

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41061</p> <p>Based on observation, interview and record review, the facility failed to ensure adequate supervision and assistance to prevent accidents for two residents. Staff failed to follow safe practices, respond to request for additional assistance and be aware of the resident's surroundings for one resident (Resident #1) when moving the resident in the bed. The resident fell off the raised bed, onto the floor, sustaining three spinal compression fractures (break in a vertebra (spinal bone) that then collapses), a tooth avulsion (complete displacement of a tooth from its socket due to trauma) and a contusion (bruise) of the face. Staff also failed to complete a safe gait belt (assistive device used to help prevent falls during transfers) transfer for one resident (Resident #2). The sample size was three. The census was 53.</p> <p>Review of the facility's Safety and Supervision of Residents policy, dated July 2017, showed:</p> <ul style="list-style-type: none"> -Policy Statement: The facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities; -Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; -Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards, and try to prevent avoidable accidents; -The individualized, resident-centered approach to safety addresses safety and accident hazards for individual residents; -The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for individual residents; -The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices; -Implementing interventions to reduce accident risks and hazards shall include the following: -Communicating specific interventions to all relevant staff; <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: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -Assigning responsibility for carrying out interventions; -Providing training, as necessary; -Ensuring that interventions are implemented; -Documenting interventions. -Monitoring the effectiveness of interventions shall include the following: <ul style="list-style-type: none"> -Ensuring that interventions are implemented correctly and consistently; -Evaluating the effectiveness of interventions; -Modifying or replacing interventions as needed; -Evaluating the effectiveness of new or revised interventions; -The facility-oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which considers the hazards identified in the environment and individual resident risk factors, and then adjusts interventions accordingly; -Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment. <p>Review of the facility's Gait Belt Use Guideline, dated February 2023, showed:</p> <ul style="list-style-type: none"> -Purpose: A gait belt is a safety device made of cloth that buckles securely around a resident's waist. The device provides a secure grasping surface to aid during transfer and ambulation. Commonly used for residents who are at risk for falls and those who require assistance during transfer; -If the resident has one-sided weakness, position the destination surface (wheelchair, commode, or chair) on the resident's unaffected side; -Position yourself close to the resident to face each other; -Grasp both sides of the gait belt using an underhand grip; -While firmly gripping the gait belt, keep your back straight, bend your knees slightly, position your feet in a wide stance to maintain proper body mechanics and begin rocking back and forth to overcome forces resisting transfer. Instruct the resident on a count of three to push off of the surface to encourage independence; -Allow the resident to stand for a moment to ensure balance; -Instruct the resident to pivot and to bear as much weight as possible on the unaffected side. Support the affected side because the resident will tend to lean to this side; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Pivot on your back foot, guiding the resident to the destination surface. Maintain contact between the destination surface and the resident's legs to ensure proper positioning prior to the resident sitting;</p> <p>-Flex your knees and hips while assisting the patient onto the destination surface. Using good body mechanics prevents back injury by supporting weight with large muscle groups;</p> <p>-After reaching the destination surface, keep a firm grip on the gait belt and gently lower the patient onto the surface. Tell the patient to reach and grasp the arm resets using them to bear some weight if possible;</p> <p>-If the resident loses weight bearing ability during ambulation or transfer, maintain your grip on the gait belt, pull the resident as close to your body as possible and gently slide them to the floor using the large muscles in your upper leg;</p> <p>-Alert the nurse immediately.</p> <p>1. Review of Resident #1's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/27/24, showed:</p> <p>-Cognitively intact;</p> <p>-Impairment on both sides of upper and lower body;</p> <p>-Dependent for toileting and bed mobility;</p> <p>-Always incontinent of bowel and bladder;</p> <p>-Diagnoses included debility (physical weakness), dementia, diabetes mellitus, atrial fibrillation (a-fib, irregular heart rhythm), depression and psychotic disorder;</p> <p>-Used a pressure reducing device for bed.</p> <p>Review of the resident's physical therapy discharge summary, dated 8/12/24, showed:</p> <p>-Dependent for all mobility;</p> <p>-Dependent for all bed mobility, including rolling left to right;</p> <p>-There was no documentation showing if bed mobility required a one or two person assist.</p> <p>Review of the Primary Care Provider's (PCP) progress note, dated 8/13/24, showed:</p> <p>-Chief complaint was skilled therapy evaluation;</p> <p>-The resident was overweight;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident reported limited range of motion, muscle stiffness and stiffness localized to one or more joints;</p> <p>-The resident reported confusion, gait abnormality, difficulty with balance and poor coordination;</p> <p>-The resident's motor strength of his/her arms was normal;</p> <p>-The resident had lower body weakness, lack of coordination and impaired balance;</p> <p>-There was no documentation showing the resident's bed mobility status and/or an order for therapy to evaluate the resident.</p> <p>Review of the resident's progress notes, showed:</p> <p>-8/19/24 at 9:30 P.M., the nurse was alerted to come to the resident's room. Upon arrival the nurse saw the resident was on the floor, on the side of his/her bed lying close to the wall on his/her stomach. The resident's arms were straight at his/her sides and his/her legs were stretched out straight. The resident was rolled over to his/her back by multiple staff members. The resident had a small amount of blood on his/her lips and on the side of his/her face, and a hematoma (collection of blood that pools under the skin) on the right side of his/her forehead. The PCP, resident's responsible party (RRP), Nursing Supervisor and Director of Nursing (DON) were notified. The resident was ordered to go out to the emergency room for evaluation.</p> <p>Review of the hospital discharge documents, dated 8/19/24, showed:</p> <p>-The resident was seen for a fall and head injury;</p> <p>-Diagnoses included fall, compression fracture of T7 vertebra, compression fracture of T10 vertebra, compression fracture of T12 vertebra, tooth avulsion and contusion of face.</p> <p>Review of Certified Nurse Assistant (CNA) D's written statement, dated 8/19/23, showed:</p> <p>-He/She was providing perineal care (peri-care, washing the front and back of the hips, genitals, anal area and buttocks) for the resident;</p> <p>-He/She rolled the resident to the left side of the bed, reached for wipes with one hand and held the resident in place with his/her other hand;</p> <p>-The resident rolled closer to the edge of the bed and CNA D was not able to catch the resident or bring the resident back towards him/her;</p> <p>-The resident rolled out of the bed, face down on the floor;</p> <p>-He/She called out for help and the nurse came to assess the resident;</p> <p>-The resident was sent out to the hospital.</p> <p>Review of CNA D's written statement, dated 8/21/24, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She was cleaning the resident and the resident was actively incontinent of bowel, so the CNA went to get more wipes;</p> <p>-The bed started moving and the resident fell over so fast the CNA was unable to catch him/her;</p> <p>-He/She did not remember the resident calling out he/she was falling;</p> <p>-It all happened so fast;</p> <p>-He/She did not get assistance because the resident had always been a one person assist.</p> <p>Review of the resident's progress notes, dated 8/20/24 at 4:10 A.M., showed the resident returned from the hospital to the facility. The resident had new diagnosis of fall, compression fractures of thoracic vertebrae (located on the spine at mid-back) at T7, T10 and T12, a tooth avulsion and a contusion of the face.</p> <p>Review of the resident's care plan, dated 8/23/24, showed:</p> <p>-Problem: Activities of Daily Living (ADLs) self-care performance deficit related to activity intolerance, fatigue and impaired balance;</p> <p>-Interventions included the resident requires max assist of two staff for repositioning and turning in the bed frequently and as necessary</p> <p>-There was no documentation showing bed mobility transfer status prior to the updated care plan on 8/23/24.</p> <p>Review of the resident's Kardex (summary of resident's information, such as medications, care instructions, and follow ups), dated 8/27/24, showed no documentation regarding one or two person assist for bed mobility.</p> <p>Observation of the resident on 8/27/24 at 8:15 A.M., showed:</p> <p>-The resident lay on a low air loss mattress (LALM), breathing in short, shallow breaths, with his/her eyes closed and grimacing in pain;</p> <p>-The resident had a raised lump located above his/her bruised right eye and a brown dried substance trailed out of the right side of his/her mouth;</p> <p>-The resident's left arm had a dark, raised bruise located above the elbow and a dark bruise located on his/her lower forearm.</p> <p>During an interview on 8/27/24 at 8:16 A.M., the resident said:</p> <p>-He/She was in a lot of pain;</p> <p>-His/Her right eye was painful and felt heavy;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-His/Her back and left shoulder really hurt;</p> <p>-He/She sometimes felt like he/she wanted it all to end;</p> <p>-Sometimes two people moved him/her in the bed, sometimes it was only one;</p> <p>-He/She remembered telling CNA D to get help to move him/her in the bed because he/she did not feel safe with the CNA doing it by him/herself;</p> <p>-CNA D did not listen to the resident's request and replied he/she could do it by him/herself;</p> <p>-The resident asked CNA D again to get a second person to help move him/her in the bed, as it would make the resident feel more comfortable, safer;</p> <p>-CNA D proceeded to roll the resident over towards the wall and then all hell broke loose;</p> <p>-The resident could not remember if the CNA was holding him/her;</p> <p>-The resident called out that the bed was moving and he/she was sliding;</p> <p>-CNA D replied Hold on, hold on but there was nothing for the resident to hold on to;</p> <p>-The resident fell partly off the bed to the floor hitting his/her left shoulder and head on the floor;</p> <p>-The resident thinks his/her lower body was still on the bed and must have slid off after his/her upper body hit the floor;</p> <p>-The resident couldn't remember anything else but excruciating pain;</p> <p>-Staff did not always listen to the resident when he/she asked for a second staff member to help with transfers. Sometimes staff got a second person to help but most of the time they did not.</p> <p>During an interview on 8/27/24 at 10:32 A.M., Licensed Practical Nurse (LPN) C said:</p> <p>-He/She was just coming on assignment on 8/19/24 when he/she was called to the room to assist the resident off the floor;</p> <p>-The bed was up pretty high, as CNA D was rather tall, and the resident was lying face down on the floor between the bed and the wall;</p> <p>-He/She helped roll the resident over and saw the resident had a bruise in the middle of his/her forehead, a little blood on his/her lips and the resident's face looked pale and swollen;</p> <p>-He/She was not sure what the resident's bed mobility transfer status was before the incident on 8/19/24;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She expected CNA D to get a second person to help move the resident in his/her bed for safety as the resident was weak and on a LALM which was slick and increased the risk of the resident falling off the bed.</p> <p>During an interview on 8/28/24 at 12:39 P.M. and at 1:48 P.M., the Director of Therapy said:</p> <p>-When a resident rolls to one side on a LALM, the mattress would deflate underneath the body pressure which would increase the risk of falling off the bed, especially if there was not another person on the side of the resident to support them;</p> <p>-It was not safe practice to roll a resident on a LALM unassisted;</p> <p>-He expected two nursing staff to assist the resident with bed mobility before the incident on 8/19/24;</p> <p>-He was not sure if that was ever told to nursing staff;</p> <p>-The therapy documentation only specifies maximum assist or moderate assist which did not specify if one or two staff members were required.</p> <p>During an interview on 8/30/24 at 11:45 P.M., the Administrator said:</p> <p>-She did not know what the resident's transfer status for bed mobility was prior to the accident that occurred on 8/19/24;</p> <p>-Therapy verbally told her the resident was a one person transfer for bed mobility and the nursing staff agreed;</p> <p>-She expected the resident's transfer status for bed mobility to show if it was one or two person assist and be documented in the resident's care plan, Kardex and therapy screen so all staff knew how to safely transfer the resident;</p> <p>-CNA D did not make the correct decision to move the resident by him/herself. It was not a safe or good decision, and regardless if the CNA thought he/she could move the resident independently, the resident asked for a second person;</p> <p>-She expected CNA D to stop his/her care, put the resident in a safe position on the bed and to go get a second person to assist for safety.</p> <p>Review of the facility's final summary, dated 8/23/24, showed:</p> <p>-The employee failed to obtain assistance even after the resident requested and failed to ensure bed wheels were in locked position;</p> <p>-The resident did fall out of the bed;</p> <p>-The incident occurred but it was an accident;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The employee failed to follow safe practices, respond to request for additional assistance and be aware of the resident's surroundings.</p> <p>2. Review of Resident's #2's hospice (specialized care for those with anticipated life expectancy of six months or less) documents, showed:</p> <p>-admitted to hospice on 2/8/24;</p> <p>-Long-term Care/Hospice Coordination of Care Form, dated 2/8/24, showed medical equipment required by the patient included a Broda chair (a specialized reclining chair propelled by staff).</p> <p>Review of the resident's physician orders, showed an order, dated 3/22/24, for Occupational Therapy (OT, treatment to improve ability to perform daily tasks) evaluation and treatment as indicated for transfer status and positioning.</p> <p>Review of the resident's electronic medical record (EMR), showed there was no documentation showing OT evaluated the resident following the 3/22/24 order.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <p>-Severe cognitive deficit;</p> <p>-Impairment on one side of upper body;</p> <p>-Required maximal assistance for bed mobility and transfers;</p> <p>-Diagnoses included kidney failure and dementia;</p> <p>-Received hospice services.</p> <p>Review of the resident's care plan, dated 6/3/24, showed:</p> <p>-Problem: activities of daily living (ADL) self-care performance deficit related to cognitive impairment, gait and balance impairment, generalized weakness and decreased mobility;</p> <p>-Interventions included monitor resident/document/report any changes, reasons for self-care deficit, declines in function; Pad sit to stand lift (mechanical lift used to transfer resident from one seated surface to another) with soft pad to prevent skin issues.</p> <p>Review of the Morse Fall scale (fall risk assessment tool), dated 7/29/24, showed the resident had a high risk of falling.</p> <p>Review of the resident's hospice documents, showed:</p> <p>-A nursing recertification assessment, dated 7/30/24, showed the resident required two assist for all transfers;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-A nursing visit, dated 8/8/24, showed the resident required maximal assistance with transfers and care;</p> <p>-There was no documentation of a therapy evaluation found.</p> <p>Review of the resident's Kardex, dated 8/27/24, showed the resident was able to transfer with a gait belt and one staff assist.</p> <p>Observation on 8/27/24 at 8:23 A.M., showed the resident lay in his/her bed while CNA A dressed the resident in clean clothes. The resident did not respond to any directions, did not speak, open his/her eyes or move his/her body independently during CNA A's care.</p> <p>Observation on 8/27/24 at 8:55 A.M., showed:</p> <p>-CNA A and CNA B provided care to the resident while he/she lay in his/her bed;</p> <p>-CNA A placed his/her hands under the resident's shoulders and pulled the resident up from a lying position to a seated position, then swung the resident's legs from on top of the bed, to the side of the bed;</p> <p>-CNA A held the resident upright with his/her left arm encircling around the resident's back while trying to put the gait belt in place around the resident's waist with his/her right hand;</p> <p>-CNA B helped secure the resident's gait belt around his/her waist while CNA A held onto the resident's left shoulder to keep the resident upright;</p> <p>-The resident did not support his/her own body in an upright position and did not respond to directions or open his/her eyes while the CNAs put the gait belt in place;</p> <p>-The gait belt was very loose, hanging off the resident's waist to his/her lap;</p> <p>-CNA A positioned him/herself on the resident's left side, looped his/her right arm under the resident's left underarm and reached behind the resident to grab on to the resident's gait belt and the back of the resident's pants with his/her left hand;</p> <p>-CNA B positioned him/herself on the resident's right side, looped his/her left arm under the resident's right underarm and reached behind the resident to grab on to the back of the resident's pants with his/her right hand;</p> <p>-Both CNAs lifted the resident up from his/her seated position on the bed and, without the resident's feet touching flat on the floor, put the resident into his/her Broda chair;</p> <p>-The resident did not support his/her own weight when standing, did not pivot, speak or open his/her eyes during the transfer.</p> <p>During an interview on 8/27/24 at 11:18 A.M. and at 12:27 P.M., CNA A said:</p> <p>-He/She knew a resident's transfer status from the EMR under task charting for ADLs;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident was a two person gait belt transfer;</p> <p>-Gait belts were placed around a resident's waist with a two finger gap between the gait belt and the resident's body to avoid the resident slipping out of the gait belt during transfer;</p> <p>-When two staff members transfer a resident with a gait belt, one staff member should be on each side of the resident, hook one arm under the resident's underarms while using their opposite hands to grasp the side of the resident's gait belt to assist the resident to a standing position;</p> <p>-Residents are expected to support their own weight during a gait belt transfer;</p> <p>-Pulling a resident up by their shoulders, a loose gait belt and/or the back of the resident's pants increases the risk of a resident falling to the ground, injury to their body or trauma to their skin;</p> <p>-He/she did not know why he/she did not use safe gait belt technique for the resident.</p> <p>During an interview on 8/27/24 at 12:48 P.M., CNA B said:</p> <p>-Gait belts were used to transfer a resident safely;</p> <p>-Gait belts were placed around the resident's chest with a gap large enough to put a hand between the gait belt and the resident's body;</p> <p>-Nursing staff were expected to hook their hands under the gait belt at the back of the resident and in the front of the resident when pulling them up to a standing position;</p> <p>-Pulling a resident up by their shoulders, a loose gait belt and/or the back of the resident's pants increases the risk of a resident falling to the ground, injury to their body or trauma to their skin;</p> <p>-He/she did not know why he/she did not use safe gait belt technique for the resident;</p> <p>-He/She found out transfer status from the nurse at the beginning of his/her assignment and did not know where else to find the information;</p> <p>-He/She was asked by CNA A to assist in the resident's transfer;</p> <p>-He/She did not know if the resident was safe to transfer with a gait belt with two staff member assist.</p> <p>During an interview on 8/27/24 at 12:56 P.M., LPN C said:</p> <p>-He/She expected nursing staff to follow the gait belt policy to ensure resident's safety;</p> <p>-Pulling a resident up by the back of their pants or holding them up by their shoulders puts the resident at risk of injury and did not respect a resident's dignity;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident was a two person assist with gait belt according to the resident's chart.</p> <p>During an interview on 8/27/24 at 1:31 P.M., the Administrator said:</p> <p>-She expected nursing staff to place a gait belt at the resident's chest, with a two finger gap, put one hand under the gait belt at the back of the resident and one hand under the gait belt at the side of the resident to assist the resident to a standing position;</p> <p>-Residents were at risk of falling if a gait belt was too loose or not used appropriately;</p> <p>-Residents were at risk of injury to their joints and/or trauma to their skin if nursing staff pulled residents up by their limbs or the back of their pants;</p> <p>-Residents were expected to stand, supporting their own weight, and pivot to transfer from one surface to another with a gait belt;</p> <p>-She expected nursing staff to alert the nurse if a resident was not able to support their own weight and then use a mechanical lift to transfer the resident for safety;</p> <p>-She expected nursing staff to know resident's transfer status and to inquire of their supervisors or the therapy department if there were any questions.</p> <p>During an interview on 8/28/24 at 12:39 P.M. and at 1:48 P.M., the Director of Therapy said:</p> <p>-He expected nursing staff to place a gait belt between a resident's waist and chest and the best practice was placement under the belly button; secured with a couple of fingers' gap between the belt and the resident's body;</p> <p>-He expected during a two person gait belt assist for staff members to stand one on each side of the resident, hook their arms under the resident's arm and then grab the back of the gait belt to assist the resident to a standing position;</p> <p>-Residents needed to be able support their own weight and pivot during a gait belt transfer;</p> <p>-It was not appropriate for nursing staff to lift and move a resident from one surface to another. It increased the risk of injury to the resident, increased fall risk and increased risk of injury to staff;</p> <p>-The nursing staff increased the risk of the resident falling off the bed when the resident had no trunk control, and was not able to support him/herself in an upright seated position;</p> <p>-He expected nursing staff to report any declines or changes in mobility to their nurses in charge, the supervisors or the therapy department;</p> <p>-When the resident went on hospice, his department was told to defer to the hospice team and their evaluations of the resident's ADL capabilities;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-He believed the last time the resident was evaluated by his department was in April or March and the resident was appropriate for a gait belt transfer. He could not recall if the resident was appropriate for a one or two person gait belt transfer at that time.</p> <p>3. During an interview on 8/27/24 at 10:10 A.M., LPN C said:</p> <p>-Nursing staff was informed of residents' transfer status by the therapy department, either verbally or by putting transfer status in the residents' EMR;</p> <p>-Nurses relay residents' transfer status at the beginning of the shift and CNAs could also access residents' transfer status by looking at the Kardex;</p> <p>-Two staff members were sometimes needed for bed mobility or transfers if the resident was immobile, especially if the CNA was not able to move/support the resident's weight on their own;</p> <p>-He/She expected therapy to designate if a resident was a one or two person assist when a resident was dependent with any ADLs;</p> <p>-He/She expected CNAs to ask for help during any type of care, including moving residents in bed or during transfers, in order to keep residents safe.</p> <p>During an interview on 8/30/24 at 11:39 A.M., the Administrator said:</p> <p>-She expected nursing staff to have knowledge of and to follow facility policies;</p> <p>-The therapy department evaluated new admissions and readmits, and after a new event. They screen to determine if further therapy was needed and made the determination how the resident would transfer;</p> <p>-Therapy educated clinical staff on residents' transfer status;</p> <p>-She expected nurses to report transfer status of residents to other staff and update the care plan if needed;</p> <p>-She expected MDS staff to include residents' transfer status in their care plan and on their Kardex;</p> <p>-She expected therapy to notify nursing staff of specific directions for transfers, bed mobility and to signify if a one person or two person assist was necessary for safety.</p> <p>MO00240878</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>41061</p> <p>Based on observation, interview and record review, the facility failed to grant access to the facility's electronic medical records (EMR) in a timely manner (i.e. before the end of the first day of the survey) to the Surveyor during an on-site investigation. The facility also failed to provide hospice (specialized care for those with anticipated life expectancy of six months or less) providers access to a resident's EMR for one resident (Resident #2). The sample size was three. The census was 53.</p> <p>Review of the facility's hospice skilled nursing and respite facility agreement, dated 9/11/23, showed:</p> <ul style="list-style-type: none"> -Hospice administers a program of palliative and supportive services, including interdisciplinary care services to meet the physical, psychological, social and spiritual needs of terminally ill persons and their families; and -Hospice is duly licensed hospice care provider in the State of MO and duly certified by the federal government to provide comprehensive hospice services to Medicare and Medicaid eligible person as delineated under applicable law; -Hospice and the facilities are duly licensed, long-term care facilities providing nursing Facility Services to its residents, and desires to make Hospice Services available to such residents; -Hospice and the facilities desire to provide the highest quality and level of services to Hospice Patients and residents of the facilities with respect to the care and management of their terminal illness; -The facilities and Hospice, in consideration of the mutual advantages occurring to each, and to eligible residents and their families, do hereby agree with each with the others as follows: -Attending Physician: a doctor of medicine or osteopathy (treats musculoskeletal framework) who is identified by the individual, at the time he or she elects to receive Hospice Care, as having the most significant role in determination and delivery of the individual's medical care; -Interdisciplinary Team: a team at a minimum of duly licensed doctor of medicine or osteopathy, a registered nurse, a social worker and a counselor, and such other personnel as Hospice deems necessary, who provide or supervise the care and services offered by Hospice; -The Medical Director: a doctor of medicine or osteopathy who assumes overall responsibility for the medical component of the Hospice's Patient Care Program. -The Case Manager: a registered nurse designated by the HOSPICE to coordinate the implementation of the Plan of Care for each patient. <p>1. Observations on 8/27/24, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The Surveyor entered the facility at approximately 8:00 A.M.;</p> <p>-The receptionist informed the Surveyor that the Director of Nursing (DON) and the Administrator were not in building; receptionist called them to make them aware of Surveyor's arrival;</p> <p>-At 8:41 A.M., the DON arrived to facility and the Surveyor gave her entrance papers with the request for EMR access;</p> <p>-At 11:09 A.M., the DON gave the Surveyor passwords to log in to the EMR system. The Surveyor was not able to log in using the passwords and informed the DON;</p> <p>-At 12:05 P.M., the DON gave the Surveyor another password to log in to the EMR. The Surveyor was locked out of all resident records and only able to read resident progress notes and physician orders. The DON was informed;</p> <p>-The facility disabled that password, saying they would get the Surveyor a new password that would allow access to residents' full EMR;</p> <p>-At 1:15 P.M., the DON said she was unable to get the Surveyor a new password to access EMR and their Information Technology (IT) representative was coming to the building at 2:00 P.M. to address the issue.</p> <p>During an interview on 8/27/24 at 1:45 P.M., the Administrator was informed the Surveyor entered the facility at approximately 8:00 A.M. that morning and had not had access to residents' EMR for the entirety of the Surveyor's work day, as the Surveyor had to leave the facility at 2:00 P.M. in order to stay within her scheduled work day hours. The Administrator apologized, stating there was nothing else they can do.</p> <p>2. Review of Resident's #2's election of Hospice Medicare benefit and patient authorization documents, showed:</p> <p>-admitted to hospice on 2/8/24;</p> <p>-The resident chose the Hospice Physician as their attending physician to oversee his/her care. The attending physician would work in collaboration with Hospice to provided care related to his/her terminal illness and related conditions;</p> <p>-The resident gave the hospice company consent to treat and authorized the agency to carry out procedures as order by physician on the plan of treatment;</p> <p>-The resident consented to the use and disclosure of his/her personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.</p> <p>Review of the resident's hospice election statement, dated 2/8/24, showed the resident requested services from the Hospice company and authorized release of all medical records and/or information to or from Hospice as required to act on the request.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Long-Term Care/Hospice Coordination of Care form, dated 2/8/24, showed:</p> <ul style="list-style-type: none"> -The name of the Hospice Registered Nurse Manager, the name of the primary Hospice Nurse and the name of the primary Hospice Aide; -A schedule of hospice nurse visits to take place on Mondays and Wednesdays; -A schedule of the hospice aide to provide baths/showers to take place on Tuesdays and Thursdays <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/14/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive deficit; -Diagnoses included kidney failure and dementia; -Received hospice services. <p>Review of the resident's hospice documents, showed:</p> <ul style="list-style-type: none"> -On 7/17/24 at 3:05 P.M., the Hospice Nurse Care Coordination note: the facility nurse printed out a copy of the resident's current weights and medication orders. The facility nurse went to retrieve the printed medical records and was told by the Administrator that the Hospice Nurse was not allowed to have the printed copies of the resident's medical record. The Hospice Nurse called the Hospice Director and informed her of the situation; -On 8/16/24 at 12:05 P.M., the Hospice Nurse Care Coordination note: the DON told the Hospice Nurse she was not able to give the resident's current physician orders or recent weights upon request. The DON asked for a copy of the contract between the facility and hospice. The Hospice Nurse gave the information to send the facility/hospice agreement contract to the Hospice Director and Hospice Office Manager. The contract was sent to the facility via fax; -On 8/19/24 at 11:04 A.M., a Care Coordination note: a request was sent to the facility for the resident's current medication list and they were waiting to receive records via fax; -On 8/21/24 at 2:40 P.M., the Hospice Nurse Care Coordination note: the DON told the Hospice Nurse she was not able to give the Hospice Nurse the resident's medical records until after a care plan meeting was set up with the facility. The Hospice Nurse informed the Hospice Director; -On 8/23/24, no time annotated, the Hospice Nurse set up a care plan meeting with the facility staff for 8/27/24 at 10:30 A.M. <p>During an interview on 8/30/24 at 10:41 A.M., the Hospice Nurse said:</p> <ul style="list-style-type: none"> -He/She was refused access to the resident's EMR sometime in July; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She was told by the Administrator they would not release the resident's medical record until they had a care meeting with the Hospice team, including the Hospice Nurse, Hospice Director and Hospice Social Worker;</p> <p>-The Hospice care team arrived for their scheduled care plan meeting with the facility on 8/27/24 at 10:00 A.M. but was told it was canceled.</p> <p>During a interview on 8/30/24 at 11:00 A.M., the Director of Hospice said:</p> <p>-She was informed by the Hospice Nurse the facility Administrator refused to give him/her copies of the resident's EMR upon request;</p> <p>-She was not sure why the Administrator was blocking access to the resident's EMR;</p> <p>-The Hospice Physician needed the resident's medical record in order to coordinate care with the facility;</p> <p>-Lack of access to the resident's EMR affected the plan of care because the hospice staff could not tell if there were missing orders, if the resident was receiving medications/treatments as ordered, if the plan of care was appropriate or needed changed;</p> <p>-The Hospice company had a contract with the facility before they even accepted the resident into their care.</p> <p>During an interview on 8/30/24 at 11:39 A.M., the Administrator said:</p> <p>-The facility coordinated resident care with the hospice team by setting up care plan meetings to discuss care needs, any new interventions needed and to make sure they were providing continuity of care. The facility and hospice team would meet at a minimum quarterly;</p> <p>-A facility and hospice company contract was put in place at start of hospice care. There was a blanket contract for whenever a resident was referred to the hospice company. The Social Services Designee (SSD) was responsible for keeping the contracts/agreement in his/her office;</p> <p>-The resident's hospice team had access to his/her EMR both onsite and offsite;</p> <p>-He/She was not able to provide dates when the hospice team was given access to the facility's EMR and did not send proof of the hospice team logging into the resident's EMR;</p> <p>-She required the hospice team to send an email request for a copy of the resident's EMR;</p> <p>-She refused to allow the facility nurses to give the Hospice Nurse copies of the resident's EMR;</p> <p>-She asked the Hospice Nurse for an email address to send the resident's EMR to him/her. The Hospice Nurse gave the Administrator an email address that was not specific to the company so she refused to send the resident's EMR;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The SSD had an email address in which he/she was communicating to the hospice team to set up a care plan meeting;</p> <p>-She required the hospice team to come in for a care plan meeting because she did not know how the hospice team was caring for the resident, why the resident was on hospice, who was working with the resident or when they were coming in to care for the resident;</p> <p>-The hospice team communicated with the staff by documenting their visits in a binder specific to the hospice company and the residents they cared for.</p> <p>During an interview on 9/9/24 at 11:09 A.M., the Director of Hospice said:</p> <p>-Hospice staff could only get information about the resident's electronic medical records by asking the nurse or administrative staff to print off the medical records;</p> <p>-The hospice staff did not have access to the resident's EMR while onsite or offsite;</p> <p>-She was not sure the last time the Hospice Nurse was able to obtain the resident's medical records from the facility.</p> <p>During an interview on 8/30/24 at 10:41 A.M. and on 9/9/24 11:47 A.M., the Hospice Nurse said:</p> <p>-He/She was not able to access the EMR while onsite or off site;</p> <p>-He/She only received printed records upon request from the nurse;</p> <p>-He/She would ask the nurse if there were any new orders or changes of condition and the facility nurse would answer. He/She had a good working relationship with the nursing staff;</p> <p>-He/She was told by the nursing staff they were not allowed to give him/her the resident's printed medical record due to the Administrator's instructions;</p> <p>-He/She could not remember the last time the facility gave him/her the resident's printed physician order sheets or weights;</p> <p>-The Hospice Physician asks for the resident's medical records and he/she was not able to provide them due to the facility refusing access;</p> <p>-He/She was never given access, tutorials or instructions on how to access resident's EMR while onsite or offsite;</p> <p>-He/She still does not have access to the resident's EMR and it affected coordination of care.</p>