

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Saint Louis, 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 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. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a clean, comfortable, homelike environment for the residents. This includes the failure to maintain adequate pest control in resident rooms with one room having multiple ants on the floor, in his/her sink, and on his/her wall by the sink. Also, the facility failed to notice an air conditioning unit leak through the wall in the same resident's room, which caused a discoloration spot on the wall (Resident # 4). The facility failed to clean up droppings left by pests in another room and multiple brown droppings on the floor by the resident's bed (Resident #5). The sample was 12. The census was 79. Review of the Facility's Floor Care Policy and Procedures, undated, included Step-by-Step for Cleaning Vinyl Plank Flooring:-Sweep or Vacuum: Begin by sweeping or vacuuming the floor to remove any loose dirt, dust, or debris. Pay attention to corners and edges where dirt tends to accumulate.-Mix Cleaning Solution: In a bucket, mix a small amount of mild soap or vinyl floor cleaner with warm water according to the manufacturer's instructions. Avoid using too much soap, as it can leave a sticky residue on the floor.-Mop the Floor: Dip a microfiber mop or cloth into the cleaning solution and wring out any excess liquid. Mop the floor in a back-and-forth motion, working in small sections at a time. Rinse and wring the mop frequently to avoid spreading dirty water.-Spot Clean Stains: For stubborn stains or spills, dampen a soft-bristled brush or sponge with the cleaning solution and gently scrub the affected area. Avoid using abrasive scrubbers or harsh chemicals, as they can scratch or discolor the flooring.-Deep Cleaning: Occasionally, a more Intensive cleaning may be necessary, especially in high-traffic areas. When considering how to deep clean vinyl plank flooring, use a slightly more concentrated cleaning solution and a microfiber mop. Focus particularly on areas that accumulate more dirt and grime. Ensure the mop is well-wrung to prevent excess moisture, which can damage the flooring.-Rinse with Clean Water: Once you've finished mopping the floor, rinse the mop or cloth with clean water and 10 over the entire floor again to remove any remaining soap residue.-Dry the Floor: Use towels or microfiber pads to dry the floor thoroughly. Avoid walking on the wet floor until it is completely dry to prevent slipping or streaking. 1. Review of Resident # 4's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/9/25, showed:-Moderately impaired cognition;-Bilateral upper and lower body impairment;-Dependent (Helper does all the effort. Resident does none to complete activity) with toileting, personal hygiene, eating, upper and lower body dressing, mobility;-Diagnoses include stroke, asthma, quadriplegia (paralysis from the neck down), and Chronic Obstructive Pulmonary Disease (COPD, lung disease). Observation on 9/9/25 at 10:26 A.M., showed Resident #4 sat up in his/her chair. A can of Raid pesticide sat on the resident's sink. The faucet dripped a steady drip of water. Plastic storage bins stacked under the sink appeared to have dust, debris, and dirt on top and around the bottom on the floor. A black and fuzzy looking spot was located on the wall under the window with a laundry basket positioned partially in front of the spot. At 12:45 P.M., Resident #4 slept in his/her chair. Several ants crawled on the floor around the trash can and around the storage bins stacked under the sink. Several ants were in the sink and above the sink, some crawled and some appeared dead. A spider web in the upper left-hand corner in the sink appeared to have several dead ants stuck in the webbing. The black and fuzzy looking spot on the wall under the air conditioning unit felt soft to the touch and the black fuzzy substance came off onto the surveyor's hand when touched. The wall felt wet and spongy. During an interview and observation on 9/9/25 at 1:04 P.M., Licensed Practical Nurse (LPN) A said he/she was not aware of the ants in Resident #4's room. The exterminator sprayed in the room recently, he/she was not sure when, but they were at the facility. LPN A looked at the ants that crawled around the sink and on the floor and had a facial grimace. During an interview on 9/9/25 at 1:06 P.M., Certified Medication Technician (CMT) B said he/she did not notice the ants but would report that in the maintenance book. CMT B said the maintenance supervisor is fast and does everything asked but is not at the facility today. The housekeeping supervisor is in charge of maintenance when the maintenance supervisor is gone. 2. Review of Resident #5's quarterly MDS, dated [DATE], showed:-Severely impaired cognition;-Substantial/Maximal Assist (helper does more than half) with upper and lower body dressing, and personal hygiene. Set up assistance with toileting. Independent with eating;-Diagnoses include dementia, Peripheral vascular disease (PVD, poor circulation), and Schizophrenia. Observation on 9/9/25 at 10:20 A.M., showed Resident #5 lay in bed asleep. Several small brown pellets lay on the floor behind the resident's bed, approximately the size of an uncooked grain of white rice. Observation</p>		