

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER St Johns Place		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Brown Road Saint Louis, 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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)

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: 265733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER St Johns Place		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Brown Road Saint Louis, 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their Resident and Family Group Policy and Grievance Policy and Procedure to maintain an effective grievance process for residents in resident council meetings and resolve them in a timely manner. The failure had the potential to affect all residents. The sample size was 4. The census was 54. Review of the facility's Resident and Family Group Policy, undated, showed the following:-Purpose: To ensure residents of facility and their family members or representatives, have the right to organize and participate in resident and family groups. This policy affirms our commitment to supporting such groups by providing space, privacy, staff support, and prompt consideration of their recommendations;-The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility;-A. The facility must be able to demonstrate their response and rationale for such response.-B. This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. Review of the facility's Grievance Policy and Procedure, undated, showed the following:-This policy is intended to provide fair and prompt consideration to all residents' complaints. The facility encourages all residents to use the grievance procedure without fear of retaliation within the grievance process and with the assurance that his/her concerns will be respected. It is the policy of St. [NAME] Place to maintain all grievances for at least three years from resolution. A copy of the grievance, documentation reflecting the process used and resolution/remedy of the grievance and documentation; in applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one calendar days. -Procedure: All grievances must be in writing, containing the name and address of the person filing the grievance. The complaint must state the problem or action alleged along with the date, approximate time, place, name(s) of individuals involved in the incident that is being grieved. You cannot file anonymously. Review of the Resident Council Minutes, dated 4/24/25 at 2:30 P.M., showed the following:-Old Business: The care lights are not being answered in a timely manner;-Nursing: The nursing staff are making smart remarks to the residents when they are asked questions or for help;-Dietary: The breakfast is getting bad, and the residents are given food they cannot eat;-Laundry: The residents have missing clothes.-There was no documentation of resolution for these grievances or concerns. Review of the Resident Council Minutes, dated 5/22/25 at 2:30 P.M., showed the following:-Old Business: The call lights are not being answered in a time manner. The residents are missing clothes when laundry washes them. The breakfast has not been tasting all that good. The residents are getting food they cannot eat.-There was no documentation of resolution for these grievances or concerns.-Nursing: Nursing is not doing their job. The Certified Nurse Aides (CNA) are not answering call lights in five minutes but taking two hours and have an attitude. The night shift is terrible. The night shift is loud and the residents cannot sleep;-Dietary: The residents are receiving food they are not supposed to eat and some foods are salty;-Laundry: The residents are not getting their clothes back. Review of the Resident Council Minutes, dated 6/25/24 at 10:30 A.M., showed the following:-Old Business: The residents are not getting the correct medications. The call lights are being answered in a timely manner. The night shift staff are not nice and they are loud and the residents are being kept up at night. The resident are not getting their clothes returned to them. The residents are not being listened to and the problems are not being taken care of promptly.-There was not documentation of resolution for these grievances or concerns.-Nursing: The night shift is loud and they use profanity and are keeping the residents from sleeping;-Laundry: Some residents are still missing their clothes. During an interview on 8/13/25 at 12:09 P.M., the Activity Director (AD) said he/she oversees the resident council meeting and the meetings are held once a month. The residents have not had the meeting for the month of August. The AD said in the meetings, the residents discuss the previous minutes and discuss current concerns and grievances regarding each department. The AD said he/she will write down the concerns and grievances and give them to the Director of Nursing (DON) for her review. The AD said he/she would like a resolution before the next meeting. The AD has been with the facility since January, 2025 and has not gotten a resolution for any of the grievances or concerns. He/She did not know if the grievances or concerns had been addressed. Review of Resident #4's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/23/25, showed the following:-Moderate Cognitive Impairment;-No moods or behaviors;-Independent with most activities of daily living;-Diagnoses of high blood</p>		