STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265735	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Lake Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff provided adequate supervision and assistance to prevent accidents for one of three sampled residents (Resident #1) when one staff member used a gait belt (also known as a transfer belt, a safety device used to assist individuals with mobility issues during transfers and ambulation) instead of a Hoyer lift (allow a person to be lifted and transferred with a minimum of physical effort), and another staff member used a Hoyer lift alone to transfer the resident at a later time. The resident was sent to the hospital after the inappropriate transfers with a hematoma on the back of his/her head and a swollen leg. The x-ray from the hospital showed the resident's tibia (shin bone) was fractured. The census was 49. The Administrator was notified on 6/30/25 of the past non-compliance. The facility immediately began an investigation of the incident, suspended the staff involved in the improper transfers and in-serviced all staff on safe lift and transfer procedures. The noncompliance was corrected on 5/8/25. Review of the Safe Lifting and Movement of Residents policy, revised 8/08, showed: -Policy statement: In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses mechanical lifting devices for the lifting and movement of residents; -Policy Interpretation and Implementation: Mechanical lifting devices shall be used for any resident needing a two person assist. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted; -Staff responsible for direct resident care will be trained in the use of mechanical lifting devices. The manufacturer of purchased equipment shall provide initial staff training on the use of mechanical lifts, as well as on the routine checks and long term maintenance of equipment. Subsequent training and retraining of staff on the use of mechanical lifting devices shall be conducted by designated team leaders; -Staffing for all shifts will include sufficient numbers of staff members who have been trained in the use of mechanical lifting devices; -The transferring needs of residents shall be assessed on an ongoing basis. Resident transferring and lifting needs shall be documented in the care plan. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265735	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Lake Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Using a Portable Lifting Machine policy, revised 8/08, showed: -Purpose: The purpose of this procedure is to help lift residents using a mechanical lifting device; -Preparation: Review the resident's care plan to assess for any special needs of the resident; -General guidelines: The portable lift should be used by two staff members. Review of Resident #1's annual Minimum Data Set (MDS) a federally mandated assessment instrument completed by facility staff, dated 2/12/25, showed: -Adequate vision and hearing; -Clear speech; -Understands others and is understood; -Severely cognitively impaired; -Upper extremity: Impairment on one side; -Lower extremity (hip, knee, ankle, foot): Impairment on one side; -Functional abilities and goals: --Resident dependent (helper does all of the effort. Resident does none of the effort to complete the activity) for toileting, --Resident required substantial/maximal assistance (helper does more than half the effort) to shower/bathe self, upper body dressing and lower body dressing; --Resident required substantial/maximal assistance to roll from left to right; --Chair to bed to chair transfers and sit to stand required substantial/maximal staff assistance; --Sit to stand required substantial/maximal staff assistance; -Diagnoses included unspecified dementia, unspecified osteoarthritis (a degenerative joint disease characterized by the breakdown of cartilage and the underlying bone), repeated falls, chronic kidney disease and adult failure to thrive. Review of the resident's skin assessment dated [DATE], showed no new skin issues. Review of the resident's progress notes, showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265735	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Lake Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 5/6/25 at 11:59 A.M., the nurse was called down to the resident's room to observe a hematoma on the back of the resident's head. The Certified Nurse's Aide (CNA) told the nurse he/she had no knowledge of the hemotoma. Staff placed a call to the resident's physician and were awaiting a call back. At 12:55 P.M., the physician's office called back with no new orders. Staff would follow up with hospice. At 2:53 P.M., nursing staff notified the Director of Nursing (DON), the resident had a bump on the back of his/her head. The resident told staff he/she did not remember if he/she had a fall or bumped his/her head. The bump measured 4.0 centimeters (cm) by 3.5 cm to the back of his/her head in the occipital region (the back of the skull). The resident complained of pain. Staff called 911. Emergency Medical Services (EMS) arrived and escorted the resident to the emergency room. Staff notified the resident's physician. At 3:32 P.M., the nurse noted after reading statements obtained from staff, there was a statement which said the resident was sliding out of his/her chair, and the resident could have hit his/her head on the arm of the Broda chair(specialized reclining chair propelled by staff). At 7:06 P.M., the nurse informed the resident's responsible party the hospital reported the CT (a computerized tomography scan is a type of imaging that uses X-ray techniques to create detailed images of the body) scan was unremarkable, but the resident had a left knee fracture. The hospital was placing a left knee immobilizer on and sending the resident back to the facility. Review of the resident's hospital paperwork, showed: -Encounter start date and time: 5/6/25 at 2:52 P.M., -Reason for visit: --Nonintractable headache (headaches that are generally manageable with over-the-counter or prescription medication); --Closed fracture of proximal end of left tibia (the shinbone is broken just below the knee, and the skin around the break is not broken). Review of the resident's care plan dated 5/7/25, showed: -Focus: Resident at high risk for falls related to limited mobility, requires assistance with activities of daily living (ADL) tasks, impaired gait/balance, Medication side effects, generalized weakness and impaired cognition; -Interventions/Tasks: Broda chair for mobility. Requires assist of two staff with transfers and bed mobility; -All transfers via Hoyer lift times two staff. Observation and interview on 6/30/25 at 12:30 P.M., showed the resident lay in bed with his/her left leg immobilized in a brace. He/She said he/she hurt his/her leg when he/she fell but did not remember any details of when or how he/she fell. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265735	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Lake Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/30/25 at 2:35 P.M., CNA H said he/she worked with the resident the night before he/she was sent to the hospital and got him/her up that morning (5/6/25). The resident was not complaining of pain at that time and did not have a knot on his/her head. The CNA knew this because he/she brushed the resident's hair. He/She did not know the resident required a Hoyer lift. The CNA used a gait belt to lift the resident up and transfer him/her into his/her wheelchair. Prior to the resident's 5/6/25 injury, this is how he/she usually transferred the resident from the bed to the chair and the chair to the bed. Review of a written statement by CNA G dated 5/6/25, showed: -The CNA noticed the resident sliding out of his/her chair on 5/6/25 around 11:00 A.M.; -The CNA took the resident to his/her room to put him/her to bed; -He/She went to go get the nurse to help him/her assist with getting the resident to bed; -The nurse exited the room once the resident was in bed, and the CNA continued to do his/her care. When he/she turned the resident over, he/she noticed a knot on the back of the resident's head. He/She got the nurse to come back and look at the resident. During an interview on 6/30/25 at 11:00 A.M., CNA G said he/she did not get the resident out of bed that morning. The resident was already up, dressed and in the dining room in his/her wheelchair. Right after breakfast around 9:00 A.M., the CNA noticed the resident was moving his/her legs off the Broda chair, and there was a puddle underneath him/her. The CNA took the resident back to his/her room, so he/she could put him/her to bed and change him/her. Once they got back to the resident's room, the resident started sliding down in his/her wheelchair so the CNA went to get the Hoyer lift, to transfer the resident out of his/her chair into his/her bed. He/She knew there were supposed to be two staff when the Hoyer lift was used, but he/she could not locate another staff member and was afraid the resident would slide out of his/her chair. The resident did not complain of pain at all during this transfer. Once the CNA got the resident into bed, he/she noticed the knot on the back of his/her head. He/She went and got the nurse who came in and assessed the resident. Review of a written statement by Licensed Practical Nurse (LPN) D, dated 5/6/25, showed: -The LPN assisted CNA G with the Hoyer lift to lay the resident down, then went to the next resident; -LPN D was called back to the resident's room by CNA G to observe a knot on the back of the resident's head at the occipital ridge. LPN D called the resident's physician to notify him and obtain orders. The physician said to notify hospice. The hospice nurse entered the building at the same time LPN D was hanging up the phone. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265735	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Lake Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/30/25 at 11:25 A.M., LPN D said he/she remembered CNA G calling him/her to the resident's room because the resident had a bump on his/her head. He/She remembered calling the resident's physician and sending him/her to the hospital. He/She thought he/she watched the CNA transfer the resident but could not remember for sure. He/She noticed a slight swelling on the resident's left leg after he/she assessed the resident. The LPN thought he/she charted this but could not remember if he/she did. There was a lot going on with the hospice people there and trying to get hold of the resident's physician. Review of a written statement by Hospice LPN J, dated 5/6/25, showed: -When LPN J arrived to the facility on 5/6/25, he/she was informed by LPN D the resident had a hemotoma to the back of his/her head; - LPN D had applied ice compression and notified the resident's physician who said to notify hospice; -The DON was present during this conversation and went with the hospice nurse to assess the resident; -LPN J and the DON turned the resident to measure the hematoma; -After this assessment, LPN J and CNA G provided incontinence care; -Hospice Aide M noticed a hematoma area to the left lower leg; -LPN J notified the DON about the leg hematoma; -The DON informed LPN J, they were sending the resident to the hospital. During an interview on 6/30/25 at 10:30 A.M., LPN J said when he/she arrived at the facility on 5/6/25, LPN D told him/her the resident had a laceration on the back of his/her head. A hospice aide started to give the resident a bed bath and noticed the bruising on the his/her left leg. LPN J told LPN D about the bruising. The resident did not complain about the bruising on his/her leg but did grimace when they were looking at the knot on the back of his/her head. LPN J did not know if staff noticed the bruising on the leg earlier. LPN D told him/her they were sending the resident to the hospital. Review of a written statement by Hospice Aide M dated 5/6/25, showed upon arrival to the facility, LPN J gave him/her a report the resident was going to the hospital because he/she had a knot on his/her head. Hospice Aide M washed the resident's face and applied cream on both arms and legs. At this point, Hospice Aide M saw a large knot on the resident's left leg and notified LPN D. The leg looked like it was hard to the touch. During an interview on 6/30/25 at 11:10 A.M., CNA K said the staff were supposed to use a Hoyer lift to transfer the resident. There needed to be at least two staff when using the Hoyer lift to prevent injuries to the resident. If they could not find a second person, they were supposed to wait or ask the nurse to help. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265735	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hidden Lake Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/30/25 at 11:15 A.M., CNA L said he/she did not work on the resident's floor. If a resident required a Hoyer lift for a transfer they were supposed to use two people. If you could not find a second person, you were supposed to wait until you could find one. This was a safety precaution to protect the residents. During an interview on 6/30/35 at 11:20 A.M., LPN F said staff always needed to use two people when using the Hoyer lift to transfer residents. The staff should always wait until two people were there because trying to transfer with one person could accidentally cause an injury to the resident. During an interview on 6/30/25 at 12:35 P.M., Registered Nurse E said there is a list of residents at the nurse's desk which alert staff about residents who needed assistance with transferring, including Hoyer lifts. If a resident needed a Hoyer lift for a transfer, they were always supposed to use two staff. If they could not find another staff member, they should wait. They should never try to transfer a resident using a Hoyer lift alone. During an interview on 6/30/25 at 2:15 P.M., the DON said the resident needed a Hoyer lift to transfer since 7/24. All the staff know they were supposed to use two people with a Hoyer lift because she trains them. The staff should not have transferred the resident alone and should not have used a gait belt instead of the Hoyer lift. If staff cannot find a second person to assist, they should wait until one is available. If staff use the Hoyer lift alone the resident could get injured. The residents who need transfer assistance are listed in the communication book at the nurse's station. If there are any questions about a resident's transfer status, staff should look in the book. During interviews on 6/30/35 at 8:30 A.M. and at 3:00 P.M., the Administrator said she originally thought the resident was sent to the hospital for the bump on his/her head. They interviewed staff and got statements showing the resident was transferred appropriately, so they did not know how the fracture occurred. The Administrator then viewed the camera footage and saw CNA G enter the room with the Hoyer lift alone and then leave with the Hoyer lift alone. The camera footage showed the resident moving his/her leg at the foot of the chair in the dining room prior to the transfer, so she thought the leg injury came from getting his/her leg caught on the chair. The CNA should not have transferred the resident by him/herself. The Administrator would have expected the CNA to wait until help was available. CNA G was suspended for transferring the resident by him/herself. All staff were in-serviced about the proper use of lifts. MO00253848 MO00253863