

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/12/2025
NAME OF PROVIDER OR SUPPLIER Riverview at the Park Care and Rehabilitation Cent		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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a transfer or discharge to a hospital, including the statement of appeal rights or the name, address, or telephone number of the Office of the State Long Term Care Ombudsman (advocates for the residents in nursing facilities) within the transfer and discharge notices for seven residents (Resident #2, #4, #10, #13, #14, #39, and #107) out of 22 sampled residents and three residents (Resident #12, #111, and #120) outside the sample. The facility census was 106. Review of the facility's policy, Transfer or Discharge, Facility Initiated, revised October 2022 showed: - Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy; - Each resident will be permitted to remain in the facility, and not be transferred or discharged unless: the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in this facility; the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; the health of individuals in the facility would otherwise be endangered; - When residents are sent emergently to an acute care setting, these scenarios are considered facility&shy; initiated transfers, NOT discharges, because the resident's return is generally expected; - Residents who are sent emergently to an acute care setting, such as a hospital, are permitted to return to the facility. Residents who are sent to the acute care setting for routine treatment/planned procedures are also allowed to return to the facility; - Under the following circumstances, the notice is given as soon as it is practicable, but before the transfer or discharge: The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident, the resident's health improves sufficiently to allow a more immediate transfer or discharge, an immediate transfer or discharge is required by the resident's urgent medical needs; or a resident has not resided in the facility for 30 days; - Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements); (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Notice of Facility Bed-Hold and Return policies are provided to the resident and representative within 24 hours of emergency transfer; - Notices are provided in a form and manner that the resident can understand, taking into account the resident's educational level, language, communication barriers, and physical or mental impairments; - Nursing notes will include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge; - If discharge is initiated by the facility after an emergency transfer to the hospital, the reason for discharge is based on the resident's status at the time the resident seeks return to the facility (not at the time the resident was transferred to acute care); - The facility will send a copy of the discharge notice to a representative of the Office of the State Long-Term Care (LTC) Ombudsman; - Notice to the Office of the State LTC Ombudsman will occur at the same time the notice of discharge is provided to the resident and resident representative. 1. Review of Resident #2's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfers to the hospital. 2. Review of Resident #4's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfers to the hospital. 3. Resident #10's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfers to the hospital. 4. Review of Resident #12's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and has not returned at this time; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfer to the hospital. 5. Review of Resident #13's medical record showed: - admitted on [DATE]; -The resident transferred to the hospital on [DATE] and returned to the facility on [DATE]; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfers to the hospital. 6. Review of Resident #14's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfer to the hospital. 7. Review of Resident #39's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and readmitted to the facility on [DATE]; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfer to the hospital. (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. Review of Resident #107's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and returned to the facility on [DATE]; - No documentation that written notification of transfer or the bed hold policy was provided to the resident and/or the resident's representative for the resident's transfer to the hospital. 9. Review of Resident #111's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and returned to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and returned to the facility on [DATE]; - The resident transferred to the hospital on [DATE] and did not return to the facility; - No documentation that written notification of transfer or the bed hold policy was provided to the resident and/or the resident's representative for the resident's transfer to the hospital. 10. Review of Resident #120's medical record showed: - admitted on [DATE]; - The resident transferred to the hospital on [DATE] and did not return to the facility; - No documentation that written notification of transfer was provided to the resident and/or the resident's representative for the resident's transfer to the hospital. During an interview on 09/12/25, at 1:45 P.M., Licensed Practical Nurse (LPN) A said the facility had been using several different forms and is currently using the Emergency Transfer Sheet. Staff fill out the sheet, scan it in the computer, and give it to the emergency personnel when residents are transferred out to the hospital. During an interview on 09/12/25 at 2:30 P.M., the Administrator, Director of Nursing (DON), and Assistant Director of Nursing (ADON) said they would expect residents and/or their representatives and families to be notified in writing of transfers.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to document an accurate Minimum Data Set (MDS - a federally mandated assessment completed by facility staff) for one resident (Resident #14) out of 22 sampled residents and one resident (Resident #8) outside the sample. The facility census was 106. Review of the facility's policy, Comprehensive Assessments, revised October 2023, showed: - Comprehensive MDS assessments are conducted to assist in developing person-centered care plans; - The facility conducts comprehensive, accurate, standardized, reproducible assessments of each resident's functional capacity using the Resident Assessment Instrument (RAI) specified by CMS; - The comprehensive assessment process includes direct observation and communication with residents, as well as communication with licensed and non-licensed direct care staff members on each shift; - A comprehensive assessment" includes completion of the MDS, completion of the care area assessment (CAA) process, and development of the comprehensive care plan; - Comprehensive assessments are conducted in accordance with criteria and timeframes established in the RAI User Manual; - A significant error is an error in an assessment where the resident's overall clinical status is not accurately represented (i.e., miscoded) on the erroneous assessment and/or results in an inappropriate plan of care; and the error has not been corrected via submission of a more recent assessment; - Completed assessments are maintained in the resident's active record for a minimum of 15 months. These assessments are used to develop, review, and revise the resident's comprehensive care plan. Review of the RAI Manual, Version 1.19.1, dated October 2024, showed: - Section P: Restraints: After determining whether or not an item listed in (P0100) is a physical restraint and was used during the seven-day look-back period, code the frequency of use: Code 0, not used: if the item was not used during the seven-day look-back period or it was used but did not meet the definition; - N0415G1. Diuretic: Check if a diuretic medication was taken by the resident at any time during the seven-day look-back period (or since admission/entry or reentry if less than seven days). 1. Review of Resident #8's medical record showed: - Diagnoses of morbid obesity (a severe form of the disorder that involves having too much body fat, which increases the risk of health problems), need for assistance with personal care, and muscle weakness; (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Bed rail consent form, dated 03/16/25; - Side rail assessment, dated 09/04/25. - An order for quarter side rail times two, per resident preference to promote independence and assist with bed mobility/positioning as needed, dated 03/17/25. Review of the resident's annual MDS, dated [DATE], showed: - Section P0100. Physical Restraints, A. Bed rails, coded with a 2 (used daily); - The facility failed to accurately code the MDS assessment. 2. Review of Resident #14's medical record showed: - admission date of 02/07/25; - Diagnoses of heart failure (chronic condition in which the heart doesn't pump blood as well as it should), muscle weakness, and unsteadiness on feet. - An order for furosemide (diuretic & a medication to help the body get rid of extra fluid and salt) 20 milligrams (mg), give one tablet by mouth one time a day for heart failure, dated 07/29/25. Review of the resident's Medication Administration Record, dated August 2025, showed the resident received furosemide daily during the seven-day look back period. Review of the resident's quarterly MDS assessment, dated 08/12/25, showed Section N0415 marked no for diuretic use for the seven-day look back period. During an interview on 09/12/25 at 1:48 P.M., the MDS Coordinator said medications the resident is currently taking should be coded on the MDS assessment and, if bed rails are being used for mobility and positioning, they are not to be coded as restraints. During an interview on 09/12/25 at 2:30 P.M., the Administrator and Director of Nursing (DON) said they would expect the MDS assessments to accurately reflect the condition of the resident.		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility staff failed to ensure residents with limited range of motion (ROM) received appropriate treatment and services to increase their ROM and/or prevent a further decrease in their ROM. The facility staff failed to perform restorative services as ordered for three residents (Resident #13, #50, and #82) out of 22 sampled residents and one resident (Resident #35) outside the sample. The facility census was 106. The facility did not provide a policy for restorative services. 1. Review of Resident #13's medical record showed: - admitted on [DATE]; - Diagnoses of muscle weakness, pain in right hip, pain in left hip, reduced mobility, need for assistance with personal care, and repeated falls; - An order for Restorative Nursing Program one to seven days a week as tolerated by resident to aid in maintaining current level of function. Provide: Active Range of Motion (AROM) to Left Upper Extremity (LUE), AROM to Right Upper Extremity (RUE) training and skill practice in communication, dated 05/21/25. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 08/28/25, showed: - No cognitive impairment; - Used a wheelchair; - Dependent with toileting, bathing, upper and lower body dressing, and personal hygiene. Review of the resident's care plan, revised 09/04/25, showed Activities of Daily Living (ADL) self-care performance deficit. Review of the resident's restorative nursing documentation showed restorative therapy occurred on 08/13/25, 08/22/25, 08/29/25, 09/05/25, 09/07/25, and 09/08/25. During an interview on 09/09/25 at 12:00 P.M., Resident #13 said the restorative aide is often pulled to help with transport, so he/she sometimes does not receive restorative services. 2. Review of Resident #35's medical record showed: - admitted on [DATE]; - Diagnoses of Amyotrophic Lateral Sclerosis (ALS - a progressive and fatal neurological disease that affects nerve cells controlling voluntary muscle movement), muscle weakness, and reduced mobility; - An order for Restorative Nursing Program one to seven days a week as tolerated by resident to aid (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in maintaining current level of function. Bilateral Upper Extremity (BUE) and Bilateral Lower Extremity (BLE) AROM/Active Assisted Range of Motion (AAROM), dated 03/12/25. Review of the resident's quarterly MDS, dated [DATE], showed: - No cognitive impairment; - Lower extremity impairment on both sides; - Used a wheelchair; - Partial/moderate assistance for upper body dressing and personal hygiene; - Substantial/maximal assistance for toileting, bathing, and lower body dressing. Review of the resident's care plan, revised 07/03/25, showed the resident may have restorative therapies as ordered and directed by his/her primary care provider (PCP) and as the resident tolerates the therapy. Review of the resident's restorative nursing documentation showed restorative therapy occurred on 7/29/25 and 9/10/25. During an interview on 09/11/25 at 11:00 A.M., Resident #35 said he/she isn't getting restorative therapy with the Certified Nurse Aide (CNA). 3. Review of Resident #50's medical record showed: - admitted on [DATE]; - Diagnoses of morbid severe obesity (very high body weight from overeating), reduced mobility, pain in right knee, need for assistance with personal care, adult failure to thrive (overall decline in health and functioning), muscle weakness (weak muscles), difficulty in walking, and unsteadiness on feet; - An order for Restorative Nursing Program one to seven days a week as tolerated by resident to aid in maintaining current level of function. Provide: AROM to LUE, AROM to RUE, AROM to Left Lower Extremity (LLE), AROM to Right Lower Extremity (RLE) training and skill practice in: walking 20-50 feet with walker and minimum assist and close wheelchair follow, bed mobility, communication, dressing & grooming, transfer times one assist, red TheraBand (resistance band) for BLE range of motion, dated 06/19/25. Review of the resident's quarterly MDS, dated [DATE], showed: - No cognitive impairment; - Used a wheelchair and walker; - Partial/moderate assistance with toileting, bathing, upper and lower body dressing, and personal hygiene. (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's care plan, dated 09/04/25, showed requires partial to moderate assistance with ADLs. Review of the resident's restorative nursing documentation showed no documentation of restorative therapy having been provided. During an interview on 09/12/25 at 1:30 P.M., Resident #50 said he/she goes to occupational therapy three days a week and doesn't receive any other therapy at this time. 3. Review of Resident #82's medical record showed: - admitted on [DATE]; - Diagnoses of morbid severe obesity, restless leg syndrome (uncomfortable urge to move legs, usually at night), depression (persistent sadness or low mood), muscle spasms (sudden involuntary muscle tightening), difficulty in walking, and edema (swelling from fluid buildup); - An order for Restorative Nursing Program one to seven days a week as tolerated by resident to aid in maintaining current level of function. BUE/BLE AROM/scifit (a piece of exercise equipment)/omni-cycle (exercise equipment) and transfers, dated 01/08/25. Review of the resident's quarterly MDS, dated [DATE], showed: - No cognitive impairment; - Used a walker and wheelchair; - Partial/moderate assistance for toileting and bathing; - Supervision or touching for upper body dressing; - Substantial/max assistance with lower body dressing; - Supervision or touching assistance with personal hygiene. Review of the resident's care plan, revised 07/09/25, showed requires partial assistance with daily care. Review of the resident's restorative nursing documentation showed restorative therapy occurred on 08/12/25, 08/13/25, 08/14/25, 08/21/25, 08/22/25, 08/25/25, 08/29/25, 09/03/25, and 09/08/25. During an interview on 09/09/25 at 1:54 P.M., Resident #82 said he/she doesn't receive restorative services the way he/she should because the restorative aide is always getting pulled to transport and doesn't have time to provide the restorative services to the residents. He/she would like to receive the services that he/she is supposed to. During an interview on 09/12/25 at 2:00 P.M., Restorative Aide B said he/she has been doing restorative services for about a year. He/she is given an order list each day of which residents he/she needs to work with. He/she does half the building and the other aide does the other half. (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	He/she and the other aide both do transports as well, so he/she will try to alternate days when he/she has to miss working with the residents. Transports can sometimes take all day and will sometimes interfere with restorative care, causing them to not be able to complete the services for the week. They complete a log each day they work with the residents and will copy it into the electronic records at the end of each day. During an interview on 09/12/25 at 2:45 P.M., the Administrator, Director of Nursing (DON), and Assistant Director of Nursing (ADON) said they would expect restorative services to be completed as ordered and appropriate documentation to be completed regarding the services.		