheduled appointments to be documented in the medical record so nursing staff are aware of the situation and can follow up.</p> <p>During an interview on 2/7/25, the Administrator said the resident did not have a vision appointment. The appointment was scheduled today for July 2025.</p> <p>MO00247917</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure that one of 39 residents (Resident (R)13) reviewed for smoking wore a smoking apron while smoking. This failure placed R13 at risk for injury.</p> <p>Findings include:</p> <p>Review of the facility policy titled Smoking Policy last reviewed on 10/12/24 revealed .Residents who are identified as 'supervised smokers' will be monitored by facility staff. If a resident identifies as a supervised smoker who requires smoking assistance (i.e., smoking aprons .) will be addressed and care planned for preventative measures to ensure residents safety .</p> <p>Review of R13's undated Admission Record located in the Electronic Medical Record (EMR) under the Resident tab indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with a primary diagnosis of dementia.</p> <p>Review of R13's quarterly Minimum Data Set (MDS) under the MDS tab in the EMR had an Assessment Reference Date (ARD) of 10/16/24 indicated the resident had a Brief Interview of Mental Status (BIMS) score of three out of 15 which revealed the resident had severe cognitive impairment. Additionally, R13 was a smoker.</p> <p>Review of R13's Care Plan located in the EMR under the Care Plan tab and revised 01/04/23 included supervised smoking status requiring a smoking apron.</p> <p>Review of R13's Smoking Evaluation located in the EMR under the Assessments tab and dated 10/17/24 indicated that R13 required smoking supervision. The assessment did not include the option to indicate apron usage/requirements.</p> <p>Review of the facility's undated document titled Residents who smoke on 300 hall included R13 and the need for an apron.</p> <p>During an observation on 12/18/24 at 2:13 PM R13 was outside smoking with Certified Nurses Aid (CNA)7 and was not wearing a smoking apron.</p> <p>During an interview on 12/18/24 at 2:13 PM with CNA7 confirmed that R13 was smoking without an apron and was not sure where the aprons were located or which residents required them.</p> <p>During an interview on 12/20/24 at 6:08 PM with the Social Services Designee (SSD) stated that all residents are supervised during smoking times per facility policy. There was a list at all nurses stations which included the names of all smokers and their apron requirements. The SSD confirmed that R13 was a smoker and should wear an apron during smoking.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/20/24 at 6:41 PM with the Director of Nursing (DON) stated that she wasn't sure how staff were to know which residents required a smoking apron. The DON confirmed that R13 was a smoker and that he required an apron during smoking.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide oxygen services that included cleaning of the oxygen concentrator for one of one residents (Resident (R)13) reviewed for oxygen therapy. This failure had the potential for the concentrator to not remove all contaminated air and provide adequate oxygenation to the resident.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Supply Policy revised 07/15/24 stated This facility will maintain oxygen device supplies in a clean status, ensuring proper labeling and replacement of supplies as needed/per physician's orders .</p> <p>Review of R13's undated Admission Record located in the Electronic Medical Record (EMR) under the Resident tab indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with a primary diagnosis of dementia.</p> <p>Review of R13's quarterly Minimum Data Set (MDS) under the MDS tab in the EMR had an Assessment Reference Date (ARD) of 10/16/24 indicated the resident had a Brief Interview of Mental Status (BIMS) score of three out of 15 which revealed the resident had severe cognitive impairment. Additionally, R13 received oxygen therapy.</p> <p>Review of R13's Care Plan located in the EMR under the Care Plan tab and revised 09/23/24 included oxygen therapy related to ineffective gas exchange.</p> <p>Review of R13's Order Summary located in the EMR under the Orders tab included Administer oxygen at 2L (two liters) per nasal cannula as needed for SOB (shortness of breath).</p> <p>During an observation on 12/16/24 at 2:29 PM included an oxygen concentrator next to R13's bed with external filter on the back of the machine with light gray substance covering the filter.</p> <p>During an interview on 12/18/24 at 11:32 AM with Registered Nurse (RN1) stated that hospice staff did not maintain oxygen concentrators but if the facility staff notified them that the machines were not working properly, then hospice would replace or repair the machine. RN1 was not aware of the dirty oxygen filter and did not know when it was last cleaned.</p> <p>During an observation and interview on 12/20/24 at 7:30 PM with the Director of Nursing (DON) confirmed that R13's oxygen concentrator filter had a light gray substance covering the filter. The DON stated that R13 uses the oxygen often and that the hospice agency provided the oxygen concentrator delivered the machine and was responsible for maintenance of the machine.</p> <p>During an interview on 12/20/24 at 8:40 PM with Regional Corporate Nurse (RCN) stated that the facility did not have a policy regarding maintenance/cleaning of oxygen concentrators. RCN stated that when the nurses change out the tubing, they should also be checking the filter to make sure it doesn't need to be cleaned.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>16752</p> <p>30622</p> <p>Based on observation, interview, and review of the facility's policy, the facility failed to maintain the cleanliness of two of the two medication rooms. The failure has the potential to contribute to the pest infestation. Additionally, the facility failed to ensure medication refrigerator temperature logs were maintained in two of the two medication rooms. Also, the facility failed to ensure that expired medications and syringes were removed from the medication cart.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Storage and Labeling of Medication, with a revision date of 01/01/24, guides the staff as follows: Orally administered medications are kept separate from externally used medications and treatments such as suppositories, ointments, creams, vaginal products, etc. Eye medications are stored separately per facility policy Outdated, contaminated, or deteriorated medications and those in containers that are correct, soiled, or without secure closures, or immediately removed from the inventory, disposed of in accordance to the procedure for medication disposal, or reordered from the pharmacy. The medication storage areas are kept clean, well-lit, and free of clutter, extreme temperatures, and humidity. A temperature log is kept in the storage area to record temperatures at least once a day.</p> <p>1. Observation on 12/18/24 at 1:30 PM of the Front Hall medication room revealed paper dirt and trash debris on the floor. The countertops were cluttered with staff members' belongings, including soda and drink bottles, a lunch container, clutter, a book and other personal belongings. The sink had dried dark brown rust-like debris.</p> <p>Further observation revealed no December temperature log was posted for the medication refrigerator. Only the November temperature log was posted with several days missing temperature readings. The Director of Nursing was unable to provide medication temperature logs for April, May, June, July, and August.</p> <p>On 12/20/24 at 12:30 PM, an interview with the Director of Nursing revealed that Certified Medication Technicians (CMT) are responsible for cleaning the medication rooms and maintaining the temperature logs on both units.</p> <p>During an interview with CMT2 and Licensed Practical Nurse (LPN)5 on 12/20/24 at 1:00 PM in regards to the Front Hall medication cart CMT 2 revealed she was recently informed that the CMTs were responsible for cleaning the medication room and it is difficult to do now since there is a shortage of storage space in that area. Both CMT2 and LPN5 stated that the night shift nurse is responsible for performing temp checks for the medication refrigerator</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/20/24 at 5:30 PM, an observation of the medication cart in the Back Hall and long with the Assistant Director of Nursing (ADON) revealed two tablets (tab) unsecured inside the cart. One tablet was identified as Melatonin (for insomnia) three milligrams; the second tablet could not be identified. Also found on the cart were five one-milliliter tuberculin syringes with a safety guard 28 gauge one-and-half needle with an expiration date of 02/28/22. The ADON confirmed the findings at time of observation.</p> <p>2. During an observation on 12/20/24 at 3:02 PM, off the Hall 100 medication cart one loose pill was observed in the top drawer and half of a pill and one whole pill was in the bottom drawer.</p> <p>During an interview on 12/20/24 at 3:02 PM, Licensed Practical Nurse (LPN)5 stated he was not aware of a cleaning schedule for the medication cart. LPN5 stated he tries cleaning the cart once a week.</p> <p>During an interview on 12/20/24 at 3:23 PM, the Director of Nursing (DON) stated the carts should be cleaned daily at the beginning of the shift or at least once a week to ensure the carts are free of loose pills.</p> <p>During an observation on 12/20/24 at 3:40 PM, the following was observed on the Hall 100 cart:</p> <p>seven loose pills were in the bottom of the second drawer;</p> <p>15 loose pills were in the third drawer; and</p> <p>-eight loose pills were on the bottom of the fourth drawer.</p> <p>During an interview on 12/20/24 at 3:45 PM, Certified Medication Technician (CMT)1 stated she cleans the carts during each shift. She was not sure how often the cart should be cleaned to ensure it was free of loose pills.</p>

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>32847</p> <p>Based on interview and record review, the facility failed to ensure dental care and services were provided to one sampled resident who requested dental services (Resident #500) out of 13 sampled residents. The census was 77.</p> <p>During an interview on 2/7/25 at 12:50 P.M., the transportation policy was requested. The Administrator said there is no policy. There is just a protocol that staff follow.</p> <p>Review of Resident #500's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff dated 1/9/25, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -No dental issues present; -Diagnoses include diabetes, dementia, schizophrenia, and anxiety. <p>Review of the resident's provided dental assessments, showed:</p> <ul style="list-style-type: none"> -Oral assessment, 5/8/24, no natural teeth or tooth fragments (edentulous): Fully edentulous, no appliances. No pain, resident is interested in getting full dentures if he/she is eligible. Stated he/she has never had them before and he/she currently sticks to softer foods; -Oral assessment, 6/5/24, no natural teeth or tooth fragments (edentulous). Fully edentulous, no appliances. Per last dental note, resident is supposed to get impressions next clinical day at facility. Resident reports no pain and is eating well; -Impressions completed for upper and lowers on 7/24/24. <p>Review of the resident's medical record, showed:</p> <ul style="list-style-type: none"> -A progress note, dated 9/13/24 at 1:30 P.M., included: Care plan meeting held with resident's case monitors. Resident did not attend. Case monitors asked about dentures and glasses and was informed the resident had been seen by dental and eye team recently; -A progress note, dated 1/16/25 at 4:51 P.M., included: Care plan meeting held with case managers. Resident did attend. Case monitor and resident asked about dentures and glasses. Resident has been seen by eye and dental team and staff will follow up about dentures and glasses. <p>Review of the dental appointment list, dated 1/27/25, did not show the resident was on the appointment list and was not seen.</p> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/7/25 at 12:15 P.M., the Administrator said the resident was being seen by the dentist and they had started treatment for dentures but then stopped once they realized the resident's benefits had not come through. At 12:45 P.M., the Administrator said the resident's dental benefits came into effect January 2025. She would expect the dental visit to be scheduled once the resident's benefits became active. The transportation staff person and nursing/Director of Nursing (DON) is responsible for following up that the appointments are made. At 12:55 P.M., the Administrator said the transportation person was out of work for a while, but returned 2/5/25. There was supposed to be someone to do the job in the interim. It just fell through the cracks. The dental appointment is getting scheduled today.</p> <p>MO00247917</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30622</p> <p>Based on observation, interview and policy review, the facility failed to ensure floors were clean, baking pans and pots were free of carbon build-up, one of one freezer had debris and food on the floor, one of one refrigerator had food and debris on the floor, and 30 of 30 water bottles were expired and two of 30 gallons of water had mouse droppings on them. This failure had the potential to affect all 75 residents who reside in the facility.</p> <p>Findings include:</p> <p>Review of the policy and procedure titled Receiving and Storage of Food dated [DATE] revealed, (8) keep storage areas clean and dry (9) all freezer and refrigeration units must be kept clean and free of food debris.</p> <p>Review of the undated policy titled Cleaning Schedule revealed it is the responsibility of the Dietary Manager to enforce the cleaning schedules and to monitor the completion of assigned cleaning tasks.</p> <p>During an observation on [DATE] at 8:46 AM, the following was observed:</p> <p>The kitchen floor was sticky when walked on it and the floor had debris including dust, paper, and food particles on it in the prep area and dry storage area.</p> <p>One box of frozen powdered sugar donuts was in the reach in freezer. The bag was not sealed and some of the donut holes were out of the plastic bag and were inside the cardboard box.</p> <p>The outside of the freezer had a dried sticky substance was on the outside</p> <p>The bottom of the freezer has a plastic spoon on the floor, crumbs, ice cream and frozen cookies.</p> <p>On the floor of the pantry was a soda can, plastic bag, and mouse droppings</p> <p>Crumbs, dust, and mouse droppings were on the plastic storage bin containing flour</p> <p>Dust and debris were on the plastic storage bin located next to the flour bin.</p> <p>Mouse droppings were in the box with the chicken noodle soup.</p> <p>Observation on [DATE] at 10:00 AM of the dietary pantry revealed mice droppings on cans of food and on the floors along the edges of the walls. There was a plastic shelf with six labeled drawers. The drawer labeled Applications contained a baby mouse.</p> <p>During an observation on [DATE] at 11:13 AM, of the dry pantry revealed five one-gallon bottles of water had mouse droppings on them. All the water containers are soiled.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 11:16 AM, [NAME] (C)2 verified the water bottles had mouse droppings on them. C2 stated the kitchen was cleaned between mealtimes and at the end of the shift.</p> <p>Review of the cleaning schedules provided by the Dietary Manager (DM) for [DATE], [DATE], and [DATE] revealed staff were signing off to indicate they had cleaned the dietary department.</p> <p>During an observation on [DATE] at 8:45 AM, dust and cobwebs were noted above and around a window unit air conditioner located behind the food prep area used to make puree meals in the kitchen.</p> <p>During an observation on [DATE] at 11:01 AM to 11:44AM, nine large baking sheets had a build-up of black carbon on the outer edges and on the inside corners. The pans measure 26 x 18 x 1 inch deep; the large stand mixer has a rusty base and chipped paint; the inside of the microwave had dried food particles inside it; one large deep dish baking pan had a build-up of black carbon on the outer edges. The pan measures 24 x 18 x 4.5 deep.</p> <p>During an interview on [DATE] at 8:56 AM, the DM stated the refrigerator and freezer are cleaned once a week on Monday or Wednesday. He provided a copy of the kitchen cleaning schedules and stated the kitchen should be cleaned and picked up at the end of each meal prep.</p> <p>During an interview on [DATE] at 7:55 PM, Dietary Aide (DA)2 stated she cleans the kitchen during her shift between tasks and at the end of the shift. DA2 stated she helps the cook if she sees he needs something to be cleaned during a meal prep. She stated she was aware of the mice problem and has seen live mice in the mornings when she comes in and opens the kitchen up. DA2 reported seeing mouse droppings in the kitchen and storage area.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30687</p> <p>Based on interview and record review, the facility failed to follow their tuberculosis (TB, a potentially serious infectious bacterial disease that mainly affects the lungs) policy when staff failed to complete a two step and the annual one step of the employee TB screening tests in a timely manner for a total of 10 employees. The facility also failed to implement their water management plan in order to potentially identify where bacterium Legionella and other waterborne pathogens could grow. The census was 78.</p> <p>Review of the facility's TB Employee Testing Policy, dated 8/25/24, showed the following:</p> <p>-Policy:</p> <p>-In order to minimize the risk of resident acquiring, transmitting, or experiencing complications from tuberculosis, it's the policy of this facility to screen our employees upon hire and annually;</p> <p>-Procedure for Screening:</p> <p>-1. Upon hire, each new employee will have a 2 step TB test administered and read per protocol.</p> <p>-2. Annually, each employee will be screened for TB, and the Director of Nursing and physician will be notified of any questions answered affirmative. If an employee has a previous positive TB, a chest x-ray or Quantum [NAME] test (a simple blood test that aids in the detection of Mycobacterium tuberculosis) will be done.</p> <p>1. Review of Staff Member A's employee file, showed the following:</p> <p>-Hire date: 6/9/19;</p> <p>-No documentation of an annual one step.</p> <p>2. Review of Staff Member B's employee file, showed the following:</p> <p>-Hire date: 10/29/21;</p> <p>-No documentation of an annual one step.</p> <p>3. Review of Staff Member C's employee file, showed the following:</p> <p>-Hire date: 6/29/22;</p> <p>-No documentation of an annual one step.</p> <p>4. Review of Staff Member D's employee file, showed the following:</p> <p>-Hire date: 10/2/23;</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-No documentation of an annual one step.</p> <p>5. Review of Staff Member E's employee file, showed the following:</p> <p>-Hire date: 1/10/24;</p> <p>-No documentation of a two-step.</p> <p>6. Review of Staff Member F's employee file, showed the following:</p> <p>-Hire date: 1/10/24;</p> <p>-No documentation of a two-step.</p> <p>7. Review of Staff Member G's employee file, showed the following:</p> <p>-Hire date: 2/8/24;</p> <p>-First step: 2/8/24, Read date: 2/11/24;</p> <p>-No documentation of a second step.</p> <p>8. Review of Staff Member H's employee file, showed the following:</p> <p>-Hire date: 5/16/24;</p> <p>-No documentation of a two-step.</p> <p>9. Review of Staff Member I's employee file, showed the following:</p> <p>-Hire date: 9/19/24;</p> <p>-No documentation of a two step.</p> <p>10. Review of Staff Member J's employee file, showed the following:</p> <p>-Hire date: 11/18/24;</p> <p>-No documentation of a two step.</p> <p>11. During an interview on 12/23/24 at 12:44 P.M., the Director of Nursing (DON) said she is ultimately responsible for the TB tests to be completed in a timely manner. The DON said she was not aware the TB tests were not being completed and did not know why they were not completed. The DON said they just hired an Assistant Director of Nursing (ADON) who will be taking over the TB tests.</p> <p>12. During an interview on 12/23/24 at 12:44 P.M., the Administrator said she did not know the TB tests were not being completed. The Administrator said she did not know why they were not completed.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>13. Review of the undated facility policy titled; Validation of the Water Management Program revealed .Water management program teams that include infection control staff may also choose to use their facility's routine surveillance for healthcare associated Legionnaires' Disease to validate their program. Procedure 1. Environmental testing for Legionella is useful to validate the effectiveness of control measures. The team should determine if environmental testing for Legionella should be performed and, if so, how test results will be used to validate the program .</p> <p>During an interview on 12/20/24 at 9:16 PM with the Maintenance Director (MD), he stated that the facility did not have text and flow diagrams of water system. He confirmed the facility did not have measures in place to ensure Legionella growth did not occur.</p> <p>During an interview on 12/21/24 at 10:15 PM with the Director of Operations (DO) stated that she had sent the MD an assessment several months ago that needed to be filled out regarding the water management program. She was not sure why he did not complete it but should have. The information that she provided to him included testing of specific organisms, mapping of water system, frequency of flushing pipes, and monitoring of water temperatures.</p> <p>40824</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>Based on observation, interview and record review, the facility failed to ensure that dietary and eight of eight sampled resident's (Resident R) 30, R36, R62, R25, R46, R12, R73, and R56) room were free of pest. Specifically, live mice and mouse droppings were observed in dietary and residents reported mice in their room. This failure had the potential for residents to have food prepared in an unsanitary manner and had the potential to expose residents to diseases caused by being exposed to rodents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Pest Control Policy dated 08/24/24 revealed, this facility will ensure facility remains clean and free from pests and .(2) monthly contracted pest control company will treat inside and outside of facility.</p> <p>1. During an observation on 12/16/24 at 8:46 AM, one live mouse and mouse droppings were observed in a plastic container in the dry storage pantry of the facility's kitchen.</p> <p>During an interview on 12/16/24 at 8:56 AM, the Dietary Manager (DM) stated the facility does have a problem with mice. The DM stated he wipes off the canned goods when he sees mouse droppings and tries to place items in a plastic storage bin to keep the mice out. The DM stated pest control comes to the facility twice a month. He had not observed the mouse in the pantry this morning. He confirmed mice droppings were in the dry storage area.</p> <p>2. Review of the Admission Record located under the Resident tab in the electronic medical record (EMR) indicated R62 was admitted with diagnoses of unspecified dementia, bipolar disorder, major depressive disorder, and insomnia.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/10/24 revealed R62 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating she was cognitively intact.</p> <p>During an interview on 12/16/24 at 12:10 PM, R62 stated there is a rodent problem and that she saw a mouse a week ago.</p> <p>3. Review of the Admission Record located under the Resident tab in the EMR indicated R46 admitted on [DATE] with diagnoses of paranoid schizophrenia, delusional disorders, unspecified psychosis, and anxiety disorder.</p> <p>Review of the quarterly MDS with an ARD of 11/13/24 indicated R46 has a BIMS score of 15 of 15 indicating she is cognitively intact.</p> <p>During an interview on 12/16/24 at 2:41 PM, R46 stated she saw a mouse in her room last night near the dresser closest to the bathroom door.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. Review of the Admission Record located under the Resident tab in the EMR indicated R25 admitted on [DATE] with diagnoses of chronic obstructive pulmonary disease, bipolar disorder, anorexia nervosa, and personality disorder.</p> <p>Review of the annual MDS located under the Resident tab in the EMR indicated R25 had a BIMS score of 15 out of 15 indicating R25 was cognitively intact.</p> <p>During an interview on 12/16/24 at 2:29 PM, R25 stated she observed mice in her room last night.</p> <p>Review of the [Name of company] pest control documentation revealed, ,at the facility on 12/06/24 and rodent traps were placed. No live mice were noted under the observation section of the Orkin report.</p> <p>Review of the Pest Control Logs revealed Orkin comes to the facility twice a month. Review of the Orkin Pest control reports revealed Orkin was at the facility on 10/04/24, 10/18/24, 11/15/24, and 11/27/24. No active mice were seen but rodent traps were placed.</p> <p>Review of the Grievance Form dated 08/13/24 revealed there was a concern with rodents creating by the residents who attend resident council. The grievance was resolved without indicating how the rodent issue would be addressed.</p> <p>During an interview on 12/16/24 at 9:45 AM, the Administrator stated she was aware of a rodent problem several months ago. She was not aware of a current mouse infestation in the kitchen. She stated she had not been notified by the DM of any live mice in the kitchen today. The Administrator stated when she is notified, she can contact Orkin Pest Control to come do additional treatments. The administrator stated the facility puts out their own mouse traps in addition to the ones placed by Orkin.</p> <p>During an interview on 12/16/24 at 10:25 AM, the Director of Nursing (DON) stated the facility does not maintain pest control log documentation of pest sightings or the location of the sightings.</p> <p>During an interview on 12/16/24 at 11:19 AM, the DM confirmed the facility did not currently have any mouse traps out in the kitchen. He stated Orkin Pest Control sprayed for mice the last time they were at the facility and picked up the old traps.</p> <p>During an observation and interview on 12/16/24 3:14 PM, the DM verified a mouse was in the dry pantry in a plastic storage container.</p> <p>During an interview on 12/17/24 at 10:00 AM, the Orkin Representative (OR) 1 stated the number of live mice has significantly decreased since he has been coming to the facility. OR1 stated he sprays and places traps near the doors of the facility to help eliminate the mice. He also stated sometimes the mouse traps are moved prior to him returning to the facility. OR1 confirmed he is at the facility at least twice a month.</p> <p>During an interview on 12/20/24 at 7:55 PM, Dietary Aide (DA)2 stated she was aware of the mice problem and has seen live mice in the mornings when she comes in and opens the kitchen. DA2 stated she has seen mouse droppings in the kitchen and storage area.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. Review of R12's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R12's admission MDS located in the EMR under the MDS tab with an ARD of 10/17/24 indicated the resident had a BIMS score of 15 out of 15 indicating she was cognitively intact.</p> <p>During an interview on 12/16/24 at 2:03 PM R12 said she had mouse droppings on top of her oatmeal about two weeks ago, she</p> <p>doesn't eat the food the food here and that she orders food to be delivered often. R12 stated that she told the aides that morning about the mice droppings but didn't recall who it was.</p> <p>5. Review of R36's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R36's annual MDS located in the EMR under the MDS tab with an ARD of 10/23/24 indicated the resident had a BIMS score of nine out of 15, indicating she was moderately cognitively impaired.</p> <p>During an interview on 12/16/24 at 1:54 PM with R36 stated that usually sees mice at night, she had reported it to the nurses.</p> <p>Review of R56's undated Admission Record located in the EMR under the Resident tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R56's admission MDS located in the EMR under the MDS tab with an ARD of 11/29/24 indicated that the resident had a BIMS score of nine out of 15, indicating she was moderately cognitively impaired.</p> <p>During an interview on 12/16/24 at 4:27 PM with R56 stated that she frequently saw mice coming from under the bed and that she had reported this to staff, but she could not recall their names.</p> <p>7. Review of R73's undated Admission Record located in the EMR under the Resident tab indicated the resident was readmitted to the facility on [DATE].</p> <p>Review of R73's admission MDS located in the EMR under the MDS tab with an ARD of 10/31/24 indicated that the resident had a BIMS score of 15 out of 15, indicating she was cognitively intact.</p> <p>During an interview on 12/16/24 at 4:27 PM with R73 stated that she frequently saw mice in her restroom coming from under the sink cabinet and then running behind the toilet. She had reported this multiple times to the aides and maintenance director, but the mice are still seen especially at night.</p> <p>During an interview on 12/17/24 at 9:27 AM with the Ombudsman stated that residents complained about mice often and that the Administrator told her that they were trying to treat them.</p> <p>During an interview on 12/18/24 at 4:45 PM Licensed Practical Nurse (LPN)1 stated that residents have mentioned to her that they have seen mice, she hasn't seen any herself. R73 reported to her a while back that she saw one in her bathroom; she wrote it down on the maintenance log. Additionally, the pest control company told her that they were all gone.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>8.A review of R30's Admission Record located in the resident's EMR section tab Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included major depressive disorder, other psychoactive substance dependences, and above-the-knee amputation.</p> <p>A review of R30's Quarterly MDS with ARD of 11/14/24 located in the resident's EMR section tab MDS revealed the resident had a BIMS score of 12 points out of 15 points which indicated the resident was capable of making decisions of his care.</p> <p>Observation on 12/16/24 at 10:15 AM in R30's room revealed mice droppings behind the head of Bed 2. Mice droppings were also observed on the window ledge and floor.</p> <p>An interview with R30 on 12/16/24 at 10:15 AM. during the observation revealed a problem with mice. R30 stated that the mice were running on the nightstands and the over-the-bed lights. R30 stated he saw a mouse last night in the corner next to Bed 2. R30 further stated that sometimes there is an exterminator that comes but it does not seem to be any good.</p> <p>On 12/16/24 at 4:23 PM, an additional observation of R30's room revealed mice droppings on the nightstand for Bed 3. Also, the outside window screen was separated from the window. This sighting was confirmed by the Activities Director.</p> <p>On 12/16/24 at 4:23 PM, an interview with the Activities Director (AD) revealed the facility has experienced a problem with mice for some time. The AD stated they had a contract with pest control that seemed to be working. The AD stated that she would put in a work order to repair the window. The AD agreed that this opening in the screen could afford an opportunity for the mice to enter the facility</p> <p>9.A review of R23's Admission Record, located in the resident's EMR section tab Profile revealed the resident was admitted to the facility on [DATE] with diagnoses of schizophrenia, and diabetes.</p> <p>A review of R23's Quarterly MDS with an ARD of 11/14/24 located in the resident EMR under the MDS tab revealed the resident had a BIMS score of nine points out of 15 points which indicated the resident's moderate cognition impairment.</p> <p>A review of the facility's grievance log book for the past year provided by the Administrator revealed a grievance filed by R23 on 08/23/24 regarding the rodent population.</p> <p>A review of the Resident Council Meeting minutes for 09/26/24 provided by the Activities Director revealed the group expressed concerns about the mice population.</p> <p>An observation on 12/16/24 at 10:00 AM in the kitchen pantry revealed mouse droppings on cans of food, on the floors along the edges of the walls, and shredded pieces of paper in the corners. The observation also revealed a plastic shelf with six drawers labeled. The drawer labeled Applications contained shredded paper and a baby mouse. Another drawer labeled Orders also contained shredded paper and mouse droppings.</p> <p>Observation of the resident's main dining room on 12/17/24 at 10:17 AM revealed mice droppings and dried food debris on the windowsill of all the windows in this area.</p> <p>(continued on next page)</p>		

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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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 12/18/24 at 11:44 AM in R39's room revealed two large colored plastic bags. One of the bags had a hole that looked like it had been chewed; there were mice feces in this area.</p> <p>On 12/18/24 at 1:30 PM a meeting was held with the following members from the Resident Council: R2, R15, R26, R34, R40, R41, R46, R51, and R57. All nine attendees said that there had been a rodent problem for some time at the facility. It seemed to have started earlier this year when the pipes burst and there was flooding a few rooms. The attendees stated that there is a pest control company, but they don't always come around to the rooms. The group agreed that the facility gave residents plastic containers to keep food in their rooms if they needed it. The group stated rodent population was under control when they had cats but now that the cats are no longer allowed it seems the rodent population has gotten out of control. All the attendees stated that they sighted mice in their rooms recently.</p> <p>An interview on 12/18/24 at 7:08 PM with the Administrator revealed that the problems with rodents had been a problem for some time. The facility has contracted three different companies, but it seems to be an ongoing problem. The Administrator stated the pest control companies had looked at covering all the exposed areas in the building that would allow the rodents to enter. The Administrator stated there was turnover in the housekeeping department, leading to a shortage of staff. The shortage of housekeeping staff could contribute to a lack of cleanliness in the environment would could entice the rodent population.</p> <p>MO00243462</p> <p>30622</p> <p>40824</p>		