

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>40865</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility staff failed to appropriately respond to a resident's (Resident #1's) change of condition, failed to conduct a thorough, documented assessment, and failed to contact the resident's physician, regarding the resident's change of condition, which began on 2/20/25. Staff failed to assess the resident who was not eating, stared blankly and could not keep his/her head up. The resident became unresponsive and was sent to the hospital with diagnoses of pneumonia (a lung infection, often caused by bacteria, viruses, or fungi, that inflames the air sacs (alveoli) and can lead to fluid or pus buildup, causing symptoms like cough, fever, and difficulty breathing), respiratory failure, and sepsis (a life-threatening condition that occurs when the body's immune system overreacts to an infection, leading to widespread inflammation and organ damage). The sample was four. The facility census was 140.</p> <p>The Administrator was notified on 2/27/25 at 3:30 P.M., of an immediate jeopardy (IJ) which began on 2/20/25. The IJ was removed on 2/28/25 as confirmed by surveyor on-site verification.</p> <p>Review of the facility's undated Change of Condition Notification policy, showed:</p> <p>-Definitions: Significant change in the resident's condition is any physical mental or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications).</p> <p>-Policy: The facility will promptly notify the resident, his or her physician/practitioner, and representative of changes in the resident's medical/mental condition and/or status;</p> <p>-Specific procedures/requirements:</p> <p>--The nurse will notify the resident's attending physician/practitioner or physician on call when there has been a(an):</p> <p>-- Significant change in the resident's physical, mental or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>conditions or clinical complications);</p> <p>--Prior to notifying the physician/practitioner, the nurse will make detailed observations and gather relevant and pertinent information for the provider;</p> <p>--The nurse/designee will record in the resident's medical record, information relative to changes in the resident's medical/mental condition or status, including documentation of who was notified.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/18/24, showed:</p> <p>-Severely cognitively impaired;</p> <p>-No behaviors or rejection of care noted;</p> <p>-Mobility device: Cane/crutch;</p> <p>-Functional abilities:</p> <p>-Eating: Independent-completes the activity by self with no assistance from helper;</p> <p>-Toileting hygiene: Supervision or touching assistance -helper provides verbal cues or touching assistance as the resident completes activity;</p> <p>-Lower body dressing: Independent;</p> <p>-Upper body dressing: Independent;</p> <p>-Mobility:</p> <p>-Able to roll left to right: Independent;</p> <p>-Sit to lying: Independent;</p> <p>-Lying to sitting on side of bed: Supervision or touching assistance;</p> <p>-Sit to stand: Supervision or touching assistance;</p> <p>-Resident is continent of bowel and bladder;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included cognitive communication deficit, dysphagia (a condition which makes it difficult to swallow), chronic obstructive pulmonary disease (lung disease), Alzheimer's Disease (a progressive neurodegenerative disorder that primarily affects memory, thinking, and behavior, often resulting in dementia), high blood pressure, dementia (a general term for a decline in mental ability severe enough to interfere with daily life), malignant neoplasm (cancer) of lung, heart failure and sleep apnea (a potentially serious sleep disorder in which breathing repeatedly stops and starts).</p> <p>Review of the resident's February 2025 physician's orders, showed an order dated 2/11/25, for treatment of the sacrum (large, triangle-shaped bone in the lower spine that forms part of the pelvis): Clean wound with wound cleanser and apply zinc oxide (barrier cream) two times a day.</p> <p>Review of the resident's electronic Treatment Administration Record (eTAR) for February 2025, showed:</p> <p>-Sacrum: Clean wound with wound cleanser and apply zinc oxide two times a day starting 2/11/25;</p> <p>-No documentation regarding the sacrum wound treatment for the following shifts:</p> <p>-On 2/13/25 evening shift;</p> <p>-2/14/25 day and evening shifts;</p> <p>-2/15/25 evening shift;</p> <p>-2/18/25 evening shift;</p> <p>-2/19/25 day and evening shifts;</p> <p>-2/20/25 day and evening shifts.</p> <p>Review of the resident's care plan dated 2/5/25, showed:</p> <p>-Focus: Resident requires assistance with self-care and mobility;</p> <p>-Interventions/Tasks: Upper body dressing, lying sitting to sitting on side of bed, chair/bed to chair transfer, lower body dressing, toileting hygiene, sit to lying, sit to stand, roll left and right, personal hygiene, walk ten feet, walk 150 feet required supervision or touching assistance;</p> <p>-Focus: Resident has impaired cognitive function or impaired thought processes;</p> <p>-Interventions/Tasks: Administer medications as ordered. Monitor/document/report PRN (as needed) any changes in cognitive function, specifically changes in: Decision making ability, memory, recall and general awareness, level of consciousness, and mental status;</p> <p>-Focus: Resident has dehydration or potential fluid deficit;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Interventions/Tasks: Administer medications as ordered. Monitor/document/report PRN any signs and symptoms of dehydration: Decreased or no urine output, concentrated urine, strong odor, tenting skin (when pinched skin stays lifted instead of returning to its normal position), cracked lips, new onset confusion, dizziness on sitting /standing, increased pulse, headache, fatigue/weakness, dizziness, fever, thirst, recent/sudden weight loss or dry/sunken eyes;</p> <p>-Focus: Resident has potential for pressure injury development related to impaired mobility and incontinence;</p> <p>-Interventions/Tasks: Administer medications as ordered. Monitor nutritional status. Serve diet as ordered, monitor intake and record;</p> <p>-Focus: The resident has pressure injury inside bilateral buttocks and potential for pressure injury;</p> <p>-Interventions/Tasks: Administer treatments as ordered and monitor for effectiveness. The resident requires supplemental protein, amino acids (building block of proteins), vitamins, minerals as ordered to promote wound healing.</p> <p>Review of the resident's progress notes, showed:</p> <p>-On 2/18/25 at 10:26 A.M., a nutritional/dietary note showed staff reported decreased appetite related to pneumonia and assistance needed with feeding, however often refuses to be fed. Sleeps often in morning and has better intake at lunch meal. Tolerating pureed diet;</p> <p>-On 2/20/25 at 7:32 P.M., staff sent the resident to the hospital for being non-responsive and not able to respond to outside stimuli. Staff administered a sternum rub (a medical procedure where a healthcare professional firmly rubs the middle of the chest bone sternum with their knuckles to elicit a painful response, used to assess a person's level of consciousness when they are unresponsive to verbal commands) with no response.</p> <p>Review of the Emergency Medical Service (EMS) records, dated 2/20/25, showed:</p> <p>-At 6:51 P.M., the station received the 911 call from the facility for an unresponsive resident;</p> <p>-At 6:57 P.M., EMS arrived at the facility and were directed to the fourth floor;</p> <p>-Upon exiting the elevator, the EMS staff could hear laughing at the nurse's station and had to ask the resident's whereabouts;</p> <p>-Staff at the desk pointed to the resident seated in his/her wheelchair in the dining room unresponsive;</p> <p>-The resident's head was tilted back and emesis (vomit) visible in the resident's airway, possible aspiration (a condition in which food, liquids, saliva or vomit is breathed into the airways) observed;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-A staff member from another floor gave report and said he/she had not been aware of the resident's condition;</p> <p>-The fourth floor staff said they believed the resident had been in this unresponsive state since 3:00 P.M.;</p> <p>-EMS staff asked the facility staff why the notification to 911 was delayed and no response was given to indicate reasoning for the delay;</p> <p>-The resident had an open airway with emesis observed in it. He/She was breathing fast and had a strong radial pulse. He/She not alert to person, place, time or event. EMS staff applied a sternal rub with an audible groan observed, with no other response;</p> <p>-Resident's oxygen saturation level (refers to how well the body is delivering oxygen to tissues and organs) was 85% (normal range is 95-100) and oxygen was supplied bringing it up to 98%;</p> <p>-EMS attempted to suction the resident's airway with no success as the emesis was dried and stuck to the resident's mouth and throat;</p> <p>-The resident's mental status remained in an unresponsive state with no motor or verbal response;</p> <p>-EMS transported the resident to the hospital.</p> <p>Review of the resident's hospital records, dated 2/20/25, showed:</p> <p>-At 7:29 P.M., the resident arrived at the hospital;</p> <p>-Chief complaint: Altered mental status due to being unresponsive since 3:00 P.M. at facility;</p> <p>-Vital diagnoses: Pneumonia of both lungs due to infectious organism, acute hypoxemic respiratory failure (a condition where the body does not have enough oxygen in the blood), severe sepsis without septic shock (the body is severely reacting to an infection without causing a drop in blood pressure);</p> <p>-History of present illness:</p> <p>--Resident presented to the emergency department with complaints of altered mental status;</p> <p>--Today's last known well check showed the resident was seated in the dining room of his/her nursing home at 3:00 P.M., he/she was found in the same spot unresponsive prompting nursing home staff to call EMS;</p> <p>--Concern for aspiration. He/She was suctioned with minimal improvement;</p> <p>-Physical Exam:</p> <p>--Blood pressure 90/50 (low blood pressure is generally considered to be below 90/60);</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>--Pulse 110 (a normal resting heart rate is between 60 and 100 beats per minute);</p> <p>--Oxygen saturation 65%;</p> <p>-Medical Decision Making: Here the resident is hypoxic. CT (computerized tomography scan - a diagnostic imaging procedure) shows pneumonia. He/She meets sepsis criteria;</p> <p>-Laboratory results showed elevated white blood count, abnormal metabolic panel, elevated troponin (indicates a myocardial injury which can be a sign of a heart attack or other heart conditions) and signs of infection in the urinalysis;</p> <p>-Imaging indicated acute pneumonia, new small pleural effusion (a buildup of fluid in the space between the lungs and the chest) and splenic infarcts (areas of dead tissue in the spleen that occur when blood flow to the organ is blocked).</p> <p>During an interview on 2/21/25 at 7:00 A.M., Certified Medical Technician (CMT) P said the resident looked real bad for both shifts (2/20/25). Around 9:00 A.M., certified nurse aide (CNA) Y came and got him/her and said the resident did not look right. The resident was restless, so CMT P took the resident's vitals, and they got him/her out of bed, dressed and in a wheelchair. The CNA pushed the resident to the dining room. The resident's vitals were normal. CMT P did not know if he/she documented the vitals. Throughout the day, the resident did not look like him/herself. He/She appeared to be very tired and his/her head kept falling back. There was no nurse working on the fourth floor that day or evening shift and he/she did not call anyone from another floor to assess the resident because his/her vitals were normal. After dinner, the CNA on the evening shift told him/her something was wrong with the resident, and when CMT P checked on the resident, he/she did not respond. CMT P called Licensed Practical Nurse (LPN) J up to assess the resident and sent him/her to the hospital.</p> <p>Review of the resident's medical record on 2/27/25, showed no documentation of vitals taken since 1/30/25.</p> <p>During an interview on 2/26/25 at 12:00 P.M., CNA D said he/she worked with the resident on 2/20/25. The resident was in bed when he/she got to his/her room that morning. He/She usually stays in bed until after breakfast, and then they heat up his/her food for him/her. CNA D went to the resident's room around 9:00 A. M., and the resident had his/her legs up like he/she was trying to climb out of bed. The CNA got the resident out of bed, dressed him/her and took him/her to the dining room. The resident has not looked well since he/she had a fall last month. The resident did not eat breakfast or lunch, but he/she did drink some juice and water. CNA D changed the resident a couple of unspecified times and put him/her back in the dining room. They kept the residents who were fall risks in the dining room so they could be observed by staff. CNA D might have told the CMT the resident did not look good because the resident stared into space, like in a daze. The CMT took the resident's vitals after breakfast, and they were fine. The resident looked very sleepy through the day. CNA D did not work on the resident's floor that evening, but he/she might have told the CNA to check on him/her since the resident had not been him/herself since the fall. A nurse came up to assess the resident after dinner. CNA D did not see a nurse assess the resident or treat his/her wounds prior to the nurse coming to the floor after dinner.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/25/25 at 1:15 P.M., CNA X said he/she worked with the resident on 2/20/25 but did not get him/her up. The resident did not look like him/herself that morning. His/Her head looked like it was too heavy for his/her body. He/She looked extremely tired. The CNA did not see the resident eat breakfast or lunch. CNA X was worried about the resident and asked other staff members about him/her, and they said the resident was breathing, so he/she was alright. The resident's head kept falling back between breakfast and lunch. The resident used to be more alert. He/She would walk around and try and help staff with trays. Lately he/she had been less active. He/She sleeps a lot and does not interact with the staff or other residents. When the CNA got ready to leave at 3:00 P.M., he/she told the oncoming staff the resident did not look like he/she was breathing, almost like he/she was leaving or dying.</p> <p>During an interview on 2/25/25 at 2:30 P.M., CNA S said he/she worked with the resident on 2/20/25 on the evening shift. At shift change, CNA D told him/her to keep an eye on the resident because he/she did not look good. The resident was in the dining room at shift change, and the CNA thought he/she looked dead. He/She told the other staff the resident did not look good, and they checked on him/her, and he/she was breathing. The resident would look at you if you called his/her name loudly several times. The resident remained in the dining room until he/she went to the hospital. He/She did not eat his/her dinner. After dinner, the CNA noticed the resident's eyes were rolling back in his/her head and he/she told the CMT. The CMT called a nurse from another floor, and he/she came to assess the resident. The resident would not respond, and they sent him/her to the hospital.</p> <p>During an interview on 2/26/25 at 12:30 P.M., CMT Z said he/she worked that morning passing medication and administered the resident's medication. The resident took his/her medication with no problem with a few sips of water. The resident looked tired and slept a lot. He/She did not know there was a problem so did not call anyone.</p> <p>During interviews on 2/21/25 at 6:15 A.M. and on 2/26/25 at 1:50 P.M., LPN J said he/she worked on the second floor on 2/20/25. After dinner, the CMT called down from the fourth floor and asked him/her to come up and assess a resident who did not look good. When LPN J got up to the fourth floor, the resident was seated in his/her wheelchair with his/her head tilted back. The resident did not respond when he/she tried to speak with him/her. The LPN lifted his/her head but still received no response. He/She performed a sternum rub, but the resident did not respond. The LPN told the CMT to take vitals and left the floor to get his/her glasses and the paperwork to send the resident to the hospital. When he/she returned to the floor, EMS were there and asked the staff how long the resident had been in this condition. One of the staff said, since shift change. The EMS staff were unable to get the resident to respond and transported him/her to the hospital. The LPN did not know the resident was having problems prior to being called up to the floor after dinner. He/She had been at work since 3:00 P.M., and no one called down to his/her floor to report a problem prior to the call to come up and assess the resident after dinner.</p> <p>During an interview on 2/25/25 at 12:15 P.M., Registered Nurse (RN) AA said he/she worked day shift on 2/20/25, and no one called from the fourth floor to assess a resident.</p> <p>During an interview on 2/25/25 at 2:15 P.M., LPN T said he/she worked the morning of 2/20/25, and no one called him/her from the fourth floor to assess a resident. He/She did not know there was anything wrong with the resident until LPN T heard the resident was sent to the hospital the next day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ellisville Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 322 Old State Road Ellisville, MO 63021	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/25/25 at 2:40 P.M., LPN Q said he/she worked the day shift on 2/20/25, and no one from the fourth floor called down to ask him/her to come up and assess the resident.</p> <p>During an interview on 2/25/25 at 3:00 P.M., LPN BB said he/she worked the morning of 2/20/25, and no one called from the fourth floor to assess a resident.</p> <p>During an interview on 2/27/25 at 9:45 A.M., the Director of Nursing said if the resident did not eat breakfast, lunch and dinner, a nurse should have assessed him/her to ensure he/she was not dehydrated. If the resident was not responding to staff and could not keep his/her head up, staff should have notified the nurse because the resident could have been having a heart attack or a stroke. If there is not a nurse scheduled for a floor, the staff on that floor are supposed to call down to another floor to ask a nurse to come up and assess residents if there are problems. One of those nurses would be responsible to come up and treat any wounds. Staff should have called a nurse to assess the resident when he/she did not look good that morning. They should have taken the resident's vitals and documented them. They should have documented the resident's condition and notified the physician.</p> <p>During an interview on 2/27/25 at 10:00 A.M., the Administrator said she expected staff to call a nurse from another floor to assess a resident if there was a change in condition. She expected staff to document the change in condition and to notify the resident's physician if necessary.</p> <p>During an interview on 2/26/25 at 2:50 P.M., the resident's physician said no one from the facility called her or the office on 2/20/25. No one called to notify them the resident was in the hospital. No one told her the resident was declining or had wounds. The physician's office has a 24 hour on-call line where the facility could reach someone any time. If the resident did not look good, was not responding as usual and could not keep his/her head up, someone should have called the office. The resident had been diagnosed with pneumonia last month and was still recovering from it. If the resident did not eat breakfast, lunch or dinner, the nurse should have assessed him/her because this could lead to dehydration. If the resident had dried material in his/her throat, this would indicate dehydration. If the resident had wounds which required treatment, this should have been done or an infection like sepsis could happen.</p> <p>Note: At the time of the survey, the violation was determined to be at the immediate jeopardy level J. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective actions to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of the exit, the deficiency was lowered to the D level. This statement does not denote the facility has complied with state law (section 198.026.1 RSMO) requiring that prompt remedial action to be taken to address Class I violation(s).</p> <p>MO00250009</p>		