

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Bentleys Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3060 Ashby Road Overland, MO 63114	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>34926</p> <p>Based on interview and record review, the facility failed to provide a Registered Nurse (RN) for eight consecutive hours per day, seven days a week; and failed to hire, maintain or designate a Registered Nurse (RN) to serve as the Director of Nursing (DON) on a full time basis. This deficiency had the potential to affect all residents. The census was 50.</p> <p>Review of the facility's undated list of Department Heads, provided on 7/1/24, showed no DON employed within the facility.</p> <p>Review of the facility's daily assignment sheets, dated 6/17/24 through 7/2/24, showed no DON for all 16 days and no RN in the facility on 6/17, 6/18, 6/19, 6/20, 6/26, 6/28, 6/29 and 7/1/24, for a total of 8 out of 16 days.</p> <p>During an interview on 7/1/24 at 12:54 P.M., Certified Nursing Assistant (CNA) A said they had not had a DON in a couple of months. The Assistant Director of Nursing (ADON) is the person everyone went to and who handled all DON duties. He/She did not know if the ADON was an RN or Licensed Practical Nurse (LPN). The facility had a couple RNs, but they mainly work evenings or overnight. He/She did not know if there was an RN on duty eight hours per day, seven days a week.</p> <p>During an interview on 7/1/24 at 1:08 P.M., LPN B said the facility had not had a DON since he/she started working there two weeks prior. He/She did not know how long the facility had gone without a DON. The ADON was in charge of all nursing areas. There was no RN in the facility that day and he/she did not believe there was an RN on the schedule at all for 7/1/24.</p> <p>During an interview on 7/2/24 at 11:47 A.M., the Activity Director said the facility has not had a DON going on maybe four months. The ADON was doing the DON duties.</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: 265732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Bentleys Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3060 Ashby Road Overland, MO 63114	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 7/2/24 at 1:52 P.M., the ADON said the facility did not have a DON. There had not been a DON in the facility since the beginning of March, 2024. The ADON took over the DON's responsibilities. The ADON is an LPN. They consult with the DON at a sister facility via phone as needed. The ADON worked the floor as a Charge Nurse on occasion and no one came in to perform the DON tasks when the ADON worked the floor. They have a couple of RNs, but they are all as needed (PRN) and do not work daily. She is aware the DON is required to be an RN. The ADON completed her RN courses and is just waiting to take the RN exam. She is aware the facility is required to have an RN in the facility for eight consecutive hours per day, seven days a week. The facility has been actively searching for a DON and full time RNs. None of the RNs interviewed want a full time position or are asking for more money than they can pay. The ADON agreed the facility had to have RN coverage eight hours a day, seven days a week.</p> <p>During an interview on 7/3/24 at 4:21 P.M., the Assistant Administrator said he believed the facility has not had a DON since possibly April, he was not sure. The ADON was the acting DON. The Assistant Administrator and ADON consult with an RN at least four hours a week. The DON from a sister facility participates in weekly Quality Assurance (QA) meetings via phone. The Medical Director is aware they do not have a DON at this time. They do not have any residents at this time who required explicit RN care. The facility used staffing agencies to meet RN needs. The Assistant Administrator agreed the facility had to have RN coverage eight hours a day, seven days a week.</p> <p>MO00237275</p>		