

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 04/30/2026
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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>Based on interview and record review, the facility failed to ensure Nurse Aides (NAs) employed by the facility were not charged for a competency evaluation program. The census was 52. Review of the facility's Certified Nurse Aide (CNA) Training Program Assistance Agreement, dated 2025, showed:- Student collectively referred to as Parties or individually as a Party;-Whereas, the Student desires to participate in a CNA Training Program Assistance, and whereas, the facility is willing to provide the necessary training and educational materials to the student for the purpose of obtaining a CNA certification;-Now, therefore, in consideration of the mutual covenants and promises contained herein, the parties agree as follows;-CNA Training Program Assistance Scope and Duration; --The facility shall offer assistance to a comprehensive CNA training program, through a provider, that covers the necessary theoretical knowledge and practical skills required to become a CNA;-Training program fees:--The Student shall pay the training program fees as outline by the Facility;---Tuition for the CNA Program is set at \$720.00, payable in installments of \$140.40 per pay period until the entire amount is fulfilled. It is important to note that in the event that the student does not complete the course, no refund will be issued, and the course completion will not be granted until cost to facility has been reimbursed;--The fees are non-refundable unless otherwise specified by the Facility. 1. Review of the facility's list of active employees and personnel files, showed three NAs employed by the facility, one of whom was enrolled in a certification program outside of the facility. Review of NA G's employee file, showed:-Active employee;-No documentation of enrollment in CNA certification course. During an interview on 4/29/26 at 9:46 A.M., NA G said he/she had been working in laundry at the facility for about a year. At the beginning of April 2026, he/she moved into the NA position at the facility to see if he/she would like it. The facility offered to pay the cost of the CNA program with a repayment plan of around \$100 or so to come out of his/her check until the cost of the CNA program is paid off. At this time, he/she was not enrolled in the CNA program and had not received money to pay for the program. Review of NA L's employee file showed:-Active employee, hire date of 3/6/26;-A CNA Training Program Assistance Agreement, signed 4/21/26. 2. During an interview on 4/29/26 at 1:24 P.M., CNA M said he/she was hired as an NA in 2024. The facility had him/her pay for his/her CNA certification program and he/she is a CNA now. 3. During an interview on 4/29/26 at 8:04 A.M., the Administrator said the facility did not have a program to complete clinical hours for NAs who are in the process of becoming certified. The facility assisted NAs with the cost of the CNA program to help them. For NAs interested in becoming certified, the facility offered to pay for the certification program upfront, and then they had the NA sign an agreement to reimburse the facility for the cost of the program over a 12-week period. 2993082</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from significant medication errors when staff failed to re-order anti-seizure medication for one resident (Resident #1) within 72 hours of its last available dose, per facility policy, resulting in the resident missing doses of the medication on two days. Facility staff failed to administer two of the resident's other anti-seizure medications for one day and the resident had a seizure the next day. The sample was 4. The census was 52. Review of the facility's Medication Administration policy, dated 2/2020, showed: -Policy Statement: To administer all medications safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms, and help in diagnosis;-If medication is ordered but not present, call the pharmacy or supervisor to obtain the medication. Review of the facility's Ordering Medications policy, dated 2/2020, showed:-Policy Statement: Medications and related products are ordered from the long-term care pharmacy on a timely basis;-Procedures: Refill requests should be sent 72 hours prior to the last dose. Review of the facility's Following Physician Orders policy, dated 1/2026, showed:-Policy Statement: It is the policy of the community to ensure that all Licensed Professional Nurses (Registered Nurse (RN), License Practical Nurse (LPN), Licensed Vocational Nurse (LVN)) and other healthcare professionals, follow physician orders in accordance with State and Federal regulations, and their respective practice acts;-Procedure: All physician orders will be followed as prescribed and if not followed, the reason shall be recorded in the resident's medical records. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/3/26, showed:-Cognitively intact;-Diagnoses included epilepsy (seizure disorder), spinal cord injury, and quadriplegia (paralysis of all four limbs). Review of the resident's care plan, in use at the time of survey, showed:-Focus: Resident has a seizure disorder related to disease process, spinal cord injury/disease, and epilepsy;-Goal: The resident will be free from injury from seizure activity;-Interventions included give medications as ordered and monitor, document for effectiveness and side effects. Review of the facility's Leave of Absence sheet, showed on 4/5/26 at 9:15 A.M., a family member signed the resident out of the facility with an anticipated time of return at 5:00 P.M. Review of the resident's physician order summary (POS), controlled drug receipts, and Medication Administration Record (MAR) from April 2026, showed:-A physician order, dated 4/2/25, for lamotrigine (Lamictal, used to treat seizures) oral tablet 150 mg, give one tablet by mouth two times a day related to other epilepsy. Scheduled for 8:00 A.M. and 8:00 P.M.;--The MAR showed on 4/5/26, 8:00 A.M. and 8:00 P.M. doses missed due to resident absent from facility without medication;-A physician order, dated 4/2/25, for levetiracetam (used to treat seizures) oral tablet 750 mg, give one tablet by mouth two times a day related to other epilepsy. Scheduled for 8:00 A.M. and 8:00 P.M.; --The MAR showed on 4/5/26, 8:00 A.M. and 8:00 P.M. doses missed due to resident absent from facility without medication;-A physician order, dated 4/2/25, for lacosamide (used to treat seizures) oral tablet 200 milligrams (mg), give one tablet by mouth two times a day related to other epilepsy. Scheduled for 8:00 A.M. and 8:00 P.M.;--Controlled drug receipts and disposition form, showed on 4/4/26, one tablet given and 0 tablets remained;--The MAR showed on 4/5/26, 8:00 A.M. and 8:00 P.M. doses missed due to resident absent from facility without medication;--The MAR showed on 4/6/26, 8:00 A.M. and 8:00 P.M. doses missed, see progress notes. Review of the resident's progress notes, showed:-On 4/6/26 at 9:18 A.M., an order administration note: On order, nurse notified. The note did not specify which medication was on order;-On 4/6/26 at 10:24 A.M., an order administration note: Not available, nurse notified. The note did not specify which medication was unavailable;-On 4/6/26 at 8:16 P.M., a health status note: Resident observed having twitching and drooling, unresponsive to verbal stimuli, eyes open but not following at approximately 7:10 P.M. Resident has history of seizures. Nurse and Certified Nurse Aide (CNA) implemented seizure precautions. Convulsions lasted around five to ten minutes. Resident (continued on next page)</p>		

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