

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  06/05/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to follow acceptable infection control standards by not implementing Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce the transmission of multidrug-resistant organisms (MDROs) that employs targeted gown and glove use during high contact resident care activities as recommended by the Centers for Disease Control and Prevention (CDC) and required by the Centers for Medicare and Medicaid Services (CMS)), for four residents who required EBP for wound treatment or a medically inserted device (urinary catheter, a sterile tube inserted into the bladder through the urinary tract to drain urine). The facility identified eleven residents requiring EBP, four residents were sampled and problems were found with all four residents (Residents #1, #2, #4, and #5). The census was 77.</p> <p>Review of the facility's Isolation Precautions/Enhanced Barrier Precaution (EBP) policy, dated, 4/2/24, showed:</p> <p>-Policy: It is the policy of the facility to make every effort to prevent the spread of infection in the facility. Standard Precautions require the health care worker (HCW) to estimate the degree of risk associated with a given task and plan for appropriate personal protective equipment. Enhanced Barrier Precautions is used in combination with Standard Precautions and expand the use of Personal Protective Equipment (PPE) to donning of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing;</p> <p>-Procedure:EBP will be used for any resident who meets the following criteria:</p> <p>-Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply.</p> <p>-Chronic wounds, such as, pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence), venous stasis ulcers (ulcers caused by decreased blood circulation), diabetic ulcers (ulcers caused by decreased blood circulation),</p> <p>-unhealed surgical wounds;</p> <p>-Indwelling medical devices, such as, central lines (a long, flexible tube your provider inserts into a vein in your neck, chest, arm or groin for administration of blood, medications or dialysis), urinary catheters, feeding tubes (g-tube, a tube surgically inserted through the abdomen into the stomach to provide hydration, nutrition and medications), and tracheostomies (tube surgically inserted into the trachea for the purpose of breathing);</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Residents who meet the above criteria, EBP are recommended when performing the following high-contact resident care activities:</p> <ul style="list-style-type: none"> <li>-Dressing;</li> <li>-Providing hygiene;</li> <li>-Bathing/showering;</li> <li>-Transferring;</li> <li>-Changing linens;</li> <li>-Changing briefs or assisting with toileting;</li> <li>-Indwelling medical devices care;</li> <li>-Chronic wound care;</li> <li>-Place EBP sign at entrance to the room for the resident who meets the criteria;</li> <li>-Staff will clean their hands before entering and when leaving the room;</li> <li>-Staff will wear gloves and a gown for High-Contact Resident Care Activities;</li> <li>-Do not wear the same gloves and gown for the care of more than one person;</li> </ul> <p>-If only one resident in the room requires EBP, place an EBP sign above the bed of the resident who meets the criteria as well as the entrance to the room.</p> <p>1. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/31/25, showed:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for toileting, positioning and transfers;</li> <li>-Indwelling urinary catheter;</li> <li>-Three Stage III (Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling) pressure ulcers present on admission.</li> </ul> <p>Review of the resident's care plan dated 5/8/25, showed:</p> <ul style="list-style-type: none"> <li>-Problem: Resident requires enhanced barrier precautions;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Goal: Resident will receive care from staff using EBP while maintaining a homelike environment, and will remain free from infections through next review;</p> <p>-Approaches: Enhanced barrier precautions will be utilized while providing direct care. (ex. wound dressing changes, showers/bathing, transfers, hygiene, linen changes, toileting assistance, during therapy, device care). Staff will don gown and gloves prior to entering room to perform care. EBP to be removed prior to leaving room.</p> <p>Review of the resident's June 2025 electronic Physician's Order Sheet (ePOS), showed:</p> <p>-An order for indwelling urinary catheter, assess and monitor and empty each shift;</p> <p>-An order to cleanse wound with wound cleanser and apply Medi honey (an ointment to aid in the healing of wounds) to wound bed daily and as needed;</p> <p>-No physician order for EBP.</p> <p>Observation on 6/4/25 at 10:37 A.M., showed an EBP sign on or by the resident's door. No PPE cart or equipment was visibly available for staff to use. Certified Nurse Aide (CNA) C was in the resident's room with CNA D, providing morning care to the resident. CNA C emptied the resident's catheter bag and provided perineal (cleaning of the groin and buttocks) care. CNA D assisted the resident with getting dressed. Both staff used a mechanical lift to transfer the resident from his/her bed to a wheelchair. Both staff wore gloves but neither staff wore a gown.</p> <p>During an interview on 6/4/25 at 10:30 A.M., CNA C and CNA D said they should have been wearing gowns while providing care to Resident #1. The facility did not provide additional PPE for residents on EBP.</p> <p>2. Review of Resident #2's admission MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Has indwelling catheter;</p> <p>-Colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall for the elimination of feces);</p> <p>-Risk of pressure ulcers;</p> <p>-Three Stage IV (Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling) pressure ulcers, present on admission.</p> <p>Review of the resident's June 2025 ePOS, showed:</p> <p>-Dakin's Solution (sodium hypochlorite) solution; 0.125 %; (topical antiseptic used to treat and prevent infections from wounds);</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Clean left gluteal (buttocks) region with wound cleaner or normal saline. Lightly pack with Dakin's moistened gauze. Apply dry dressing and secure with tape. Change daily;</p> <p>-Clean right gluteal region with wound cleaner or normal saline. Lightly pack with Dakin's;</p> <p>-Clean gluteal cleft region with wound cleaner or normal saline. Lightly pack with Dakin's moistened gauze. Apply dry dressing and secure with tape. Change daily;</p> <p>-Clean left ischium (lower portion of the hip bone) region with wound cleaner or normal saline. Lightly pack with Dakin's moistened gauze. Apply dry dressing and secure with tape. Change daily;</p> <p>-Clean right ischium region with wound cleaner or normal saline. Lightly pack with Dakin's moistened gauze. Apply dry dressing and secure with tape. Change daily;</p> <p>-Clean coccyx (tailbone) region with wound cleaner or normal saline. Lightly pack with Dakin's moistened gauze. Apply dry dressing and secure with tape. Change daily.</p> <p>-Indwelling Catheter:</p> <p>-Empty catheter bag every shift. Monitor for hematuria (blood in the urine), changes in color, consistency and odor every shift. Notify physician of changes;</p> <p>-Provide catheter care every shift;</p> <p>-Shower twice weekly on Wednesday and Saturday evening;</p> <p>-No physician order for EBP.</p> <p>Review of the resident's care plan dated 3/17/25, showed staff did not address the need for EBP.</p> <p>Observation and interview on 6/4/25 at 7:32 AM, showed Registered Nurse (RN) A and RN B entered the resident's room. There was no EBP signage on the door or wall adjacent to the resident's room. There was no visible PPE cart or PPE supplies observed. RN A assisted RN B in providing wound treatments to the resident. Both staff wore gloves but no gowns. RN A touched and moved the indwelling catheter when repositioning the resident.</p> <p>3. Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Dependent on staff for positioning, transfers, toileting hygiene, and showers/baths;</p> <p>-Indwelling urinary catheter;</p> <p>-Colostomy;</p> <p>-One Stage IV pressure ulcer present on admission;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Wound infection;</p> <p>-Intravenously (IV, administered into a vein) medications while a resident.</p> <p>Review of the resident's care plan, dated 4/25/25, showed:</p> <p>-Problem: Resident requires Enhanced Barrier Precautions related to wounds and use of Foley catheter;</p> <p>-Goal: Resident will receive care from staff using EBP while maintaining a homelike environment;</p> <p>-Approach: Staff do not need to use EBP if they are not engaging in high contact resident care: giving medication, conversing with resident, answering call light. Staff to use EBP while providing the following care: Wound dressing changes, showers/bathing, transfers, providing hygiene, changing of linens, toileting assistance/changing of briefs, providing therapies, device care or use, receiving therapies. Staff will don gown and gloves prior to entering room to perform care. EBP to be removed prior to leaving room. Staff will wash hands or use hand sanitizer prior to entering room and when leaving room.</p> <p>Review of the resident's June 2025 ePOS, showed:</p> <p>-#20 French (size of catheter tubing) Foley catheter with 10 millimeters (ml) balloon, monthly using sterile technique once on Wednesday every four weeks;</p> <p>-Dakins Solution: Clean wound to right buttock with wound cleaner. Pack with moistened Dakins dressing and then dry dressing packed on top. Cover with bordered dressing and secure with tape. Change daily.</p> <p>-Enhanced Barrier Precautions: Special Instructions: EBP for wounds, ostomy and catheter.</p> <p>Observation on 6/4/25 at 7:05 AM, showed RN A and RN B entered the resident's room. There was EBP signage on the door or wall adjacent to the resident's room. There was no visible PPE cart or PPE supplies observed. RN A assisted RN B in providing wound treatments to the resident. Both staff wore gloves but no gowns. RN A touched and moved the indwelling catheter when repositioning the resident.</p> <p>4. Review of Resident #5's care plan dated 5/19/25, showed staff did not address the resident's pressure ulcer or the need for EBP.</p> <p>Review of the resident's 5-day MDS, dated [DATE], showed:</p> <p>-Moderately impaired cognition;</p> <p>-Recent fracture;</p> <p>-Risk of pressure ulcers;</p> <p>-Antibiotics provided.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's June 2025 ePOS, showed:</p> <p>-Left heel: Clean with wound cleaner, apply betadine (a topical antiseptic), wrap with gauze or apply border gauze. Change daily and as needed;</p> <p>-No orders for EBP.</p> <p>Observation and interview on 6/4/25 at 7:32 AM, showed RN A and RN B entered the resident's room. There was EBP signage on the door or wall adjacent to the resident's room. There was no visible PPE cart or PPE supplies. RN A assisted RN B in providing wound treatments to the resident. Both staff wore gloves but no gowns. RN A touched and moved the indwelling catheter when repositioning the resident.</p> <p>5. During an interview on 6/4/25 at 8:30 A.M., RN A and RN B said they should have been wearing gowns while providing wound care. The facility did not supply enough PPE carts and supplies for residents requiring EBP.</p> <p>6. During an interview on 6/4/25 at 2:51 P.M., the Assistant Director of Nursing (ADON) said there should be EBP signs on the resident doors who had wounds, open areas and catheters. Staff should wear PPE when providing care to residents on EBP. Staff did not need to wear PPE if they would not be in close contact with residents or would not be in the room more than 15 minutes. She expected staff to wear PPE appropriately. There should be an EBP sign on the doors and PPE equipment available for each room. At this time, the facility did not have enough PPE carts and/or PPE supplies.</p> <p>7. During an interview on 6/4/25 at 2:59 P.M., the Regional Nurse Manager said she expected staff to wear PPE while providing care to residents on EBP. EBP signs should be posted on or near the resident's room. There should always be enough PPE to meet the needs of the residents requiring EBP.</p>		