Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025	
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 con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC			
F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information) Provide routine and 24-hour emergency dental care for each resident. 50366 Based on observation, interview and record review, the facility failed to assist residents in obtaining routine and 24-hour emergency dental care for one resident (Resident #10) who chipped their tooth while at the facility. The sample was 10. The census was 54. Review of Resident #10's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/18/25, showed the following: -Cognitively intact; -Dependent with transfers, dressing and wheelchair locomotion; -Diagnoses included diabetes, hemiplegia flaccid of left side (paralysis on left side of body), cerebral infarction (stroke) and nontraumatic intracranial hemorrhage (bleed in the brain), seizures, and malnutrition; -Oral/Dental status: blank. Review of the resident's care plan, dated 4/30/25, showed no documentation regarding the resident's oral care. Review of the resident's progress notes, showed: -Health status progress note, dated 10/21/2023 at 10:37 A.M., the resident reported his/her left front tooth broke off while eating a piece of candy. Partial tooth remains in socket; -Social services progress note, dated 11/22/2023 at 9:31 A.M., resident has a dental appointment scheduled on 1/23/2024 at 3:00 P.M.; -Health status progress note, dated 1/23/24 at 9:02 P.M., resident left for dentist appointment and returned without seeing dentist due to resident being unable to transfer to dental chair; -Physician progress note, dated 2/28/2025 at 1:42 P.M., resident complaining of a toothache. Tooth abscess diagnosed by physician and antibiotics ordered. Resident is scheduled to see the dentist. Physician attempted calling resident's next of kin with no answer. Staff to follow up notification with next of kin;			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 265732

If continuation sheet Page 1 of 3

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			NO. 0936-0391	
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 04/30/2025	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/29/25 at 9:54 A.M., the Administrator said if a resident is need of dental care SW C is responsible to make the appointments. SW C is made aware of dental issues from the resident, family, and staff. If a resident requires dental care the SW should notify the Director of Nursing (DON) or the nurse supervisor and let them know about the dental issue and then make the appointment. The appointment should be made as soon as possible. She expects SW C to follow up on appointment. The appointment should be made as soon as possible. She expects SW C to follow up on appointment and make sure the resident has been earlith as been waiting over a year to see a dentist for a broken off tooth. She is also unaware a resident has been waiting over a year to see a dentist for a broken off tooth. She is also unaware the resident was on an antibiotic for an abscessed tooth on 3/4/25. During an interview on 4/30/25 at 9:02 A.M., the DON said she is aware of the resident's broken off tooth back on 10/21/23 and the dentist appointment was scheduled as soon as possible after the resident recovered from a broken hip and the first open appointment with a Medicaid dentist. The resident recovered from a broken hip and the first open appointment with a Medicaid dentist. The sevient returned without seeing the dentist due to an issue with resident not being able to transfer to a dental chair. She was not aware the resident appointments which the SW did for 1/23/24. The facility attempted to take care of the dental issues, but the resident has never complained about tooth pain or needing to see a dentist to her since returning from the dentist unseen. She was not aware the rounding physician ordered an antibiotic for an abscessed tooth. She does not know why the physician wrote in his/her notes the resident having a broken off tooth since 10/21/23 after eating a piece of candy. The dentist appointment was made for January 2024, after the resident with the dentist. She does not know which the broken such as a propo			