STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265719	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Amberwood Estates Nursing and Rehabilitation	5303 Bermuda Drive Normandy, MO 63121

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 46104 Based on observation, interview and record review, the facility failed to maintain privacy and confidentiality of medical information for one resident (Resident #20) by having identifying information exposed and sticking out of a shred bin that was unlocked in an area that was accessible to all residents and the public. In addition, staff used a personal device to take a photo of Resident #20's medication prescription (script) and then used a personal email address to email the resident's script to the pharmacy. The sample size was 14. The census was 78. Review of the facility's Resident Rights Policy, dated 2021, showed: -Privacy and confidentiality: The resident has a right to personal privacy and confidentiality of his or her personal and medical records; -a. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident; -b. The resident has a right to secure and confidential personal and medical records. 1. Review of Resident #20's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/15/24, showed: -Moderate cognitive impairment; -Diagnosis included seizures, end stage renal disease (ESRD, chronic irreversible kidney failure), acute respiratory failure (ARF, body's respiratory system fails to exchange oxygen and carbon dioxide properly) and muscle weakness. Review of an email sent to the pharmacy by Licensed Practical Nurse (LPN) A, showed: -Email sent from LPN A's personal email address; -Email sent to pharmacy email; -Date sent: 11/1/24 at 1:13 P.M.; (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Subject: Facility name, new prescription; -Attachment: Photo of script; -First script on photo: -Name and date of birth listed for Resident #20; -Date: October 31, 2024, at 2:06 P.M.; -Oxycodone-acetaminophen (Percocet, opioid, used for moderate-to-severe pain control) 7.5-325 milligrams (mg) tablet, take one tablet by mouth every six hours as needed for pain; -Second script on photo: -Name and date of birth listed for Resident #20; -Date: October 31, 2024, at 2:06 P.M.; -Doxycycline monohydrate (antibiotic) 100 mg capsule, take one capsule by mouth once daily for five days. During an interview on 11/20/24 at 10:29 A.M., the Administrator said faxing can be done through electronic (e) faxing (a way to send a fax using the Internet instead of a fax machine) through email. He said the facility has a new phone system. The nurses should have access to e-faxing, and email addresses should be available for nurses to e-fax scripts to the pharmacy. The e-faxing started a month or two ago. During an interview on 11/20/24 at 10:56 A.M., LPN A said he/she did not have access to fax scripts to the pharmacy. LPN A did not know anything about e-faxing. He/She did not have a work email. When management was not at the facility to send the script to the pharmacy, he/she called the pharmacy to inform the pharmacy that he/she had a new script. The pharmacy gave him/her an email address to send the script to. LPN A said he/she takes photos of the script with his/her personal phone and then he/she emails the script to the pharmacy through his/her personal email. During an interview on 11/20/24 at 1:07 P.M., the Business Office Manager (BOM) said the Interim Administrator had e-fax set up and it was just recently figured out how to send an e-fax. The floor nurses do not have email addresses, only management. The BOM was unsure how the floor nurses send information to the pharmacy, like scripts for the residents. During an interview on 11/20/24 at 2:05 P.M., the Administrator said if nurses cannot e-fax the scripts to the pharmacy, they should be taken to the Director of Nursing (DON) so the DON can send the script to the pharmacy. If the DON is not available, the Interim Administrator said he would have to defer to the DON because he is not at this facility all the time. If a staff member used their personal phone to take pictures of a resident's script and used their personal email address to send it to the pharmacy, it would be a privacy violation. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/20/24 at 2:05 P.M., the DON said if staff are using personal devices to take photos of resident information like scripts and then emailing the script to the pharmacy through a personal email address, it would be a privacy violation. The DON said the only inservice training provided was on 11/20/24 when staff were given a print out showing how to e-fax. 2. Observation on 11/20/24 at 12:41 P.M., showed a shred bin in an open area near the nurse's station, in the vicinity of the employee time clock, scales for weighing residents and the crash cart. The shred bin had Resident #20's medication card sticking out of the top that exposed the resident's name, room number, along with the name of the medication, and dose of the medication. The shred bin was unlocked. During an interview on 11/20/24 at 12:45 P.M., LPN B said he/she did not leave the medication card sticking out of the shred bin. LPN B verified that the resident's name, room number and medication name and dose of the medication were visible while standing near the shred bin. LPN B removed the shred card out of the shred bin, tore off the top part of the medication card with the resident's personal information and placed that part into the top part of the shred bin, so the resident's information was not exposed. LPN B verified the shred bin did not have a lock on it and could be opened. LPN B said the shred bin should be locked to keep the information placed in the shred bin confidential. With the shred bin not being locked, anyone could come and take the confidential information out of the shred bin. Residents, staff and visitors and anyone in the building had access to the area where the shred bin was located. When the shred bin is full, the only other shred bin the nurses have access to is the one in the receptionist office. The receptionist office is not locked after the receptionist leaves for the day. LPN B walked to the receptionist office, and the shred bin was full and had papers overflowing and sticking out of the top of the shred bin. Two full boxes of paper with resident information were sitting on top of the shred bin. During an interview on 11/20/24 at 12:54 P.M., the Administrator he said the facility is working on getting a new shred company. He was unsure the last time a shred company was out to empty the shred bins. The receptionist door is not locked at night and the information that needs to be in the locked shred bin is available to anyone who comes into the receptionist office, and that information being exposed is a privacy violation. During an interview on 11/20/24 at 12:57 P.M., the Receptionist said the two boxes on top of the shred box were items that need to be shredded. The receptionist works two shifts. The first shift is from 8:00 A.M. to 4:00 P.M. and the second shift is from 4:00 P.M. to 8:00 P.M. The door to the receptionist office is not locked when the receptionist is not at that facility, so anyone has access to the receptionist office between the hours of 8:00 P.M. and 8:00 A.M. During an interview on 11/20/24 at 1:02 P.M., the Social Services Director (SSD) said she has a shred box in her office, and it is full. The SSD said she keeps the information that needs to be shredded on her table in her office. SSD said her office is locked when she leaves for the day. The last time the shred was picked up was in September. The Interim Administrator was informed the shred had not been picked up last week. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/20/24 at 1:07 P.M., the BOM said the shred company was not currently coming out to the facility. A new shred company had not been set up yet. The BOM said it was realized about three weeks ago that the shred company has not been coming out. The BOM called the shred company and they would not speak to her because she was not with the previous company that set up the services. Observation on 11/20/24 at 1:48 P.M., showed Resident # 21 sitting in a wheelchair in the area near the nurse's station where the shred bin was located. During an interview on 11/21/24 at 12:22 P.M., the DON said a shred bin that is overflowing and has resident information viewable to the public is a privacy violation. The shred bins are to remain locked. The DON said the reason the shred bin should be locked is to keep the private information in the bin confidential. She expected the shred bin to be locked and not overflowing, exposing confidential resident information. A policy on maintaining the confidentiality of resident medical records was requested and the facility did not have a policy. 3. During an interview on 11/21/24 at 12:49 P.M., the Administrator said his company was brought in to manage the facility. He is just there to have a presence of management, to make sure everyone is there, and the residents have what is needed. He said it is not the management company's building to change anything. When a policy on maintaining the confidentiality of resident medical records was requested, he said he would request the policy from the previous company. He said since he is with the managing company, it would not make sense to use the managing company's policy. His expectation is to maintain the privacy of resident medical records. He expects to have a working service for a shred company to come in and pick up the shred materials. He expected staff not to use personal devices to send private resident information.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40291 Based on observation, interview and record review, the facility failed to provide a comfortable and homelike environment by not maintaining appropriate water temperatures throughout the facility, which included three of the residents' hallway shower rooms. The sample size was 16. The census was 88. Review of the facility's Water Temperature Policy, revised 12/2019, showed: -Policy Statement: -Tap water in the facility shall be kept within a temperature range to prevent scalding of residents. -Policy Interpretation and implementation: -Water heaters that service the resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than (blank) Fahrenheit (F) (blank) Celsius (C), or the maximum allowable temperature per state regulation; -Maintenance is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log; -Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log. -No recommended parameters for the water temperature ranges noted in the policy. 1. Observations of water temperatures with a calibrated digital thermometer on the 100 hall on 9/4/24, showed: -At 3:39 PM, hot water from the sink in room [ROOM NUMBER], an occupied semi-private room, measured 97.1 F; -At 3:41 PM, hot water from the sink in room [ROOM NUMBER], an occupied semi-private room, measured 76.1 F. 2. Observations of water temperatures with a calibrated digital thermometer on the 300 hall on 9/4/24, showed: -At 3:44 P.M., hot water from the sink in room [ROOM NUMBER], an occupied semi-private room, measured 76.5 F; -At 3:46 P.M., hot water from the sink in room [ROOM NUMBER], an occupied semi-private room, measured 77.1 F; (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 3:49 P.M., hot water from the sink in room [ROOM NUMBER], an occupied semi-private room, measured 77.1 F. 3. Observations of water temperatures with a calibrated digital thermometer on the 500 hall on 9/4/24, showed: -At 3:58 P.M., hot water from the sink in room [ROOM NUMBER], an occupied private room, measured 87.0 F; -At 4:00 P.M., hot water from the sink in room [ROOM NUMBER], an occupied private room, measured 89.4 F. 4. Observations of water temperatures with a calibrated digital thermometer on the 300 hall men's shower room on 9/4/24, showed: -At 4:03 P.M., hot water from the sink measured 72.4 F; -At 4:05 P.M., hot water from the right shower stall measured 76.2 F; -At 4:07 P.M., hot water from the middle shower stall measured 77.0 F; no showerhead attached to middle shower. -At 4:20 P.M., hot water from the left shower stall measured 81.5 F. 5. Observations of water temperatures with a calibrated digital thermometer on the 300 hall women's shower room on 9/4/24, showed: -At 4:09 P.M., hot water from the sink measured 78.2 F; -At 4:11 P.M., hot water from the left shower stall measured 80.4 F; -At 4:13 P.M., hot water from the right shower stall measured 83.4 F. 6. Observations of water temperatures with a calibrated digital thermometer on the 400 hall shower room on 9/4/24, showed: -At 4:15 P.M., hot water from the shower stall measured 74.5 F; -At 4:17 P.M., hot water from the sink measured 81.5 F. 7. During an interview on 9/4/24 at approximately 4:26 P.M., the Administrator said he was not certain about an issue with water temperatures because he just took over the building. The Maintenance Director (MD) had been at the facility, then left for two months, then came back. 8. During an interview on 9/12/24 at 11:30 A.M. Certified Nurses Assistant (CNA) F said he/she worked on the 200 hall. The residents never complained about the water temperature. If the residents tell CNA F that the water is too hot, he/she would add cold water to make it cooler. If it was too cold, he/she would let it run to get warmer. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	9. During an interview on 9/12/24 at 12:57 P.M., CNA G said he/she worked on the 300 hall, and they do have a problem with the water temperatures on that hall. There are about 30 rooms on the 300 hall, and he/she is assigned to about 16 rooms. There were only about seven rooms that have hot water out of those 16 rooms. For the residents who are total care and who need bed baths, they need hot water in their rooms. The residents have been complaining about lack of hot water for about eight months now. 10. During an interview on 9/12/24 at 1:05 P.M. CNA H said he/she worked the 300 hall. No residents complained to him/her about lack of hot water because he/she made sure it runs for a minute or 30 seconds. It depended on if the residents want it hotter or not, and that's how long he/she lets the water run. 11. Doing an interview on 9/12/24 at approximately 1:45 P.M., CNA I said he/she worked on the 200 hall sometimes, but most of the time he/she worked on the 400/500 Halls. On the 400/500 halls, there were four rooms that get warm water. About five rooms mostly have cold water. Some residents who bathed themselves had verbalized that the water was too cold, so he/she has had to go get a bag and fill it up with warm water to take to them. The shower rooms are better because at first it was too cold for a shower; now it's tolerable. There are bedbound residents on 400/500 halls who prefer a bedbath. On the 400 hall there are a few rooms with hot water, but on the 500 hall, he/she often has to go and get their water for them because it is mostly cold water over on the 500 hall. At first it was really cold water, but it has been better now within the last three months. 12. During interviews on 9/4/24 at 10:45 A.M., 3:25 P.M. and 4:21 P.M., the MD said today was his second day. He could not locate water temperature logs, maintenance logs for the systems, or any record of anything regarding the water temperatures. He thought the Assistant MD (AMD) would have known where they were. The last company destroyed or misplaced the water temperature logs and the water temperature policy. It was possible the former MD would have water temperature logs and repair documentation in his emails. The MD thought the water temperatures should be 105 or 110 F, but he wasn't sure if that was accurate or not. The current measured water temperatures were unacceptable. They have regulators on the system to adjust the temperature of the water, and these needed to be adjusted so the temperatures could be within an acceptable range. The plan was to get a vendor to adjust the regulator and whatever repairs need to be made, and to get the repairs made. Water temperature checks should be done once a week. 13. During an interview on 9/9/24 at 2:00 P.M., the Director of Nurses (DON) said to her knowledge, they don't have an AMD. She started at the facility on 7/22/24, but her official start date as the DON was on 8/13/24. She contacted the previous owners of the facility and asked for policies so that she could make sure expectations lined up with the policies. Their Regional Consultant (RC) came in and was trying to give her access to all their policies, but it never happened. Then the RC left to cover another building and never got back with her before the facility changed hands. She has not been provided with a regional person or any assistance. She has no policies. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	14. During an interview on 9/19/24 at 2:48 P.M., Administrator B said he expected the water temperature policy to have parameters for the water temperatures in the policy. The policy provided was the template that was given to him. He was not aware of what the policy said beforehand. The former owners took all of the policies. He expected for water temperatures to have been taken on a regular basis and for a water temperature log to have been maintained. The MD is responsible for taking water temperatures and maintaining water temperature logs. Administrator B expected the water temperature to have been at the appropriate range. MO00241133

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34926 Based on interview and record review, the facility failed to report an allegation of physical abuse for one of 14 sampled residents (Resident #4). The census was 88. Review of the facility's Abuse Investigation and Reporting Policy, dated May 2019, showed: -Policy: --It is the policy of this home to prohibit resident abuse or neglect in any form, and to report in accordance with the law in any incident/event in which there is cause to believe a resident's physical or mental health or welfare has been or maybe adversely affected by abuse or neglect caused by another person; --The home's administration will conduct and investigate allegations of crimes, suspected abuse, neglect, or misappropriation property, and provide notification and release of information to the proper authorities, in accordance with federal and state regulations. The home is not financially responsible for the replacement of property; -When an employee becomes aware of an allegation or suspicion of abuse, the employee should: --Immediately report, allegation or suspicion to the charge nurse on the unit on which the resident resides immediately; --The charge nurse will: --Notify the Administrator or the person on call, if after hours. The person on call will notify the Administrator, if unavailable, the Director of Nurses will be notified. In the event that the nurse does not notify, the employee aware of the allegation may report directly to the Administrator; --Consult with the Administrator and/or Director of Nurses before making reports to the state, local police, (required for any crimes against a resident), family, attending physician, and any other necessary notification. --Ensure that all reports are complete and appropriate authorities have been notified, including the notification of the local law enforcement related to any crimes against the resident. Review of Resident #4's admission record, showed the resident was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation (disorganized, rapid, and irregular heart beat), congestive heart failure (when the heart can't pump enough blood to meet the body's needs), and schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves). Review of the resident's electronic progress notes, showed: (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-8/13/24 at 4:30 P.M.: Resident requested to call police department and endorsing that he/she wanted to burn the building down. Resident assisted with calling police. Police arrived and resident reported that he/she felt messed up in the head and expressed that he/she wanted to burn the building down and stab someone with a knife. Resident requested to go see a head doctor. Police deemed him/her a danger to self and others and contacted Emergency Medical Services (EMS). EMS arrived and will transport the resident to hospital for psychiatric evaluation; -8/13/24 at 5:30 P.M.: Resident remained on protective oversight until EMS arrived. Resident observed conversing appropriately with EMS, making jokes, and laughing. Resident transported via EMS to the hospital for psychiatric evaluation at this time. Nursing notified to follow up with physician and responsible party notifications; -8/14/24 at 11:30 A.M.: Resident return from hospital. No behaviors noted. No complaints of pain or distress noted. No new orders noted; -8/19/24 at 10:58 A.M.: Resident reports he/she is not happy living at the facility and requests to move to the Veterans Administration (VA) center or closer to East St. Louis. Requests referrals to be sent to St. [NAME] Gardens, St. Louis Place, and the VA. Confirmed with resident that this would be reported to the Social Services Director (SSD) and referrals would be sent out. Review of Resident #5's admission record, showed the resident was admitted to the facility on [DATE] with diagnoses that included stroke, hemiplegia (severe or complete loss of strength leading to paralysis on one side of the body) and hemiparesis (weakness or the inability to move on one side of the body), dysphagia (difficulty swallowing) and hypertension (high blood pressure). Review of the resident's August 2024 progress notes, showed: -8/2/24 at 8:05 A.M.: This nurse was standing at the nurses' cart when notified by the restorative aide that this resident slapped his/her roommate, Resident #4. Upon entering the resident's room, the other resident was sitting on the side of bed. This current resident had left room to courtyard at this time. The other resident answered, yea he/she slapped me, I ain't feel nun, I ain't know he/she had it in him/her (LAUGHING). DON notified; -8/2/24 at 8:15 A.M.: Residents involved separated at this time. Resident is on one on one monitoring with aide; -8/2/24 at 12:15 P.M.: DON notified this nurse that the resident needs to be sent out for psychiatric evaluation. DON notified transportation and resident was sent to the hospital. Call placed to responsible party. No answer. DON notified; --No documentation of when the resident returned from the hospital; --No documentation of a resident to resident altercation with Resident #4. During an interview on 8/30/24 at 11:51 P.M., Certified Nursing Assistant (CNA) J said: -Resident #4 is no longer in the facility; (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She was not working at the time of the incident; -He/She came back to work and heard there was a physical altercation between Resident #4 and Resident #5; where Resident #5 hit resident #4; -He/She does not remember who told him/her about the physical altercation; -He/She does not know who was working at the time of the incident. During an interview on 9/3/24 at 1:25 P.M., the SSD said: -He/She was aware Resident #5 used to taunt Resident #4 often, but he/she was not sure about any hitting; -The previous Administrator told him/her the incident happened and that she notified DHSS; -He/She did not see her send the notification and did not see a copy of the notification, he/she just took the previous Administrator's word that she notified DHSS; -The facility has sent out referrals to see about getting Resident #5 transferred to another facility, but no one will take him/her; -No matter what anyone asks him/her, Resident #5 just denies he/she did it. During an interview on 9/9/24 at 11:25 A.M., CNA K said: -He/She was off for a couple days when the altercation occurred; -He/She did not witness the altercation; -He/She heard about it when he/she returned to the facility; -He/She does not know if there were any witnesses, what shift it occurred on or anything; -Resident #4 had been on the same hall as Resident #5 when he/she left for his/her couple days off and returned to find Resident #4 on 400 hall; -The reason he/she was given for the transfer is that Resident #5 had hit Resident #4; -He/she was told this by the previous Administrator. During an interview on 8/30/24 at 10:32 A.M., the Administrator said the previous Administrator was terminated on 8/21/24 and did not leave any investigations when he/she left. There was a file in the Administrator's office with both the residents' names on it, but there was nothing inside it. The previous Administrator said he/she sent it to the Missouri Department of Health and Senior Services (DHSS), but there is no fax confirmation sheet. He also said the SSD and Human Resources Manager (HR MGR) were employed at the facility at the time of the incident and can give any needed information. (continued on next page)

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	265719	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Amberwood Estates Nursing and Rehabilitation	5303 Bermuda Drive Normandy, MO 63121

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/30/24 at 10:32 A.M., the HR MGR said she had no personal knowledge of the altercation. The previous Administrator said it occurred and that she did the investigation and notified DHSS. She knew nothing else. MO00241252

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34926 40291 Based on interview and record review, the facility failed to thoroughly investigate an allegation of misappropriation of property involving narcotics. The facility also failed to thoroughly investigate an allegation of resident to resident physical abuse for two residents (Resident #4 and Resident #5) out of 16 sampled residents. The census was 88. Review of the facility's Abuse Investigation and Reporting Policy, dated May 2019, showed: -Policy: -It is the policy of this home to prohibit resident abuse or neglect in any form, and to report in accordance with the law in any incident/event in which there is cause to believe a resident's physical or mental health or welfare has been or maybe adversely affected by abuse or neglect caused by another person; -Definition: -Misappropriation of properties/financial abuse: The deliberate, misplacement, exploitation, or wrongful, temporary or permanent use of a resident's, belongings or money without the resident's consent. -The home's administration will prohibit neglect, verbal, mental or physical abuse, including involuntary seclusion and misappropriation of property, exploitation and sexual abuse of residence caused by another person. -The home's administration will prohibit all crimes against a resident. -The home's administration will conduct and investigate allegations of crimes, suspected abuse, neglect, or misappropriation property, and provide notification and release of information to the proper authorities, in accordance with federal and state regulations. The home is not financially responsible for the replacement of property. -Identification: -Employees are required to report all incidents of possible abuse, mistreatment, or neglect of any resident, crimes against the resident or misappropriation of resident's property immediately to a supervisor or senior staff member. The Senior Staff Member is defined as the highest ranking person in the building at the time of the incident; -Administrator; -Director of Nurses; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Assistant Director; -Charge Nurse; -The Supervisor or staff member shall immediately speak to the Administrator or person on call; -Investigation: -When an employee becomes aware of an allegation or suspicion of abuse, the employee should: -Immediately report, allegation or suspicion to the charge nurse on the unit on which the resident resides immediately; -The charge nurse will: -Notify the Administrator or the person on call, if after hours. The person on call will notify the Administrator, if unavailable, the Director of Nurses will be notified. In the event that the nurse does not notify, the employee aware of the allegation may report directly to the Administrator; -Begin taking written statements from the person reporting the allegation or suspicion and any witnesses, including staff, family, and/or residents. In certain situations, the person, writing information, along with the person making a statement, if it all possible, and the witness to the dictated statement, should all sign the completed form; -The person on call: - Notify the Administrator, and/or Director of Nurses; -Review the steps taken in the investigation, -Accused individuals not employed by the home, will be denied unsupervised access to the resident. -Consult with the Administrator and/or Director of Nurses before making reports to the state, local police, (required for any crimes against a resident), family, attending physician, and any other necessary notification. -Ensure that all reports are complete and appropriate authorities have been notified, including the notification of the local law enforcement related to any crimes against the resident. Review of the Residents Abuse Prevention Program, revised December 2016, showed: -Policy Statement: -Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes, but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical, abuse, and physical or chemical restraint not required to treat the resident symptoms; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Policy interpretation and implementation -As part of the resident, abuse prevention, the administration will: - Protect our residents from abuse by anyone, including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family, members, legal representatives, friends, visitors, or other individuals. -Develop and implement policies and procedures to aid our facility and preventing abuse, neglect, or out treatment of our residents; -Investigate and report any allegations of abuse within time frames as required by federal requirements. Review of the facility's Drug Diversion Guidelines, undated, showed: -Purpose: - Mitigate risks and protect residents from potential or actual drug diversion; -Investigation sequence: - Identify issue and report to Regional Director of operations (RDO) or Chief Operations Officer (COO)) and Regional Clinical Nurse Consultant (RNC) in accordance with the immediate notification guideline; -RDO, nursing home Administrator and/or RNC to escalate report to general council, Director of pharmacy services, compliance officer, Senior [NAME] President (SVP) or operations (COO) and SVP of clinical operations. -Obtain handwritten statements from staff; -Issue suspensions if necessary or indicated; -Notify law-enforcement; -Notify state agencies; -Notify physician/prescribers; -Notify resident/family/responsible party; -Review/audit existing supplies; -Review nursing/staff schedule; -Review audits and supportive document; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Root cause analysis, corrective actions and Quality Assurance Performance Improvement (QAPI); -Process: -Initiate investigation of missing medications: -Director of Nurses (DON) (or designate such as Assistant Director of Nurses (ADON) or nursing supervisor) to validate count of all control substances in the facility; - Check all medication, packages, carts, and storage areas to validate that narcotic accounts are accurate; referred to areas of audit section of guidelines; -If medications were omitted or not administered in accordance with physicians order(s), complete a medication error report in Point Click Care (PCC); -Create an investigation binder which includes (but is not limited to): -Chronological timeline of the investigation, which should: - Include when the medication(s) were last accounted for; - Work schedules, or a list of persons working who have knowledge of the incident; -Resident interviews; -Witness statements (in accordance with state regulation); -Notify regulatory agencies per state regulation; drug diversion is considered misappropriation of resident property; -Follow up and reporting of investigation outcomes through QAPI. 1. Review of the facility's investigation, showed on 8/13/24, the facility self-reported an allegation of misappropriation of property involving Licensed Practical Nurse (LPN) C. The significant other of LPN C contacted Administrator A on 8/13/24 at 10:20 A.M., and alleged that LPN C works for multiple nursing homes and has prescription bottles and cards of medication in his/her possession. They did not have LPN C's name on them. The significant other was to meet with Administrator A and the police on 8/13/24 to take the prescription bottles and cards to the facility for review. A full investigation had been initiated with the following interventions put in place immediately: -Licensed Nursing Home Administrator (LNHA)/ Director of Nurses notification; -St. Louis county police notification; -Regional Director of Operations and Regional Nurse Consultant notifications; -Department of Health and Senior Services (DHSS) notification; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Initiation of Drug Diversion checklist to include employee suspension; -Full house Narcotic Count initiated; -Contacted local pharmacy for full house medication administration record (MAR) to cart audit; -Resident safety interviews initiated; -Initiated education on abuse/neglect/misappropriation with additional education to be provided based on investigation. Review of the facility records, showed the facility failed to thoroughly investigate the allegation. The investigation showed: -No documentation of a statement from the alleged perpetrator; -No documentation of any resident interviews; -No documentation of any staff interviews; -No documentation of a summary of the incident; -No documentation of the conclusion of the incident; -No documentation from any witness(es) to the incident. Review of LPN C's time card, showed no punches for 8/13/24. During an interview on 8/30/24 at 10:33 A.M., with Administrator B, Social Service Director (SSD/Certified Nurse's Assistant (CNA), and the Human Resource Director (HRD), Administrator B said there were no statements, conclusion, or summary. There did not seem to be any truth to it. It seems like Administrator A called the police. Administrator B knew Administrator A from a prior company, so he had a rapport with her. Administrator A was terminated this past Wednesday. LPN C's significant other said LPN C pulled a gun on him/her and vandalized his/her things. The significant other made allegations about the medications. The incident happened on 8/13/24. Administrator A called the police and reported it to the state. She took the significant other's word, went with it, and fired LPN C. On 8/16/24, Administrator B walked in and took over. The HRD said LPN C was willing to talk to Administrator A, but LPN C was scared to go up to the facility. During an interview on 8/30/24 at 10:55 A.M., the SSD/CNA said no interviews with staff were done. LPN C's significant other did not trust the staff at the facility. He/She felt they would lie and cover for LPN C. He/She kept calling for Administrator A. Administrator A called some of the staff to the office and told them what happened. Some of the cards did have residents' names on them but he/she did not think they were residents' names from this facility. LPN C has a home health business as well. The significant other then called back and tried to recant his/her story. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During the interview on 9/9/24 at 11:00 A.M., the Human Resource Director (HRD) said she was familiar with LPN C. LPN C had a jealous significant other that supposedly said he/she was taking medications from the facility and giving them to him/her to sell. LPN C was a full-time employee at the facility. The HRD did not think the medication belonged to anyone at the facility because LPN C had his/her own healthcare business going on. LPN C was a really good nurse. They had no issues with him/her regarding medications or anything; this was the first. When Administrator A reported it, LPN C's significant other actually called in the next day wanting to take back all of his/her statements. LPN C's significant other brought four or five pill bottles and showed the police. The HRD couldn't see the names on the bottles. There weren't any narcotic sheets, no control substance logs, or anything, just pill bottles. During an interview on 9/12/24 at 2:32 P.M., LPN C denied the allegations of misappropriation of property involving residents' medications. He/She was an employee with the facility but is no longer employed there. During an interview on 9/9/24 at 2:00 P.M., the DON said there was an allegation of misappropriation of property involving LPN C. LPN C's significant other brought some medications up to the facility and showed them to Administrator A. LPN C's significant other said there were other pills in the house, but there were none from their facility. The medications he/she had were from another facility and another pharmacy. The pharmacy that was listed on the pill bottles is one they don't even use. LPN C was on staff at the facility. The DON said she is currently putting a system in place. She goes to the facility on the weekends during the nighttime and makes sure the staff do not have any questions regarding the medications. Every shift, she asks about medication carts and randomly looks at the medication carts and counts with the nurses. During an interview on 9/19/24 at 2:48 P.M., Administrator B said he expected staff and resident interviews to have been on hand. He expected for a complete and thorough investigation to have been done. 2. Review of Resident #4's admission record, showed the resident was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation (disorganized, rapid, and irregular heart beat), congestive heart failure (when the heart can't pump enough blood to meet the body's needs) and schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves). Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/27/24, showed: -Cognitively intact; -Ability to hear (with hearing aid or hearing appliances if normally used): Adequate. No difficulty in normal conversation, social interaction, listening to TV; -Speech Clarity: Clear Speech: -Ability to express ideas and wants, consider both verbal and nonverbal expression: Usually understood. Difficulty communicating some words or finishing thoughts but is able if prompted or given time; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Ability to understand others, understanding verbal content, however able (with hearing aid or device if used): Usually understands. Misses some part/intent of the message but comprehends most conversations; -Psychosis: None; -Behavioral Symptoms: --Physical behavioral symptoms directed towards others: Behavior not exhibited; --Verbal behavioral symptoms directed towards others: Behavior not exhibited; --Other behavioral symptoms not directed toward others: Behavior not exhibited; -Rejection of Care: Behavior not exhibited; -Wandering: Behavior occurred one to three days. -Wandering impact: does not intrude on the privacy of activities of others. Review of the resident's care plan, in use at the time of the investigation, showed: -Focus: 9/13/23: Resident had a physical altercation with another resident while smoking. He/she smokes unsupervised and is generally compliant with policy and procedures. 5/10/24: Resident made allegations stating another resident had threatened and grasped him/her. Date Initiated: 9/13/23. Revision on: 7/8/24; -Goal: Safety will be maintained through the review period. Date Initiated: 9/15/23. Target Date: 9/8/24; -Interventions: --Residents were immediately separated and monitored by staff. Date Initiated: 9/15/23. Revision on: 9/15/23; --Residents separated immediately and 911 called. Date Initiated: 5/10/24. Review of the resident's electronic progress notes, showed: -8/13/24 at 4:30 P.M.: Resident requested to call police department and endorsing that he/she wanted to burn the building down. Resident assisted with calling police. Police arrived and resident reported that he/she felt messed up in the head and expressed that he/she wanted to burn the building down and stab someone with a knife. Resident requested to go see a head doctor. Police deemed him/her danger to self and others and contacted Emergency Medical Services (EMS). EMS arrived and will transport the resident to hospital for psychiatric evaluation; (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-8/13/24 at 5:30 P.M.: Resident remained on protective oversight until EMS arrived. Resident observed conversing appropriately with EMS, making jokes, and laughing. Resident transported via EMS to the hospital for psychiatric evaluation at this time. Nursing notified to follow up with physician and responsible party notifications; -8/14/24 at 11:30 A.M.: Resident returned from hospital. No behaviors noted. No complaints of pain or distress noted. No new orders noted; -8/19/24 at 10:58 A.M.: Resident reports he/she is not happy living at the facility and requests to move to the Veterans Administration (VA) center or closer to East St. Louis. Requests referrals to be sent to St. [NAME] Gardens, St. Louis Place, and the VA. Confirmed with resident that this would be reported to the social services director (SSD) and referrals would be sent out. Review of Resident #5's admission record, showed the resident was admitted to the facility on [DATE] with diagnoses that included stroke, hemiplegia (severe or complete loss of strength leading to paralysis on one side of the body) and hemiparesis (weakness or the inability to move on one side of the body), dysphagia (difficulty swallowing) and hypertension (high blood pressure). Review of the resident's quarterly MDS, dated [DATE], showed: -Cognitively intact; -Behavioral Symptoms: -Physical behavioral symptoms directed towards others: Behavior not exhibited; -Verbal behavioral symptoms directed towards others: Behavior not exhibited; -Other behavioral symptoms not directed toward others: Behavior not exhibited. Review of the resident's care plan, in use at the time of the investigation showed: -Focus: Resident is/has potential to be verbally and physically aggressive related to poor impulse control. 9/26/23 Struck another resident. 4/10/24 Had an altercation. Resident threw his/her cane and struck another resident. 4/13/24 Had a physical altercation with another resident. 8/2/24 Struck his/her roommate. Date Initiated: 9/26/23. Revision on: 8/2/24. -Goal: --Resident will not harm self or others through the review date. Date Initiated: 9/26/23. Revision on: 9/26/23. Target Date: 10/14/24. --Resident will seek out staff/caregiver when agitation occurs through the review date. Date Initiated: 9/26/23. Revision on: 9/26/23. Target Date: 10/14/24; -Interventions: (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	--When the resident becomes agitated: Intervene before agitation escalates. Guide away from source of distress. Engage calmly in conversation. If response is aggressive, staff to walk calmly away, and approach later. Date Initiated: 9/26/23; --9/26/23 Residents immediately separated and monitored by staff. Date Initiated: 9/26/23; --Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 9/26/23; --Communication: provide physical and verbal cues to alleviate anxiety. Give positive feedback, assist verbalization of source of agitation, assist to set goals for more pleasant behavior, encourage seeking out of staff member when agitated. Date Initiated: 9/26/23; --Monitor/document/report, as needed, any signs or symptoms of resident posing danger to self and others. Date Initiated: 9/26/23; --Psychiatric/Psychogeriatric consult as indicated. Date Initiated: 9/26/23; --Residents immediately separated and monitored for aggression. Date Initiated: 4/10/24; --Residents immediately separated. State entity notified. Date Initiated: 6/14/24; --Residents immediately separated. One on one monitoring initiated until transport arrived to transport the resident to the hospital for psychiatric evaluation. Resident moved to different room. Date Initiated: 8/2/24. Review of the resident's progress notes, showed: -8/2/24 at 8:05 A.M.: This nurse was standing at the nurses' cart when notified by the restorative aide that this resident slapped his/her roommate. Upon entering the resident's room, the other resident was sitting on the side of bed. This current resident had left room to courtyard at this time. The other resident answered, yea he/she slapped me, I ain't feel nun, I ain't know he/she had it in him/her (LAUGHING). DON notified; -8/2/24 at 8:15 A.M.: Residents involved separated at this time. Resident is on one on one monitoring with aide; -8/2/24 at 12:15 P.M.: DON notified this nurse that the resident needs to be sent out for psychiatric evaluation. DON notified transportation and resident was sent to the hospital. Call placed to responsible party. No answer. DON notified; --No mention of when the resident returned from the hospital; --No mention of a resident to resident altercation with Resident #4. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/30/24 at 10:32 A.M., Administrator B said the previous Administrator was terminated on 8/21/24 and did not leave any investigations when he/she left. There was a file in the Administrator's office with both the residents' names on it, but there was nothing inside it. The previous Administrator said she sent it to the Missouri Department of Health and Senior Services (DHSS), but there is no fax confirmation sheet. He also said the Social Services Director (SSD) and Human Resources Manager were employed at the facility at the time of the incident and can give any needed information. During an interview on 8/30/24 at 10:32 A.M., the HR MGR said she had no personal knowledge of the altercation. The previous Administrator said it occurred and that she did the investigation and notified DHSS. She knew nothing else. During an interview on 8/30/24 at 11:42 A.M., Resident #5 said he/she doesn't know anything about it, he/she hasn't done anything they (facility staff) accused him/her of. During an interview on 8/30/24 at 11:51 P.M., Certified Nursing Assistant (CNA) J said: -Resident #4 is no longer in the facility; -He/She was not working at the time of the incident; -He/She came back to work and heard there was a physical altercation between Resident #4 and Resident #5; where Resident #5 hit resident #4; -He/She does not remember who told him/her about the physical altercation; -He/She does not know who was working at the time of the incident. During an interview on 9/3/24 at 1:25 P.M., the SSD said: -He/She was aware that Resident #5 used to taunt Resident #4 often, but he/she was not sure about any hitting; -The previous Administrator told him/her the incident happened and that she had notified DHSS; -He/She did not see her send the notification and did not see a copy of the notification, he/she just took the previous Administrator's word that she notified DHSS; -The facility has sent out referrals to see about getting Resident #5 transferred to another facility, but no one will take him/her; -No matter what anyone asks him/her, Resident #5 just denies he/she did it. During an interview on 9/9/24 at 11:25 A.M., CNA K said: -He/She was off for a couple days when the altercation occurred; -He/She did not witness the altercation; (continued on next page)

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Amberwood Estates Nursing and Rehabilitation	5303 Bermuda Drive Normandy, MO 63121

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She heard about it when he/she returned to the facility; -He/She does not know if there were any witnesses, what shift it occurred on or anything; -Resident #4 had been on the same hall as Resident #5 when he/she left for his/her couple days off and returned to find Resident #4 on 400 hall; -The reason she was given for the transfer is that Resident #5 had hit Resident #4; -He/She was told this by the previous Administrator. MO00241133 MO00240672 MO00241252

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34926 Based on interview and record review, the facility failed to ensure weekly wound assessments and ordered treatments were performed per order, resulting in one resident (Resident #3) found by staff with small, white, legless, worm-like organisms in his/her brief and wound; and failed to ensure the facility had wound care policies and procedures in place and available to staff. This has the potential to affect all residents with wounds. The sample was 16. The census was 88. Review of Resident #3's admission record, showed the resident was admitted to the facility on [DATE] with diagnoses that included type II diabetes mellitus, paraplegia (the inability to voluntarily move the lower parts of the body), severe protein calorie malnutrition, open wound of lower back and pelvis, unstageable pressure ulcer (the base of the wound is covered by a layer of dead tissue that may be yellow, grey, green, brown, or black) of the left ankle, neuromuscular dysfunction of the bladder (lack of bladder control due to a brain, spinal cord or nerve problem), left knee contracture, history of falling and dementia. Review of the resident's care plan, in use at the time of the investigation, showed: -Focus: Resident has a pressure ulcer to right ischium (the lower, back part of the hip bone. It's one of the three bones that form the pelvis) and left ischium. Surgical wound to left ischial. He/She is at risk for deterioration and potential for infection. 6/4/24: deterioration to left ischium. Resident is non-compliant related to offloading while in wheelchair. He/She has been educated related to risk and consequences. 6/26/24: New area to sacral area noted. Resident was out on leave of absence (LOA) and refused return transportation to facility and spent the night up in wheelchair. He/She has been educated related to risk and consequences of not offloading while on LOA. Date Initiated: 9/0/21. Revision on: 6/27/24; -Goal: Wounds will decrease in size and depth and heal without complications by the next review date. Date Initiated: 9/7/21. Revision on: 4/14/24. Target Date: 11/8/24; -Interventions: --Aides to notify nursing if dressing is observed absent or in need of changing due to soiled/coming off. Date Initiated: 8/3/22, Revision on: 1/18/24; --Apply dressing per physician order. Report to physician if resident declines dressing changes. Date Initiated: 8/3/22; --Daily skin care as ordered. Date Initiated: 9/7/21; --Resident uses a low air loss mattress. Date Initiated: 10/28/21; --Ensure that the low air mattress is working properly. Date Initiated: 9/7/21; --Monitor foot for signs and symptoms of infection. Report to physician if found. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Date Initiated: 8/3/22, Revision on: 8/3/22; --Offer water/liquids when positioning. Date Initiated: 9/7/21; --Prevent any tight fitting socks to prevent further wound formation or decreased blood flow to foot. Date Initiated: 8/3/22; --Report to charge nurse if dressing is dislodged, or soiled. Date Initiated: 9/7/21 --Wheelchair cushion. Date Initiated: 6/18/24; --Wound physician to follow progress of wounds and treatment interventions applied and adjust changes as needed to wound care to promote healing and manage skin integrity. Date Initiated: 5/26/23. Review of the resident's electronic physician orders, dated August 2024, showed: -Vashe Wound External Solution 0.033 % (Wound Cleansers). Apply to right and left ischial/coccyx wound topically every day shift for wound care. Start date: 5/16/24; -Collagenase Ointment 250 units per gram (Unit/GM). Apply to right and left buttock/ ishium topically every day shift for wound care. Start date: 8/8/24. Review of the resident's electronic Medication Administration Record (MAR), dated August 2024, showed: -Collagenase Ointment 250 Unit/GM. Apply to right and left ischium topically every day shift for wound care. Start Date: 6/19/24, Discontinue (D/C) Date: 8/11/24. Blank and not signed out as provided 5 of 10 opportunities. Review of the resident's electronic Treatment Administration Record (TAR), dated August 2024, showed: -Collagenase Ointment 250 Unit/GM. Apply to right and left buttock/ ishium topically every day shift for wound care. Start Date: 8/8/24. Blank and not signed out as provided 8 of 23 opportunities; -Collagenase Ointment 250 Unit/GM. Apply to right thigh topically every day shift for wound care. Start Date: 6/19/24, D/C Date: 8/7/24. Blank and not signed out as provided 4 of 7 opportunities; -Vashe Wound External Solution 0.033%. Apply to right and left ischial/coccyx wound topically every day shift for wound care. Start Date: 5/16/24. Blank and not signed out as provided 10 of 31 opportunities; -Verify that dressings are dry and intact. Reapply as needed every night shift, if you're unsure of what to use, cleanse with normal saline, cover with ABD (dressing) and tape until day shift. Start Date: 8/7/24. Blank and not signed out as provided 7 of 25 opportunities; (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Wound Care: Cleanse left buttock with wound cleanser, pat dry, apply calcium alginate to the wound base, cover with ABD, secure with tape daily and as needed if comes off or soils every day shift for wound care. Start Date: 7/9/24. Blank and not signed out as provided 11 of 31 opportunities; -Wound Care: Cleanse right buttock with wound cleanser, pat dry, apply calcium alginate to wound base, cover with ABD, secure with tape daily and as needed if soils or comes off every day shift for wound care. Start Date: 7/9/24. Blank and not signed out as provided 11 of 31 opportunities; -Wound Care: Cleanse right ischium with wound cleanser, pat dry, apply Santyl (used to remove damaged tissue from chronic pressure ulcers) and calcium alginate (dressing used on moderate to heavily draining wounds) to the wound base, cover with bordered gauze daily and as needed (PRN) if soiled or comes off every day shift for wound care. Start Date: 6/19/24. Blank and not signed out as provided 11 of 31 opportunities; -Wound Care: Right lateral thigh blister- apply skin prep, cover with bordered gauze daily and as needed, if comes off or soils every day shift for maintain the integrity of the skin. Start Date: 8/8/24. Blank and not signed out as provided 8 of 24 opportunities; -Wound Care: Cleanse right lateral thigh with Vashe, pat dry, apply Xeroform gauze to the wound base, and cover with bordered gauze every three days and as needed if comes off or soils every day shift every three days for wound care. Start Date: 8/2/24. Blank and not signed out as provided 5 of 10 opportunities; -Wound treatment: Cleanse right ischial tuberosity area with soap and water and pat dry. Apply Santyl to wound bed, apply calcium alginate to wound base. Cover with border gauze. Change daily and as needed if dressing becomes soiled, loose, or dislodged every day shift for wound treatment. Start Date: 6/2/24, D/C Date: 8/7/24. Blank and not signed out as provided 3 of 7 opportunities; -Wound treatment: Cleanse left ischial tuberosity area with soap and water and pat dry. Apply Santyl to wound bed, apply calcium alginate to wound base. Cover with border gauze. Change daily and as needed if dressing becomes soiled, loose, or dislodged two times a day for surgical wound. Start Date: 7/18/24. Blank and not signed out as provided 17 of 62 opportunities. Review of the resident's progress notes, showed: -8/1/24 at 10:45 P.M.: New blister was noted during wound rounds this morning. Resident reports being transferred via Hoyer lift into his/her wheelchair and being placed more toward the left side of the wheelchair, causing prolonged pressure to the distal aspect of his/her right stump resulting in the blister. Certified Nurse Assistant (CNA) staff educated on proper use of the Hoyer lift (mechanical lift) and how to position residents directly in the center, with a return demonstration provided, blister measurements noted, order obtained; (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-8/16/24 at 9:31 A.M.: New order for x-rays of the sacrum and coccyx (2 views), pelvis left and right (4 views) to rule out osteomyelitis. Labs: complete blood count (CBC, a set of medical laboratory tests that provide information about the cells in a person's blood), comprehensive metabolic panel (CMP, a blood test that measures proteins, enzymes, electrolytes, minerals and other substances in your body), C-Reactive protein (CRP, measures the level of C-reactive protein made in the liver), erythrocyte sedimentation rate (ESR, a blood test that that can show if you have inflammation in your body) to rule out osteomyelitis. Noted; -8/18/24 at 8:19 P.M.: Dressing soiled with debris. Soiled dressing removed, wound cleansed, clean dressing intact. Complete bed change provided by this writer and one CNA, resident voiced no complaints; -8/29/24 at 2:27 P.M.: Resident on antibiotic for wound infection for ten days. Resident has no adverse reactions noted. Resident on antibiotic until 9/1/24. Review of the resident's weekly wound assessments for August 2024, showed the resident only had two weekly wound assessment performed on 8/1/24 and 8/8/24. No other weekly wound assessments were documented for August 2024. During observation and interview on 8/30/24 at 2:13 P.M., the resident lay supine in bed. The resident said the CNA was changing his/her brief and told him/her he/she was going to have to stop and go get the nurse, because there were small, white, legless, worm-like organisms in his/her coccyx wound. The CNA left the room and returned with the nurse. The nurse cleaned his/her wound and helped change his/her brief. Then the nurse and the CNA changed the bed linens. He/She did not see the small, white, legless, worm-like organisms but was told they were there. The resident heard the CNA and the nurse mention maggots several times during the care. It was very embarrassing. He/She is not aware of small, white, legless, worm-like organisms being in his/her wounds at any other time. Staff does not change his/her dressings every day. He/She would like to have the dressings changed daily per physician orders. During an interview on 9/3/24 at 1:25 P.M., the Social Services Director (SSD) said: -He/She is also a CNA and worked the floor as a CNA often; -He/She worked the floor as a CNA on 8/18/24; -The resident put on his/her call light around 4:00 P.M., stating he/she wanted to get up; -He/She opened the resident's brief and saw small, white, legless, worm-like organisms moving around and realized they were maggots; -Approximately three to four of the small, white, legless, worm-like organisms were dead and eight were alive and moving; -Once he/she noted what it was, he/she turned the resident back over, explained to the resident what was going on and went to get the nurse; (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The nurse came into the room and cleaned the resident's wound and body, changed his/her wound dressing and brief and put clean clothes on him/her; -The resident was removed from the bed and then they cleaned the resident's mattress and changed the bed linens; -The resident had food crumbs in his/her bed; -The resident eats in bed often; -Flies were also noted in the resident's room; -The resident did not complain of pain or discomfort at the time; actually, he/she did not feel any of it; -He/She had never found small, white, legless, worm-like organisms in the resident's wound before or since this incident. During an interview on 9/3/24 at 3:56 P.M., Licensed Practical Nurse (LPN) M said: -The facility does not have a Wound Nurse at this time; -Either LPN M or LPN N will round with the wound doctor each week; -Weekly wound assessments should be performed weekly by LPN M or LPN N after rounding with the wound doctor; -The resident should have wound tracking in the chart for every week in August and not just 8/1/24 and 8/8/24; -Each floor nurse is responsible for their own dressing changes; -Dressing changes should be recorded on the TAR; -If it is not signed out on the TAR, it was not done; -Dressings should be changed per physician orders; -He/She did not know about the small, white, legless, worm-like organisms found in the resident's brief. This is the first time he/she is hearing about it. It was not reported to him/her or LPN N. During an interview of 9/9/24 at 11:52 A.M., Licensed Practical Nurse (LPN) L said: -The resident was found with small, white, legless, worm-like organisms in his/her brief; -The resident's wound and body was cleaned, dressing and brief changed, and clean clothing provided; (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident was removed from the bed and the mattress was cleaned and linen changed; -He/She had not seen maggots in the resident's wounds or brief prior to this; -Dressings should be changed per physician orders; -Weekly wound assessments should be performed weekly by LPN M or LPN N; -Nurses are responsible for their own dressing changes; -Dressing changes should be recorded on the TAR; -If it is not signed out on the TAR, it was not done; -The facility does not have a Wound Nurse at this time. During an interview on 9/9/24 at 2:11 P.M., the Director of Nursing (DON) said: -The facility does not have a Wound Nurse; -The floor nurses are responsible for ensuring their treatments are done each shift; -She expected wound assessments to be done on all residents with wounds weekly; -She expected all wound assessments to be charted on weekly; -She expected all physician orders for wound care/dressing changes to be completed as ordered; -She expected all wound care/dressing changes to be charted as completed on the TAR as soon as it is done; -If it is not signed out on the TAR, it was not done; -All wounds are seen by either an outside wound clinic or the wound doctor who visits the facility weekly; -She did not have access to any facility policy and procedures: -She asked for policies to make sure expectations meet policies, but that never happened; -She has not been provided with any policies; -She was not aware of the small, white, legless, worm-like organisms found in the resident's brief/wound; -An investigation was not completed. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/9/24 at 3:26 P.M., the Administrator said they did not have access to the previous company's policies and procedures and did not have a wound care or pressure ulcer policy available. He expected staff to follow all physician orders, including ordered wound care. MO00240793

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34926 40291 Based on observation, interview and record review, the facility failed to monitor water temperatures throughout the facility which resulted in water temperatures in two resident rooms being above the required temperature range (105 and 120 degrees Fahrenheit (F)). The facility also failed to ensure a complete and thorough investigation was performed and documented after each resident fall for one resident (Resident #2) out of 16 sampled residents. The census was 88. Review of the facility's Water temperature policy, revised 12/2019 showed: -Policy Statement: -Tap water in the facility shall be kept within a temperature range to prevent scalding of residents. -Policy Interpretation and implementation: -Water heaters that service the resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than _____ Fahrenheit (F) _____ Celsius (C), or the maximum allowable temperature per state regulation; -Maintenance is responsible for checking thermostats and temperature controls in the facility and recording these checks in a maintenance log; -Maintenance staff shall conduct periodic tap water temperature checks and record the water temperatures in a safety log; -If at any time water temperatures feel excessive to the touch (i.e., hot enough to be painful or cause reddening of the skin after removal of the hand from the water), staff will report this finding to the immediate supervisor. Further review of the facility's water temperature policy, showed no parameters for the water temperature ranges. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. During an interview on 9/4/24 at 10:45 A.M., 3:25 P.M., and 4:21 P.M., the Maintenance Director (MD) said today is his second day. There were no water temperature logs. He couldn't locate them. There was no policy for the water temperatures either. The last company destroyed or misplaced them, so he was working on getting things going for him. He thought the people that were there took the stuff because they were mad. He couldn't locate maintenance invoices or records. It was possible the old MD would have it in his emails. He said there were no maintenance logs for the systems, or no record of anything regarding the water temperatures. He thought the water temperatures should be 105, 110 F. He wasn't sure if that was accurate or not. Maybe they should be about 105, 107. The water temperatures were unacceptable. They have regulators on the system where you get to adjust the temperature of the water. It just needs to be turned down from the 140 something and turned up from the 80 something. The plan is to get a vendor to adjust the regulator and whatever repairs need to be made, to get them made. Water temperature checks should be done once a week if they were doing it the way it was supposed to be done. His plan is to start tomorrow with a water temperature log. Observations of water temperatures with a calibrated digital thermometer on the 200 hall on 9/4/24, showed: -At 3:32 P.M., hot water from the sink in room [ROOM NUMBER] measured 136.5 F; -At 3:35 P.M., hot water from the sink in room [ROOM NUMBER] measured 141.0 F. Observation and record review, showed Residents #14 and #16 resided in room [ROOM NUMBER]. Review of Resident #14's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility, dated 4/19/24, showed: -No cognitive impairment; -No behaviors or rejection of care; -Dependent with toileting and transfers; -Required substantial/maximal assistance with personal hygiene and dressing; -Diagnoses included diabetes mellitus (DM, metabolic disease), stroke, anemia, high blood pressure, and heart disease. Review of Resident #16's quarterly MDS, dated [DATE], showed: -No cognitive impairment; -No behaviors or rejection of care; -Supervision only with toileting, bathing, and transfers; -Required set-up only with eating, personal hygiene, dressing; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Diagnoses included hip fracture, post-traumatic stress disorder (PTSD), schizophrenia (a chronic mental disorder that affects a person's thoughts, perceptions, emotions, and social interactions) and respiratory failure During an interview on 8/30/24 at 12:24 P.M., Resident #14 said he/she had been at the facility for some time. His/Her hot water worked. It gets very hot. Observation on 8/30/24, showed Residents #15 and #9 resided in room [ROOM NUMBER]. Review of Resident #15's annual MDS, dated [DATE], showed: -No cognitive impairment; -No behaviors or rejection of care; -Partial/moderate assistance with bathing -Independent with toilet use and transfers; -Required set-up only with eating, personal hygiene, and dressing; -Diagnoses included high cholesterol, high blood pressure, and heart disease. Review of Resident #9's quarterly MDS, dated [DATE], showed: -No cognitive impairment; -No behaviors or rejection of care; -Partial/moderate assistance with dressing upper body, and personal hygiene; -Substantial/maximal assistance with -lower body dressing; -Dependent with bathing and toileting; -Supervision assistance only with eating and hygiene; -Diagnoses included: diabetes mellitus (DM, metabolic disease), anemia, and quadriplegia, During an interview on 9/4/24 at 4:50 P.M., Resident #15 said at one time, they didn't have any water in his/her room. They got the water working. He/She has a roommate, Resident #9. Resident #9 uses the water. It is not too hot for him/her, but he/she said his/her roommate said the water gets pretty hot. Resident #15 said he/she told Resident #9 to use some cold water to adjust the temperature. During an interview on 9/4/24 at approximately 4:26 P.M., Administrator B said he was not certain about an issue with any water temperatures because he just took over the building. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/4/24 at approximately 4:58 P.M., Certified Nurse Aide (CNA) D and Licensed Practical Nurse (LPN) E said they both work the 200 hall. CNA D said he/she works all over the building. He/She was familiar with Resident #15 and Resident #9. Resident #15 is total care and Resident #9 is self-sufficient. Resident #15 receives bed bath when he/she allows staff to bath him/her and Resident #9 bathes him/herself. There are no wanderers on the 200 hall so there was no risk of anyone wandering into their room and using the water. During an interview on 9/4/24 at 5:05 P.M., the Administrator said the facility is working on the hot water temperatures now. The Regional Maintenance Director (RMD) is on his way to the facility and is on the phone with the MD currently walking him through on how to flush the drain and adjust the temperature. Regarding the residents, they have no wanderers, so no one will wander into either of the two rooms and use water from those sinks. The plan is that they will empty the hot water from the active tanks, flush the pipes, and adjust the temperature and fill it with water at the appropriate temperatures. During an interview on 9/9/24 at 11:19 A.M. CNA J said the 200 hall is usually his/her hall when he/she is doing CNA duties. No one has made complaints of water temperatures being too hot or too hot cold on the 200 hall. He/She has not given showers to anyone in rooms 201 or 208 in a while. CNA J could not remember the temperatures of the water at the time. If it was hot, he/she would have mixed it with cold water. During an interview on 9/9/24 at 2:00 P.M., the DON said to her knowledge, they don't have an Assistant Maintenance Director. She started at the facility on 7/22/24 but her official start date as DON was on 8/13/24. She contacted the previous owners of the facility and asked for policies so that she could make sure expectations line up with the policies. Their Regional Consultant (RC) came in and was trying to give her access to all their policies, but it never happened. Then the RC left to cover another building and never got back with her before the facility changed hands. She has not been provided with a regional person or any assistance. She has no policies. During an interview on 9/19/24 at 2:48 P.M., the Administrator said he expected the water temperature policy to have parameters for the water temperatures in the policy. The policy provided was the template that was given to him. He was not aware of what the policy said beforehand. The company that owned the facility, before they took it over, took all of them. He expected water temperatures to have been taken on a regular basis and for a water temperature log to have been maintained. The MD is responsible for taking water temperatures and maintaining water temperature logs. He expected the water temperature to have been at the appropriate range. The issue with the water temperatures was rectified by the RMD. They emptied the water, adjusted the temperatures, and had a company come in and fix all the piping. Basically, it was a build up of calcium so the water wasn't able to mix properly, so they had a company go to the facility and fix everything. 2. Review of Resident #2's annual MDS, dated [DATE], showed: -Moderately cognitively impaired; -Required substantial/maximal assistance with lower body dressing, putting on/taking off footwear, personal hygiene and bed mobility; -Always incontinent of bowel and bladder; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265719	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Amberwood Estates Nursing and Rehabilitation	5303 Bermuda Drive Normandy, MO 63121

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Had no falls since admission; -Diagnoses included hypertension (high blood pressure), atrial fibrillations (a heart condition that causes an irregular and often rapid heartbeat in the upper chambers of the heart), arthritis, stroke, unsteadiness on feet, history of falls an, muscle weakness. Review of the facility's Un-witnessed Fall Report, dated 8/7/24, showed: -Incident Description: Unwitnessed fall; -Immediate Action Taken: None noted; -Injuries Observed at Time of Incident: None; -Mental Status: Alert and oriented to person and place; -Mobility: Wheelchair bound; -Predisposing Environmental Factors: None; -Predisposing Physiological Factors: Gait imbalance and non-compliance; -Predisposing Situational Factors: Transfer without assistance; -Statements: Resident was found on the floor on his/her right side. Review of the resident's progress notes, showed: -8/7/24 at 9:03 P.M.: Resident found on floor laying on his/her left side next to his/her bed. Resident stated that he/she was trying to get up to go smoke a cigarette and he lost his/her footing. This writer observed resident's right hip and leg twisted. Resident stated that he/she was somewhat uncomfortable. 911 called. This writer explained to the resident that EMS (Emergency Medical Services) would arrive shortly and to prevent any further injury that EMS would move him/her and transport him/her to the emergency room (ER). Management and family made aware of the above mentioned. Pillows and a blanket placed on resident to provide comfort; -8/7/24 at 9:13 P.M.: EMS arrived to transport resident to the hospital for evaluation. Resident's family was called and informed that the resident was taken to hospital and that report was called by this writer; -8/8/24 at 3:49 A.M.: Resident returned from ER via stretcher by EMS. Resident assisted to bed by EMS and nursing staff. No acute distress noted. Report received from ER nurse that a full work up was done and all results were negative. Resident is able to make needs known and encouraged to ask for assistance if needed. Call light in reach; -8/8/24 at 5:17 P.M.: Remains on observation after ER visit. No complaints of discomfort voiced. Remained in bed this shift with assistance provided with all care. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Pain Evaluation, dated 8/8/24, showed: -Pain intensity: Pain level of one on 8/8/24 at 8:09 P.M.; -Frequency with which resident complains or shows evidence of pain or possible pain: one to two days; -Pain management: Received PRN (as needed) pain medications. Review of the resident's progress notes, dated 8/9/24 at 1:08 A.M., showed the resident remains on follow for an event. No acute distress observed. No complaint of pain or discomfort at this time. Resident is able to make needs known and encouraged to ask for assistance if needed. Call light in reach. Review of the resident's care plan, in use at the time of the investigation, showed: -Focus: Fall risk related to slow gait post stroke. 4/29/24: Had a fall with a small hematoma to right side of head. 5/17/24: Had a fall without injury. 5/29/24: Had a fall without injury. 6/7/24: Had a fall without injury. 6/20/24: Had a fall without injury. 7/17/24: Had a fall without injury. 8/7/24: Had a fall without injury. Date Initiated: 4/29/24, Revision on: 8/8/24; -Goal: Resident will resume usual activities without further incident through the review date. Date Initiated: 4/29/24, Revision on: 5/2/24. Target Date: 8/28/24; -Interventions: --Has refused therapy related to fall on 4/29/24. Date Initiated: 5/17/24; --Was screened for therapy related to fall on 7/17/24 and still refuses therapy. Date Initiated: 7/18/24; --Will have occupational therapy (OT) evaluation related to fall on 6/7/24 and neuro checks initiated. He/She has refused therapy in the past. 6/10/24: He/She continues to refuse therapy services. Date Initiated: 6/10/24, Revision on: 6/11/24; ---For no apparent acute injury, determine and address causative factors of the fall. Date Initiated: 8/01/18; --Melatonin discontinued due to falls. Date Initiated: 7/22/24; --Neuro checks initiated. OT evaluation related to fall. Refused therapy related to fall on 4/29/24. Date Initiated: 4/29/24, Revision on: 5/8/24; --Neuro checks initiated and urinalysis (UA- a medical test that examines urine to check for a variety of conditions) ordered. Date Initiated: 5/30/24; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	--OT to screen resident related to fall on 5/17/29. He/she has refused to work with therapy related to recent fall. Date Initiated: 5/17/24; --Pharmacy consult to evaluate medications. Date Initiated: 6/25/24; --Provide activities that promote exercise and strength building where possible. Provide one on one activities if bedbound. Date Initiated: 8/1/18; --Physical therapy (PT) consult for strength and mobility. Refused therapy at this time. Date Initiated: 6/24/24; --No new interventions added after fall on 8/7/24. On 9/4/24 and 9/6/24, this surveyor requested the fall investigations, including any witness statements or neuro checks for this resident. The facility only provided the fall incident reports. No witness statements or neuro checks were provided. This surveyor requested the facility fall policy as part of the investigation. During an interview on 9/9/24 at 3:26 P.M., the Administrator said they did not have access to the previous company's policies and procedures and did not have a fall policy available. During an interview on 9/9/24 at 2:11 P.M., the Director of Nursing said: -She started working at the facility on 8/13/24, and became Assistant Director of Nursing (ADON) on 7/22/24; -She expected a full and thorough investigation to be completed after each and every fall; -To her knowledge, no in-services of any kind had been done at any time since her hire date; -They were supposed to have an all nursing staff meeting at 7:00 A.M. one day when she was the ADON. She got to the facility at 7:06 A.M. and was told the meeting was already completed; -She does not know what was covered in the meeting; -When a fall occurs, the nurse is expected to put the incident in risk management and chart a follow-up for the next three days; -Unwitnessed falls or falls where the resident hits their head require neurological checks for 72 hours; -If a resident requires neuro checks and is sent out to the hospital, the neuro checks should be continued when the resident returns to the facility; -When a fall occurs, the nurse is expected to perform a head to toe assessment, post fall pain assessment, fall risk assessment and skin evaluation on the resident and chart the results; -The nurse is responsible for charting his/her statement and getting statements from all witnesses; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Once that is all gathered, it is taken to the DON and she reviews for completion and follows up on anything required; -A fall investigation is incomplete without all the required documentation; -She does not have access to any facility policies or procedures: -She has asked for policies to make sure expectations meet policies, but that never happened; -She has not been provided with any policies and has been left to her own devices. MO00240328