

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265736	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/17/2025
NAME OF PROVIDER OR SUPPLIER  U-City Forest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  1301 Partridge Avenue Saint Louis, MO 63130	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <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

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review, the facility failed to provide a dietary supplement as ordered and failed to increase the dietary supplement as recommended by the dietitian for one of three sampled residents (Resident #1) with weight loss. The census was 74. Review of the facility's policy on Weight Management Program, updated February 2025, showed the following:-Policy: It is the policy of Helia Healthcare to manage resident weight through prevention, assessment and implementation and evaluation of interventions;-Procedure: #12. The Minimum Data Set (MDS)/charge nurse will notify the physician of the resident's current condition and registered dietitian's recommendations, document the physician's order on the physician order sheet and the 24-hour report sheet. #13. The MDS/charge nurse will initiate a Diet Order and Communication form to the Dietary Manager who will chart the change in the dietary progress note and to the MDS Coordinator to update the care plan. Review of Resident #1's care plan, updated 8/5/25, showed the following:-Problem: Nutritional Deficit related to risk of dehydration as evidenced by poor oral intake and weight loss;-Goal: Resident will receive diet and supplements per orders and encouraged to consume 75% of meals through next review date. Review of the resident's progress note, completed by the dietitian, dated 9/11/25, showed the following:-Resident followed due to insidious (gradual, unintentional) weight loss;-Current weight: 101.6, a 1.4 pound in one month, 5.4 pound loss in three months and 10 pound loss in 6 months;-Diet: Regular pureed with nectar thickened liquids. Super cereal (a high-calorie, nutritious, fortified cereal) provided at breakfast, fortified potatoes at lunch. House Shake and Majic cup (a fortified nutritional supplement used to provide extra calories;-Recommend increase Health Shake to three times a day with all meals. Review of the resident's Medication Administration Record (MAR), dated 9/2025, showed the following:-House supplement twice a day with meals;-Staff documented the resident received the supplements on 9/1 through 9/30/25 at 9:00 A.M. and 5:00 P.M. Review of the resident's quarterly MDS, a federally mandated assessment instrument completed by facility staff, dated 9/28/25, showed the following:-Weight: 102 pounds;-Loss of 5% or more in the last 30 days: No;-Mechanically altered diet: Yes. Review of the resident's Physician Order Sheet (POS), dated 10/25, showed the following:-Diagnoses of cerebral palsy (a brain disorder that appears in infancy or early childhood and permanently affects body movement and muscle coordination), severe cognitive impairment, severe protein-calorie malnutrition and developmental disorder of speech and language;-House Shake twice a day;-Majic Cup with lunch and dinner. Review of the resident's MAR, dated 10/2025, showed the following:-House supplement twice a day with meals;-Staff documented the resident received the supplements on 10/1 through 10/8/25 at 9:00 A.M. and 10/1 through 10/7/25 at 5:00 P.M. Observation on 10/8/25 at 1:00 P.M., showed the resident sat in his/her geri-chair (large, padded wheelchair) in the feeding assistance area of the dining room. Certified Nurse Aide (CNA) B sat down to feed the resident a lunch of pureed meat, mashed potatoes, vegetables and a thickened glass of juice. No Majic cup or house supplement was on the resident's tray. CNA B said he/she doesn't know the resident well because he/she was new to the facility. Review of the resident's dietary slip on the resident's lunch tray on 10/8/25 at 1:30 P.M., showed the following:-Required oversight with all meals due to diet texture;-Power potatoes;-Majic cup;-Ice cream;-No documentation regarding the house supplement. During an interview on 10/8/25 at 1:38 P.M., Licensed Practical Nurse A said he/she was unaware the resident hadn't received his/her supplements. He/She reviewed the resident's POS at this time which showed the resident was to receive a Majic cup and house supplement with his/her meal. Nurse A said the resident should have received the supplements with his/her meal. He/She was unaware of the dietitian's recommendation to increase the house supplement from twice a day to three times a day with meals. When the dietitian writes a recommendation, it is given to the Assistant Director of Nursing (ADON) who then gives it to the nurses to complete. During an interview on 10/8/25 at 2:30 P.M., the ADON said the dietitian will verbally tell staff of his/her recommendations and email the recommendations to her. The nurse will notify the physician, update the orders and fill out a change in dietary slip to be given to dietary. During an interview on 10/8/25 at 2:35 P.M., the Administrator said she expected staff to complete dietary recommendations. In addition, she expected the resident to receive supplements as ordered. 2628921</p>		