

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265717	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Grand Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3645 Cook Ave Saint Louis, MO 63113	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** Based on interview and record review, the facility failed to provide supervision to one resident (Resident #2), when the facility did not initiate a Code Purple (missing resident), per facility policy, when Resident #2 failed to return to the facility for dinner and evening medications and did not return all night. The resident signed out at 8:30 A.M. on the morning of [DATE] with an expected return time of 5:25. The resident did not return to the facility and per the facility policy, staff should have initiated a Code Purple when the resident did not return at the expected time and staff couldn't contact the resident. When the resident did not return for dinner or medications that evening, staff did not initiate a Code Purple. The resident did not return on the night shift and staff did not initiate a Code Purple or a search. Per the hospital records, the resident was found on [DATE] at approximately 8:30 A.M., face down, next to a wall, unresponsive in a puddle of water. The resident had a history of falls and returning from leave of absences intoxicated. The facility did not provide care plan interventions for staff to follow regarding the resident returning from leaves of absences intoxicated. The resident expired at the hospital on [DATE]. The sample was six and the census was 106. The Administrator was notified on [DATE] at 4:06 P.M. of the immediate jeopardy (IJ) past non-compliance, which occurred on [DATE]. On [DATE], the Administrator became aware of the incident. The facility provided training and in-services for all staff regarding the facility's resident safety, outside pass, behavior emergency, incidents/accidents, when to notify management, drug/alcohol, and abuse/neglect policies. The IJ was corrected on [DATE]. Review of the facility's Resident Outside Pass (OSP) policy, revised [DATE], showed:-Purpose: To ensure the facility provides education and treatment/medications to the resident's responsible party upon the resident's absence from the facility to ensure continuity of care while the resident is out of the facility, therefore allowing for a successful out of the facility visit without negative effects on the resident.-If the resident is his/her own responsible party, the facility will obtain the following information: a. Where to contact the resident in the event of an emergency; b. Who will be transporting the resident; c. How long the resident will be absent from the facility; d. When the resident will return to the facility; e. Any additional information which requires the facility to further provide care;-Twenty-four-hour advance notice of the resident's absence from the facility is requested for continuity purposes;-Orders will be obtained to allow the resident to go on OSP with or without medications as determined by the primary care physician;-The nurse/designee will complete the OSP form prior to the resident leaving the facility;-In the event the resident does not return at the time given, the facility will attempt to contact the resident/resident's responsible party to verify the resident's return;-If the facility cannot contact the resident, the facility will then follow the Code Purple procedures. Review of the facility's Elopements and Wandering Resident's policy, revised [DATE], showed: -Any staff member becoming aware of a missing resident alerted personnel using facility approved protocol;-Code purple meant elopement outside of facility;-The designated facility staff looked for the resident;-If the resident was not located in the building or on the grounds, the Administrator or designee notified the police department and served as the designated liaison between the facility and the police department.- The (continued on next page)</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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