

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42795</p> <p>Based on observation, interview and record review the facility failed to provide a safe, comfortable, homelike environment by failing address plumbing and roofing issues that led to bulging, brown and rust-colored ceiling tiles in three residents' rooms (Resident #10, Resident #11, and Resident #12) and in the 100 hall shower room, that one resident used daily (Resident #1). The facility also failed to complete timely repairs and improvements to the walls in the main entrance lobby hallway leading to the main elevator. The sample size was 12. The census was 66.</p> <p>Review of the facility's Routine Maintenance policy, revision date, 8/16/22, showed maintenance staff is responsible to ensure that preventative, routine, maintenance is completed in compliance with applicable life safety standards and needs of the facility. Preventive and routine maintenance shall be completed according to the weekly, monthly, quarterly, semi-annual, and annual maintenance round forms.</p> <p>Review of the facility's Resident's Rights policy, revised 8/31/23, showed the resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living; housekeeping and maintenance services necessary to maintain, a sanitary, orderly, and comfortable interior.</p> <p>1. Review of Resident #10's quarterly minimum data set (MDS, a federally mandated assessment instrument completed by facility staff), dated 12/29/23, showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included heart disease, diabetes, depression and psychotic (mental) disorder.</p> <p>Observation and interview on 2/7/24 at 10:05 A.M. and at approximately 12:00 P.M., showed in the resident's bathroom, a white ceiling tile bulging with a large brown, rust-colored stain. Above the resident's door leading to the hallway, there was another white ceiling tile with a large brown, rust-colored stain. The resident said he/she was told that the resident above him/her flooded the bathroom and it leaked into his/her ceiling. The resident said the bulging and stained ceiling tiles had been there for a couple of months. He/She had told several staff members over the last couple of months. He/She didn't like the ceiling tiles' appearance and worried that it may be fecal material or mold. He/She thought the pipes were probably old and needed repair.</p> <p>(continued on next page)</p>		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of Resident #11's annual MDS, dated [DATE], showed:</p> <p>-Mild cognitive impairment;</p> <p>-Diagnoses included heart failure, wound infection, and diabetes.</p> <p>Observation and interview on 2/7/24 at 11:17 A.M. and at approximately 2:00 P.M., showed in the corner of the resident's room, above his/her bed, a white ceiling tile with a large brown, rust-colored stain. The resident said that the tile had been like that for a several weeks. The resident didn't like it and was worried it was mold.</p> <p>3. Review of Resident #12's, annual MDS, dated , 10/10/23, showed:</p> <p>-Severe cognitive impairment;</p> <p>-Diagnoses included: Heart failure, diabetes, depression, and schizophrenia (a mental condition that affects the persons perception of reality).</p> <p>Observation and interview on 2/7/24 at 12:09 P.M., showed in the resident's room, above his/her closet and laundry basket, one white ceiling tile with large brown and rust-colored stains and one ceiling tile bent out of place and slightly hanging down. The resident did not know how long the stains had been there, and he/she didn't like it. He/She said it looked a mess.</p> <p>4. Review of Resident #1's, admission MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's (undated) face sheet, showed diagnoses that included scoliosis (deformity of the spine) and frequent falls.</p> <p>Observation and interview on 2/7/24 at 9:20 A.M., showed in the 100 hall resident shower room, over the toilet, a white ceiling tile with large brown and rust-colored stains. The plastic panel that covered the ceiling light fixtures had brown and rust-colored stains. Resident #1 thought the shower room was disgusting with all the stains on the ceiling tiles and worried that one of the ceiling tiles would fall on someone. He/She used the shower daily. He/She worked in construction for years and knew that could potentially be a plumbing problem that needed to be fixed. It looked like a shower room that a prison would have.</p> <p>5. Observation and interview on 2/7/24 at 8:05 A.M. and at 9:20 A.M., showed a main hallway on the bottom level that all visitors and residents travel through to exit and enter the facility, reach the main elevator, beauty shop, and physical therapy. The walls had mainly dark blue paint that did not cover the entire wall and large white squares where decorative wall hangings used to be hung. The wall had a clear dried film that flaked off in some areas. The film appeared to be coming from the top of the walls and had a dripping type of pattern. Multiple signs were posted that remodeling was in progress. Resident #1 said the lobby halls have looked like that for a couple of months and it looks like a messy construction zone.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. During an interview on 2/8/24 at 2:28 P.M., the facility Maintenance Director said that the problem with the ceiling tiles on the first floor is that some of the second floor, cognitively impaired residents overflowed the toilets and sinks. He didn't think the brown stains were mold or fecal material and thought the stains were from the original cast iron plumbing that is rusting. The stains that occurred on the second-floor ceiling tiles were from the roof leaking, and a porous material was used previously to repair the leak. He changes out the ceiling tiles when he is aware that they are damaged. He was hired in August 2023 with plans for him to renovate and to repair the building with contracted help. The planned renovations and repairs included fixing the plumbing and roof. The walls in the main entrance hallway have been like that since he was hired. Plans, blueprints, and proposals have all been submitted to the corporate office and the owners of the facility. He has had meetings with corporate about the renovations and repairs, but he has not been given the approval to move forward. The appearance of the main hallway walls, the stained ceiling tiles and leaking pipes were not a home like environment for the residents.</p> <p>7. During an interview on 2/8/24 at 4:28 P.M., the Administrator said she would expect the facility to look neat and clean and the residents be provided a safe and homelike environment. She would expect plumbing issues to be addressed, the roof to be repaired and overall general repairs to be made, which included finishing the bottom level hallway. The overall appearance of the main hallway walls had been like that since July 2023 when she was hired.</p> <p>MO00231038</p> <p>MO00239149</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>42795</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident (Resident #1) was free from significant medication error by not obtaining the resident's prescribed narcotic in a timely manner. The sample size was three. The census 67.</p> <p>Review of the facility's Medication Order Policy, undated, showed:</p> <ul style="list-style-type: none"> -This facility shall use uniform guidelines for the ordering of medication; -Medications should be administered only upon the signed order of a person lawfully authorized to prescribe; -Each medication order should be documented with the date, time and signature of the person receiving the order; -The order should be recorded on the physician order sheet, and the medication administration record (MAR); -Transcribe newly prescribed medication on the MAR or treatment record. <p>Review of Resident #1's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/13/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Diagnoses included heart failure, renal failure, dementia and seizures; -On a scheduled pain medication regimen; -Indicators of pain or possible pain in the last five days, non-verbal sounds, crying, vocal complaints, facial expressions, or body posturing was not observed or documented; -Receiving hospice care while a resident. <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <p>Problem:</p> <ul style="list-style-type: none"> -The resident is at risk for pain related to osteoarthritis (overuse or injury to the joints); <p>Approach:</p> <ul style="list-style-type: none"> -Assist with mobility and transfers; -Document and notify the provider of any changes; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Monitor pain characteristics every shift;</p> <p>-Monitor signs of non-verbal pain every shift;</p> <p>-Provide analgesics as ordered and monitor for effectiveness.</p> <p>Review of the resident's physician order sheets (POS), dated, 1/13/24 through 3/13/24, showed:</p> <p>-An order, dated 2/12/24, Hydrocodone-acetaminophen (narcotic pain reliever) 5/325 milligram (mg), give one tablet twice daily, stop date 3/9/24.</p> <p>Review of the resident's MAR, dated 2/1/24 through 2/29/24, showed:</p> <p>-An order, dated, 2/12/24, Hydrocodone-acetaminophen 5/325 mg, give one tablet, twice daily;</p> <p>-Hydrocodone-acetaminophen 5/325 mg was documented as Not administered, drug not available on:</p> <p>-2/13/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/14/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/15/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/16/24 at 9:00 A.M.;</p> <p>-2/17/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/18/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/21/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/22/24 at 5:00 P.M.;</p> <p>-2/23/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/24/24 at 5:00 P.M.;</p> <p>-2/15/24 at 5:00 P.M.;</p> <p>-2/26/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/27/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-2/28/24 at 5:00 P.M.;</p> <p>-2/29/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>Review of the resident's MAR dated 3/1/24 through 3/13/24, showed:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-An order, dated, 2/12/24, Hydrocodone-acetaminophen 5/325 mg, give one tablet twice daily;</p> <p>-Hydrocodone-acetaminophen 5/325 mg was documented as Not administered, drug not available on:</p> <p>-3/1/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-3/2/24 at 9:00 A.M. and 5:00 P.M.;</p> <p>-3/3/24 at 5:00 P.M.;</p> <p>-3/6/24 at 9:00 A.M.</p> <p>Review of the resident's progress notes dated 2/12/24 through 3/6/24, showed no documentation of communication with the hospice company, physician or pharmacy regarding the resident's Hydrocodone.</p> <p>Observation on 3/13/24 at approximately 9:30 A.M., showed the resident lay in bed with oxygen on and eyes closed.</p> <p>During an interview on 3/13/24 at 10:14 A.M., Licensed Practical Nurse (LPN) A said he/she is aware when the residents are getting near to running out of pain medications. The nurse is responsible to call the physician or make the appropriate appointments. He/She thought there was an emergency supply of narcotics in the Emergency Kit (E-kit) but did not have access and did not know what medications were in the E-kit. He/She was not aware of the Hydrocodone not being available for the resident because the resident had just been recently moved to his/her floor.</p> <p>During on interview on 3/13/24 at approximately 10:30 A.M., Certified Medication Technician (CMT) B said that he/she kept trying to reorder the resident's pain medication by sending an electronic message to the pharmacy. After a week or so, he/she noticed that the resident's Hydrocodone was still unavailable, and that is when he/she brought it to the attention of the Director of Nurses (DON). The resident was not having pain, so he/she wasn't overly concerned that the medication wasn't available. He/She later found out that the resident's pain medication script was sent to the resident's hospice pharmacy and not the facility's regular pharmacy. CMT B said the facility really Dropped the ball about obtaining the resident's pain medications.</p> <p>During an interview on 3/13/24 at 11:59 A.M., the DON said the resident's Hydrocodone was not delivered into the building until 3/6/24. She had taken a verbal order from the hospice nurse on 2/12/24 and thought the hospice nurse was taking care of the script by sending it to the hospice pharmacy. She did not know that the medication was not in the building until the CMT B told her about it. The medication was immediately sent over as soon as she found out that the script was not handled by the hospice nurse. Some nurses do have access to the E-kit and lately it has not been functioning properly. It is unacceptable for staff to document that the medication was not available for such a lengthy time. It is expected that the staff should not allow the resident to miss more than two doses before letting someone in management know or make the pharmacy aware. If staff was communicating with the pharmacy and the physician trying to trouble shoot in obtaining the medications, it is expected to be documented in the resident's progress notes.</p> <p>MO00232962</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Creve Coeur Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1127 Timber Run Drive Saint Louis, MO 63146	

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MO00232898