

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Riverview at the Park Care and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Progress Parkway Sainte Genevieve, MO 63670	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46460</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment. This deficient practice affected four residents (Residents #3, #13, #66, and #201) out of 20 sampled residents and four residents (Residents #23, #27, #87, and #251) outside the sample, and had the potential to affect all residents in the facility. The facility's census was 99.</p> <p>Review of the facility's policy titled, Work Orders, Maintenance, revised April 2010, showed:</p> <ul style="list-style-type: none"> - Maintenance work orders shall be completed in order to establish a priority of maintenance service; - In order to establish a priority of maintenance service, work orders must be filled out and forwarded to the maintenance director; - It shall be the responsibility of the department directors to fill out and forward such work orders to the maintenance director; - A supply of work orders is maintained at each nurses' station; - Work order requests should be placed in the appropriate file basket at the nurses' station. Work orders are picked up daily; - Emergency requests will be given priority in making necessary repairs. <p>1. Observation of Resident #201's bed showed:</p> <ul style="list-style-type: none"> - On 07/21/24 at 2:50 P.M., the fitted sheet with approximately 3 inch by 4 inch gray-colored stain in right lower quadrant and approximately five inch round hole on bottom right corner; - On 07/22/24 at 8:49 A.M., the resident lay in bed with the same fitted sheet with approximately 3 inch by 4 inch gray-colored stain in right lower quadrant and approximately five inch round hole on bottom right corner; <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 07/22/24 at 10:29 A.M., the resident lay in bed with the same fitted sheet with approximately 3 inch by 4 inch gray-colored stain in right lower quadrant and approximately five inch round hole on bottom right corner;</p> <p>- On 07/23/24 at 9:57 A.M., the resident lay in bed with the same fitted sheet with approximately 3 inch by 4 inch gray-colored stain and approximately five inch round hole on bottom right corner;</p> <p>- On 07/23/24 at 11:22 A.M., the resident lay in bed with the same fitted sheet with approximately 3 inch by 4 inch gray-colored stain and approximately five inch round hole on bottom right corner;</p> <p>- On 07/24/24 at 8:15 A.M., the resident lay in bed with the same fitted sheet with approximately 3 inch by 4 inch gray-colored stain and approximately five inch round hole on bottom right corner.</p> <p>2. Observation on 07/21/24 at 3:14 P.M. showed Resident #13's bedsheets with multiple tiny holes.</p> <p>3. Observation on 07/21/24 at 3:40 P.M. showed Resident #66's wheelchair arms cracked and missing pieces of the vinyl covering.</p> <p>4. Observation on 07/21/24 at 4:20 P.M. showed Resident #27's bedsheets with multiple tiny holes.</p> <p>5. Observation on 07/21/24 at 4:42 P.M. showed Resident #23's bed sheets with multiple tiny holes.</p> <p>6. Observation on 07/22/24 at 8:48 A.M. of room [ROOM NUMBER] showed:</p> <p>- The door would not latch and stayed closed all the way unless the door handle was lifted up;</p> <p>- Four holes located next to the closet mid way up the wall;</p> <p>- Black scuffs along the left wall of the room next to bed A;</p> <p>- Black scuff along the right wall at the room's entrance.</p> <p>During an interview on 07/22/24 at 8:50 A.M., Residents #3 and #87 said they were not happy with the condition of room [ROOM NUMBER]. They said they had reported the door not latching three weeks prior and it still had not been fixed. They said they did not like the scuff marks and holes in the wall and would like the issues corrected.</p> <p>7. Observation of room [ROOM NUMBER] on 07/24/24 at 8:50 A.M. showed thin, tattered sheets on the bed, two screw-sized holes in the wall behind the T.V., and the vinyl peeling and cracking off the recliner's headrest.</p> <p>8. Observation of room [ROOM NUMBER] on 07/24/24 at 9:06 A.M. showed the toilet paper holder broken off of the wall on the left side with the toilet paper sitting on top of the grab bar and an approximately one square foot area of a clear-colored liquid on the floor in front of the toilet.</p> <p>9. Observation on 07/24/24 at 10:45 A.M. showed:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Thresholds missing from flooring transitions at the start of each hallway throughout the facility;</p> <p>- Thresholds missing to the entrance of Rooms 111, 112, 114, 115, 117, 201, 202, 203, 204, 205, 206, 207, 209, 212, 214, 215, 216, 217, 218, 308, 409, 411, 412, 415, 414, and 418.</p> <p>10. Observation on 07/24/24 at 10:50 A.M. showed:</p> <p>- The front vents of the air conditioner units missing from the units in Rooms 109, 110, 112, 201, 203, 205, 207, 208 209, 212, 214, 215, 216, and 218.</p> <p>11. Observation on 07/24/24 at 12:18 P.M. showed Resident #251's wheelchair arms cracked and missing pieces of the vinyl covering.</p> <p>During an interview on 07/24/24 at 11:01 A.M., Laundry Aide L said the sheets are thin and have holes in them because they are very old. He/She does not know if management is aware of how bad some of the sheets are. He/She reports things like this to his/her supervisor, but does not know what happens once things are reported.</p> <p>During an interview on 07/24/24 at 2:43 P.M., Certified Nurse Aide (CNA) M said if he/she sees something in the building that needs fixed or notices an issue with pests, he/she will notify the nurse or maintenance.</p> <p>During an interview on 07/24/24 at 2:50 P.M., Licensed Practical Nurse (LPN) N said he/she will call the maintenance director if he/she sees something in the building that needs fixed or sees pests somewhere. Maintenance will typically come right away to fix something, and if it's something they can't get to right then, he/she will complete a maintenance slip.</p> <p>During an interview on 07/24/24 at 3:00 P.M., the Maintenance Director said staff typically call, text or page him overhead if they have something that needs attention and he will fix whatever needs fixed right then. Otherwise he does things by priority, such as a water leak would take priority. Most requests are a quick turnaround time. There are also slips staff can complete to request something to be fixed.</p> <p>During an interview on 07/24/24 at 6:30 P.M., the Administrator, Director of Nursing, and Assistant Director of Nursing said they would expect thresholds to be in place between rooms, walls to be free from holes, scratches and marks, and wheelchair arms to be free of rips, cracks, sheets to be in good condition and for resident room doors to close/latch properly.</p> <p>Complaint #MO00238791</p> <p>46555</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>46460</p> <p>Based on interview and record review, the facility failed to ensure that Nurse Aide (NA) Registry checks were completed prior to the employment start date of four employees out of a sample of ten employees and failed to ensure their policy addressed checking the NA Registry for all employees prior to employment. The facility also failed to follow their policy to ensure the Criminal Background Check (CBC), Employee Disqualification List (EDL) or Family Care Safety Registry (FCSR) were completed prior to the employment date of one employee out of a sample of ten employees. The facility's census was 99.</p> <p>Review of the facility's policy, Background Screening Investigations, revised March 2019, showed:</p> <ul style="list-style-type: none"> - The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors; - Background and criminal checks are initiated within two days of an offer of employment or contract agreement and completed prior to employment; - For any individual applying for a position as a certified nursing assistant (CNA), the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and /or theft of property have been entered into the applicant's file; - For any licensed professional applying for a position that may involve direct contact with residents, his/her respective licensing board is contacted to determine if any sanctions have been assessed against the applicant's license; - The policy did not address checking the nurse aide registry for employees other than CNAs. <p>Review of the facility's Nurse Aide Registry Verification Policy, revised August 2022, showed:</p> <ul style="list-style-type: none"> - Certified nurse aide licenses shall be verified through the state registry of nurse aides before individuals may serve as nurse aides or nursing assistants. <p>1. Review of Licensed Practical Nurse (LPN) C's personnel file showed:</p> <ul style="list-style-type: none"> - Hire date of 08/08/23; - The facility failed to check the NA Registry for LPN C. <p>2. Review of Registered Nurse (RN) D's personnel file showed:</p> <ul style="list-style-type: none"> - Hire date of 12/21/23; - Family Care Safety Registry (FCSR) letter for RN D dated 05/03/24. <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of Dietary Staff E's personnel file showed:</p> <ul style="list-style-type: none"> - Hire date of 03/20/24; - NA Registry check for Dietary Staff E dated 04/11/24. <p>4. Review of LPN F's personnel file showed:</p> <ul style="list-style-type: none"> - Hire date of 04/02/24; - The facility failed to check the NA Registry for LPN F. <p>5. Review of LPN G's personnel file showed:</p> <ul style="list-style-type: none"> - Hire date of 10/27/23; - The facility failed to check the NA Registry for LPN G. <p>During an interview on 07/24/24 at 6:00 P.M., the Administrator and Director of Nursing said they would expect the NA Registry to be run on new hires and background checks to be completed.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a transfer to hospital, including the reason for transfer, and failed to notify the Office of the State Long-Term Care Ombudsman for four residents (Resident #7, #66, #71, and #201) out of 20 sampled residents and two residents (Resident #41 and #43) outside the sample. The facility's census was 99.</p> <p>Review of the facility's policy, Discharging the Resident, revised December 2016, showed:</p> <ul style="list-style-type: none"> - The resident should be consulted about the discharge; - If the resident is being discharged to a hospital or another facility, ensure that a transfer summary is completed and telephone report is called to the receiving facility; - The policy does not address notifying the resident and/or representative in writing or notifying the ombudsman. <p>1. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 12/29/23, and readmitted to the facility on [DATE]; - Transferred to the hospital on 01/18/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 02/08/24, and readmitted to the facility on [DATE]; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>2. Review of Resident #41's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 11/20/23, and readmitted to the facility on [DATE]; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>3. Review of Resident #43's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 06/25/24, and readmitted to the facility on [DATE]; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Review of Resident #66's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 05/13/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 06/04/24 and readmitted to the facility on [DATE]; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>5. Review of Resident #71's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 02/02/24, and readmitted to the facility on [DATE]; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>6. Review of Resident #201's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 07/13/24, and readmitted to the facility on [DATE]; - No documentation that the resident or resident's responsible party had been notified in writing; - No documentation of transfer/discharge notice given to the Ombudsman. <p>During an interview on 07/24/24 at 1:30 P.M., the Administrator said they have not been sending the transfer/discharge logs to the ombudsman at all this year. The last month they were sent was December 2023, but she was unable to provide email proof to show they were sent.</p> <p>During an interview on 07/24/24 at 6:28 P.M., the Director of Nursing said they cannot produce transfer notices for the residents in question.</p> <p>During an interview on 07/24/24 at 6:30 P.M., the Administrator, Director of Nursing, and Assistant Director of Nursing said they would expect residents or their representatives to be notified in writing when residents are transferred or discharged and would expect the ombudsman to be notified as well.</p> <p>46460</p> <p>46555</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46460</p> <p>Based on interview and record review, the facility failed to inform the resident and/or resident's representative, in writing, of the facility's bed hold policy at the time of transfer to the hospital for three residents (Resident #7, #66, and #201) out of 20 sampled residents. The facility's census was 99.</p> <p>Review of the facility's policy, Bed Holds and Returns, revised October 2022, showed:</p> <ul style="list-style-type: none"> - Residents and/or representatives are informed (in writing) of the facility and state (if applicable) bed hold policies; - All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: well in advance of any transfer (e.g., in the admission packet) and at the time of transfer (or, if the transfer was an emergency, within 24 hours). <p>1. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 12/29/23, and readmitted to the facility on [DATE]; - Transferred to the hospital on 01/18/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 02/08/24, and readmitted to the facility on [DATE]; - No documentation the Resident or Resident's Representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>2. Review of Resident #66's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 05/13/24, and readmitted to the facility on [DATE]; - Transferred to the hospital on 06/04/24 and readmitted to the facility on [DATE]; - No documentation the Resident or Resident's Representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>3. Review of Resident #201's medical record showed:</p> <ul style="list-style-type: none"> - Transferred to the hospital on 07/13/24 and readmitted to the facility on [DATE]; - No documentation the Resident or Resident's Representative was informed in writing of the facility's bed hold policy at the time of transfer. <p>(continued on next page)</p>		

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/24/24 at 6:30 P.M., the Administrator, Director of Nursing, and Assistant Director of Nursing said they would expect residents discharging to the hospital to be notified of the bed hold policy in writing per the regulation.		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>49754</p> <p>Based on interview and record review, the facility failed to ensure three nurse aides (NAs) completed a nurse aide training program within four months of his/her employment at the facility. The facility's census was 99.</p> <p>Review of the facility's policy, Nurse Aide Qualification and Training Requirements, revised August 2022, showed:</p> <p>-The facility will not employ any individual as a nurse aide for more than four months full-time, temporary, per diem, or otherwise unless: that individual is competent to provide designated nursing care and nursing related services; and that individual has completed a training program and competency evaluation program, or a competency evaluation program approved by the state; or that individual has been deemed competent as provided in ss483.150 9 (a) and (b) of the requirements of participation;</p> <p>-Nursing Assistants failing to successfully compete the required training program within the first four months of their date of employment may be terminated from employment or may be reassigned to non-nursing related services.</p> <p>1. Review of NA I's personnel file showed:</p> <ul style="list-style-type: none"> - A hire date of 01/06/24; - NA I had completed the nurse aide program, but had not taken the test; - The facility failed to ensure the completion of the program within four months of hire date. <p>2. Review of NA K's personnel file showed:</p> <ul style="list-style-type: none"> - A hire date of 04/01/24; - NA K had been attending the nurse aide program; - The facility failed to ensure the completion of the program within four months of hire date. <p>3. Review of NA P's personnel file showed:</p> <ul style="list-style-type: none"> - A hire date of 04/01/24; - NA P had been attending the nurse aide program; - The facility failed to ensure the completion of the program within four months of hire date. <p>(continued on next page)</p>		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/24/24 at 1:45 P.M., the Administrator said their Certified Nursing Assistant (CNA) instructor resigned on 06/26/24 to take another position. The corporate office is actively interviewing and has made an offer for employment, and they are awaiting a response from the candidate for the instructor position.</p> <p>During an interview on 07/24/24 at 6:30 P.M., the Administrator and Director of Nursing said they would expect NAs to be certified within four months of hire.</p> <p>During an interview on 07/31/24 at 12:24 P.M., the Administrator said two NAs are currently enrolled in CNA classes; NA K and NA P. NA K had not completed classes due to being in and out related to medical issues and NA P had not completed classes due to the facility not currently having an instructor.</p> <p>During an interview on 07/31/24 at 3:11 P.M., the Administrator said anyone who is in the nurse aide program and had not completed the nurse aide program within four months would be offered another position in a non-nursing department, such as laundry, housekeeping, or dietary.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>46460</p> <p>Based on observation and interview, the facility failed to maintain an effective pest control program. This practice affected five residents (Resident #13, #26, #51, #71, and #201) out of 20 sampled residents and seven residents (Resident #17, #28, #41, #54, #61, #85 and #86) outside the sample, and had the potential to affect all residents in the facility. The facility's census was 99.</p> <p>Review of the facility's policy, Pest Control, revised May 2018, showed:</p> <ul style="list-style-type: none"> - Our facility shall maintain an effective pest control program; - This facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents; - Pest control services are provided by Van Pest; - Only approved Food and Drug Administration (FDA) and Environmental Protection Agency (EPA) insecticides (a substance used for killing insects) and rodenticides (a substance used for killing rodents) are permitted in the facility and all such supplies are stored in areas away from food storage areas. Windows are screened at all times; - Garbage and trash are not permitted to accumulate and are removed from the facility daily; - Maintenance services assist, when appropriate and necessary, in providing pest control services. <p>1. Observations of Resident #85 showed:</p> <ul style="list-style-type: none"> - On 07/21/24 at 2:50 P.M., the resident with a fly buzzing around his/her face and two flies on a stain on the roommate's sheet; - On 07/24/24 at 10:48 A.M., the resident lay in bed with a fly crawling on his/her head. <p>During an interview on 07/21/24 at 2:50 P.M., Resident #85 said there is a fly problem.</p> <p>2. Observation on 07/21/24 at 3:08 P.M. showed Resident #13 in bed with his/her eyes closed. Five ants were observed climbing on top of the bedside table/dresser which contained a package of peanut butter crackers, a canister of cereal, a 20 ounce bottle of soda pop, and a nebulizer (a drug delivery device used to administer medication in the form of a mist inhaled into the lungs). One fly was on the divider curtain.</p> <p>3. Observation on 07/21/24 at 3:13 P.M. showed three flies buzzing around Resident #17.</p> <p>During an interview on 07/21/24 at 3:13 P.M., Resident #17 said the flies are bad.</p> <p>4. Observation on 07/21/24 at 3:29 P.M. showed a fly buzzing around Resident #71.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Riverview at the Park Care and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Progress Parkway Sainte Genevieve, MO 63670	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Observation on 07/21/24 at 3:41 P.M. showed Resident #51 lay in bed with eyes closed with a fly buzzing around the room.</p> <p>During an interview on 07/21/24 at 3:41 P.M., Resident #51's roommate, Resident #54, said he/she keeps the door closed to keep the flies out. He/She has to look out for Resident #51 because Resident #51 is bedbound.</p> <p>6. Observation on 07/21/24 at 5:36 P.M. showed Resident #41 sat in a wheelchair with two flies on his/her hand and shirt.</p> <p>7. Observation on 07/21/24 at 4:00 P.M. showed one fly continued to buzz and land on Resident #28's face.</p> <p>During an interview on 07/21/24 at 5:36 P.M., Resident #28 said the flies are bad. He/She is a quadriplegic (loss of movement and sensation in all four limbs and, sometimes, parts of the chest, abdomen, and back), so he/she is unable to shoo flies off of himself/herself.</p> <p>8. Observation on 07/22/24 at 8:49 A.M. showed Resident #201 lay in bed with eyes closed with a fly on a used napkin on the bedside table, a fly on the resident's sheet, and a fly buzzing around the room.</p> <p>9. Observation on 07/22/24 at 9:55 A.M. showed an ant crawled up Resident #86's wall while the resident received morning medications.</p> <p>10. Observation on 07/24/24 at 9:50 A.M. showed four dead gnats on the top left of Resident #61's sink.</p> <p>During an interview on 07/22/24 at 9:10 A.M., Resident #61 said he/she has ants in his/her room and kills a few every day. They come in from the outside and around the air conditioner unit beside the bay window. He/she has gnats in his/her room and said, they are real bad.</p> <p>11. Observation on 07/24/24 at 8:50 A.M. showed an ant crawling in Resident #26's window seat in his/her room.</p> <p>During an interview on 07/24/24 at 2:43 P.M., Certified Nurse Aide (CNA) M said if he/she would see something in the building that needs fixed or noticed an issue with pests, he/she would notify the nurse or maintenance.</p> <p>During an interview on 07/24/24 at 2:50 P.M., Licensed Practical Nurse (LPN) N said he/she will call the maintenance director if he/she sees something in the building that needs fixed or sees pests somewhere. Maintenance will typically come right away to fix something. If it's something they can't get to right away, then he/she will complete a maintenance slip.</p> <p>During an interview on 07/24/24 at 3:00 P.M., the Maintenance Supervisor said they have a contract with a pest control company, and they come once a month to treat the facility. If they need them to come more often, they can. There is a folder in their office that staff can list the date and location they saw pests for the pest control company to treat.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Riverview at the Park Care and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Progress Parkway Sainte Genevieve, MO 63670	
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/24/24 6:30 P.M., the Administrator, Director of Nursing, and Assistant Director of Nursing said they would expect the facility to be free from pests.</p> <p>Complaint #MO00238791</p>		