

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 03/19/2025
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 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>Based on observation, interview and record review, the facility failed to follow their Abuse Prevention and Prohibition Program policy by failing to thoroughly investigate Resident #4's allegation that Certified Nurse Assistant (CNA) BB provided rough care while cleaning him/her up causing a hematoma (a localized collection of blood outside of blood vessels that forms due to injury or trauma) on his/her left inner calf. The resident resided on the fourth floor. The CNA's normal assignment was on the third floor. Review of the facility investigation showed three residents who resided on the fourth floor were interviewed, including Resident #4. No residents from the third floor were interviewed and no staff from either floor were interviewed including staff that worked when the alleged incident occurred. In addition, the facility failed to notify the resident's physician regarding Resident #4's allegation. The sample size was 14. The census was 135.</p> <p>Review of the facility Abuse policy dated 11/22/23, showed:</p> <p>-Definitions:</p> <p>-Abuse is defined as the willful infliction of injury, intimidation, or punishment with resulting physical harm, pain, or mental anguish.</p> <p>-Mistreatment is defined as inappropriate treatment or exploitation of a resident.</p> <p>-Policy: This organization recognizes and respects that each resident has the right to be free from abuse and neglect as defined in the federal regulations.</p> <p>-The facility is committed to developing and operationalizing policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of allegations of abuse, neglect, and mistreatment. The facility will encourage reporting of reasonable suspicions of a crime and will develop and implement policies and procedures that promote a culture of safety and open communication in the work environment.</p> <p>-Prevention:</p> <p>-The organization will maintain protocols and procedures to identify, correct and intervene in situations in which abuse and neglect is more likely to occur. This may include an analysis of:</p> <p>-The supervision of staff to identify inappropriate behaviors, such as derogatory language, rough handling, ignoring residents while giving care, directing residents who need toileting assistance to urinate or defecate in the briefs.</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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Identification:</p> <p>-Physical abuse includes, but is not limited to, hitting, slapping, punching, biting, and kicking;</p> <p>-Example of injuries that could indicate abuse include, but are not limited to: Injuries that are non-accidental or unexplained.</p> <p>-Mental and verbal abuse: Mental abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.</p> <p>-Injuries of Unknown Source: Injuries of unknown source that meet the criteria for reporting may include but are not limited to:</p> <p>-Unobserved/Unexplained swelling that is not linked to a medical condition.</p> <p>-Note: Any injury that is explained and appears to be a result of abuse must be reported.</p> <p>-Reporting:</p> <p>-The facility will inform the resident's physician when the resident has alleged or been involved in an incident of abuse or mistreatment.</p> <p>-Protection:</p> <p>-In the event of an allegation or observation of abuse, the facility will immediately assess the resident, notify the physician, and protect the resident and other residents from further harm or incident.</p> <p>-Investigation:</p> <p>-Designated staff will immediately review and investigate all allegations or observations of abuse.</p> <p>-The results of the investigations are to be communicated to the administrator or his or her designated representative and to other official in accordance with State law, including the State Survey Agency, within 5 working days of the incident.</p> <p>Review of Resident #4's admission Minimum Data Set (MDS) a federally mandated assessment instrument completed by facility staff, dated 2/24/25, showed:</p> <p>-Adequate hearing/vision;</p> <p>-Speech Clarity: Clear speech - distinct intelligible words;</p> <p>-Makes Self Understood: Understood;</p> <p>-Ability To Understand Others: Understands - clear comprehension;</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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Moderately impaired cognition;</p> <p>-No behaviors identified;</p> <p>-Toileting Hygiene: Partial/moderate assistance. Helper does less than half the effort;</p> <p>-Roll Left and Right: Supervision or touching assistance;</p> <p>-Always incontinent of bowel and bladder;</p> <p>-Diagnoses of atrial fibrillations (irregular heart rate and rhythm), coronary heart disease (a condition where the coronary arteries that supply blood to the heart become narrowed or blocked), and congestive heart disease (the heart can't pump efficiently), high blood pressure, anxiety and Alzheimer's Disease.</p> <p>Review of the resident's care plan, located in the electronic medical records (EMR), showed:</p> <p>-2/20/25: Focus: Bladder incontinence. Goal: Will remain free from sin breakdown due to incontinence and brief use. Interventions/Tasks: Clean peri-area (genitalia/buttocks) with each incontinence episode;</p> <p>-3/7/25: Focus: Anticoagulant Therapy (blood thinner): Goal: Will be free from discomfort or adverse reactions to anticoagulant use. Interventions/Tasks: Daily skin inspection, report abnormalities to the nurse. Monitor for side effects every shift;</p> <p>-3/9/25: Focus: Impaired cognition or impaired though processes related to impaired decision making. Goal: Will be able to communicate basic needs on a daily basis. Interventions/Tasks: Communicate with the resident/family/caregivers regarding capabilities and needs. Use resident's preferred name. Identify yourself at each interaction. Face the resident when speaking and make eye contact. Resident understands consistent, simple, directive sentences. Stop and return if agitated;</p> <p>-3/9/25: Focus: Requires assistance with self-care and mobility. Goal: Will maintain current care/mobility status. Interventions/Tasks: Lower body dressing - substantial/maximal assistance. Personal hygiene and showering/bathing - substantial/maximal assistance.</p> <p>Review of the resident's medication administration record (MAR), located in the EMR and dated 3/1/25 through 3/31/25, showed the resident received an Oxycodone (narcotic pain medication) 10 milligram at 1:20 A.M. on 3/6/25.</p> <p>Review of the resident's progress notes, located in the EMR, showed:</p> <p>-3/6/25 at 9:23 A.M. and documented by NM Z: Left inner calf there is a discolored area midway up the calf oval shaped and slightly raised;</p> <p>-3/7/25 at 9:17 A.M. and documented by NM Z: Area to left inner calf remains unchanged. Resident states it does not hurt;</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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-3/7/25 at 6:53 P.M.: Family member to desk. Very upset regarding hematoma to left inner calf. Reports that resident is very upset and scared when he/she sees the CNA BB walk by. Spoke with Nurse Manager x2 with decision made to send the CNA home pending investigation. Family member updated and ok with plan;</p> <p>-3/7/25 at 7:15 P.M. and documented by NM Z: Resident's family member called this NM today with questions about resident's hematoma and with concerns he/she had heard different stories. This NM informed family member that an investigation was done, and the resident even stated he/she did not believe anyone caused this area to his/her calf. Resident even stated, look there isn't even anywhere he/she could have hit it on. NM said to resident remember when we talked yesterday about this area and mentioned resident leaning forward with his/her right arm on his/her left leg as he/she was picking skin off his/her left foot? Resident said he/she remembered. NM also looked at resident's medication and he/she is on two different kinds of blood thinners which can cause someone to bruise very easily and if you had any kind of pressure on your inner left leg it's highly possible that's what caused this hematoma. Resident voiced that this could possibly be what happened. When this NM explained this to family member, family member said thank you, he/she felt better now. We also discussed that family knows the resident doesn't always get all the facts correct when telling things to the family;</p> <p>-3/8/25 at 9:25 A.M.- Resident was complaining of pain on his/her left lower extremity. Nurse observed an area that was red and purple in color and slightly swollen. Nurse Practitioner was called and order to get a doppler (used to measure blood flow through the blood vessels) of the left lower extremity;</p> <p>-3/8/25 at 11:20 A.M.- Resident is alert and oriented to person, place, time and situation;</p> <p>-3/10/25 at 12:00 A.M. and documented by the resident's physician- Chief Complaint/Nature of Presenting Problem: 3/8 Reason for call. Has a raised bruise on his/her left leg. Concerns for blood clot. Requesting order for doppler. Family member was present last night voicing concerns about the area. New orders for venous doppler to rule out blood clot. Extremities: pulses are present, no edema (swelling). Left thigh (calf) has subcutaneous (the lower most layer of the integumentary system (skin)) hematoma about 3 inches by 3 inches. No redness to suggest infection. Plan: Patient (hematoma) is likely traumatic in nature. Currently there is no evidence of inflammation of cellulitis (a bacterial infection of the skin). Discussed with nursing to put ice packs three times a day to decrease the edema. Continue monitoring for possible developing infection. Resident is at increased risk for bleeding and bruising due to anticoagulation therapy. Doppler results pending.</p> <p>During an interview on 3/12/25 at 11:33 A.M., the Administrator provided the facilities completed investigation regarding Resident #4, and CNA BB. She said Resident #4 resides on the fourth floor. CNA BB normally works the third floor but worked the fourth floor that night. The investigation was completed on 3/6/25. The facility could not substantiate Resident #4's allegation CNA BB was rough while providing care and potentially causing the hematoma. CNA BB was allowed to return to work on 3/7/25, on the third floor. Review of the investigation showed three resident interviews: Resident #4, his/her roommate Resident #2, and Resident #11 who resides across the hall from Resident #4. The investigation did not include staff interviews that worked with CNA BB that night, residents residing on the third floor where CNA BB frequently worked, or staff from the third floor that worked with CNA BB.</p> <p>Review of the facility investigation dated 3/6/25, and completed by Nurse Manager (NM) Z, showed:</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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-3/6/25 (no time documented): The 4th floor charge nurse came to this NM saying Resident #4 has a large hematoma to his/her left leg and said night CNA BB caused it. As we were walking to his/her room the nurse said the resident said the CNA would not change him/her. Whenever he/she put the light on, the CNA would stand in the doorway and tell him/her to never put the light on again. The resident then proceeded to say the CNA caused the hematoma. As we entered the room the resident was lying on his/her back with legs bent and feet on the bed. The resident said this morning after he/she got a pain pill he/she put the call light on to be changed and the CNA said he/she would have to wait a minute because he/she was busy, but then the CNA never came back. The resident said he/she put his/her call light on again and this time he/she had a bowel movement, and the CNA was very mad he/she had to clean him/her up. NM Z asked the resident what did the CNA do that made the resident know the CNA was mad. NM Z asked was the CNA rough when cleaning him/her up and rolling him/her back and forth did the CNA hit your inner calf on something? The resident said he/she can't even blame the CNA for that because there is nothing here that he/she could have hit it on. And no, the CNA was not rough while cleaning him/her up. NM Z told the resident he/she would continue to investigate what happened. The resident said ok and asked for pain medication. Upon assessing the area to the left inner calf noted some light green discoloration at the top of the bruise;</p> <p>-NM Z went to resident's roommate (Resident #2) and asked if he/she heard anything when CNA BB was taking care of Resident #4. The Resident #2 said no, he/she did not hear the CNA yell and when the CNA came in the room he/she did not seem upset. NM Z asked the Resident #2 if he/she heard Resident #4 yell ouch or stop and Resident #2 said he/she never heard anything. Resident #2 said CNA BB did not take care of him/her, but when the CNA came in, he/she did ask the roommate if he/she was wet or needed to be changed;</p> <p>-NM Z then went across the hall and asked Resident #11 how his/her night went and he/she said ok. NM Z asked the resident how CNA BB treated him/her. The resident said CNA BB asked him/her why he/she did not use the urinal and was not happy that he/she was wet, but he/she changed him/her. CNA BB was fine when he/she changed him/her;</p> <p>-NM Z went to the Director of Nursing (DON) and informed her what was being said. They called CNA BB together. The CNA denied yelling at Resident #4 about the call light. He/She then said when he/she went into the resident's room, the resident had his/her leg up and was picking at something. He/She did not see anything on the resident's left leg but noticed a scab on the right leg. They went over reporting things to the nurse and told CNA BB about a form that will be on the floor so staff can fill them out and give to the nurse when staff notice anything different with residents;</p> <p>-After talking with Resident #4 and CNA BB, the resident's medications were reviewed, and the resident takes two blood thinners (Eliquis and Plavix) and when the resident had his/her leg up and picking at it his/her arm would have pressed against his/her inner calf and with that dose of blood thinners a hematoma could very likely happen.</p> <p>Review of the facility investigation dated 3/6/25, and completed by the DON, showed:</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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-3/6/25 (no time documented): Received call from resident's family regarding the resident. Family said he/she had received a text from the resident that CNA BB was rough with him/her the prior night. Alerted 4th floor NM Z who was already aware and investigating. The NM said Resident #4 said the CNA BB was irritated that the resident had a bowel movement, but the CNA was not rough. The NM questioned the roommate who said he/she did not hear anything going on between the resident and the CNA. The NM questioned the resident across the hall who did not have any issues to report. The NM and I called the CNA who denied being rough or yelling at the resident. He/She said when he/she went into the resident's room, the resident had his/her leg in the air and appeared to pick at something. Called family member and discussed the text and told him/her the NM was investigating and had spoken to the resident's roommate and residents in nearby rooms. Discussed the results of the NM interviews and interview with the CNA. Family member said he/she was not sure about his/her mother's complaint because he/she knows how the resident is. The resident lived with him/her for 5 years, and he/she did not want someone's job to be affected. He/She did not want to dismiss the resident's text but also knew firsthand about the resident's behavior. Family member was satisfied with the interviews and the information we had assembled.</p> <p>Observation on 3/12/25 at 11:53 A.M., showed Resident #4 lay in bed with a large purple/yellow hematoma on his/her inner left calf. He/She said a CNA (CNA BB) threw him/her around in his/her bed a few days ago. He/She was not sure if that is what caused the hematoma but he/she did grab him/her by the leg and he/she was not gentle. The CNA was not cursing at him/her, he/she was just loud and rough while providing care. The CNA took care of him/her on the evening shift and the night shift. He/She did not have any problem with the CNA until the night shift. He/She had turned on his/her call light a couple of times and the CNA would turn it off and said he/she would be back. The third time he/she turned on his/her call light, he/she had a bowel movement. When the CNA came in, he/she was upset because of him/her having the bowel movement and that is when he/she was rough with him/her. He/She told the nurse on the day shift and two nurses came back to talk to him/her. The CNA had not taken care of him/her since, although he/she did see the CNA walk by his/her room again. He/She told the nurse he/she did not want that CNA to take care of him/her. He/She is afraid of that CNA.</p> <p>During an interview on 3/12/25 at 11:53 A.M., Resident #4's roommate, Resident #2 said he/she did not see anything because the privacy curtain was closed. He/She did not hear CNA BB cursing at Resident #4, but the CNA's voice did seem aggravated and raised. He/She had not had any problems with the CNA.</p> <p>During an interview on 3/12/25 at 12:10 P.M., Resident #3 said he/she had not had any problems with staff.</p> <p>During an interview on 3/12/25 at 12:25 P.M., agency Licensed Practical Nurse (LPN) H said he/she had worked at the facility on-off for over a month. He/She had not witnessed any staff being abusive or rough with residents and had not had any residents complain about staff.</p> <p>During an interview on 3/12/25 at 12:30 P.M., agency CNA I said he/she had not witnessed any staff being abusive or rough with residents. He/She had not had any residents complain to him/her about staff being abusive or rough.</p> <p>During an interview on 3/12/25 at 12:40 P.M., a family member of Resident #5 said he/she had never had any problems with staff taking care of the resident. The resident had never had any unexplained injuries or bruises.</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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of doppler study results dated 3/13/25, showed: Impression: No evidence of an acute (sudden) deep vein thrombosis (clot) left lower extremity. Suspected hematoma of the left ankle measuring 2.0 centimeters (cm) by 0.5 cm by 0.8 cm.</p> <p>During an interview on 3/13/25 at 7:00 A.M., Resident #11 said CNA BB does not give him/her the assistance he/she needs, doesn't honor his/her wishes. The CNA acts as if he/she is annoyed that he/she has to help him/her with incontinence care. The CNA will answer his/her call light, turn it off and say he/she will be right back but never return. The CNA has not been rough or abusive to him/her though.</p> <p>During an interview on 3/13/25 at 7:30 A.M., Resident #10 said CNA BB is rough with him/her. About a week ago, the CNA came in to his/her room to provide incontinent care and acted annoyed he/she had to help him/her. The CNA then pulled his/her sheet off and ripped his/her clothes off in a fast-sweeping motion. The CNA tossed him/her around like a rag doll. He/She does not want that CNA to take care of him/her anymore. That was the only incident he/she had. He/She said he/she had told NM Z about the incident.</p> <p>During an interview on 3/13/25 at 8:30 A.M., NM Z denied the resident told him/her about the incident involving CNA BB. He/She conducted the investigation. He/She interviewed Resident #4, Resident #2 and Resident #11. He/She was going to interview more residents, but it was lunchtime and he/she never went back to get more interviews. He/She should have gone back and interviewed more residents. CNA BB typically works the third floor, not the fourth floor where Resident #4 resides. He/She did not think to interview residents on the third floor. He/She did not think to interview staff that worked with CNA BB the night Resident #4 said the incident happened and he/she did not think to go to the fourth floor and interview staff that frequently work with the CNA. He/She is going to start his/her investigation again.</p> <p>Review of NM Z's resumed investigation dated 3/13/25, and sent to the Department of Health and Senior Services via e-mail on 3/14/25 at 2:51 P.M., showed:</p> <p>-12 residents residing on the third floor were interviewed and no problems were found;</p> <p>-CNA JJ said Resident #14 told him/her he/she does not want CNA BB taking care of him/her any longer because the CNA won't put him/her on the bed pan and tells him/her to just go in his/her brief;</p> <p>-CMT KK said Resident #13 told him/her CNA BB tells him/her to stop putting on his/her call light. Sometimes the CNA can be rough. NM Z discussed with CMT KK the importance of reporting this to the charge nurse right away. He/She tried to interview Resident #13 who told him/her to go away;</p> <p>-Both CNA JJ and CMT KK were in-serviced to the importance of reporting any allegations immediately to the nurse or NM.</p> <p>During an interview on 3/13/25 at 1:34 P.M., the Administrator said the facility should have interviewed more residents including residents from the third floor. They should have interviewed staff that worked when alleged the incident occurred and staff from the third floor that frequently work with CNA BB. She has added new guidelines to include in the facility investigations going forward. Due to Resident #4, Resident #10, and Resident #13 having similar stories of the CNA being rough during care she is she is terminating the CNA's employment.</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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Administrator's new guidelines, showed:</p> <ul style="list-style-type: none"> -Send staff member home pending investigation as soon as report/complaint is received; -Get statement from resident/family with complaint. Dates, times, staff/residents involved; -Interview any witnesses and get written and signed statement <p>During an interview on 3/14/25 at 11:21 A.M., the Medical Director, and also the resident's physician said he expects staff to follow their abuse/neglect policy including investigating and reporting. He expects staff to conduct a thorough investigation. He was at the facility and assessed the hematoma. No one told him about the allegation. He should have been told.</p> <p>During an interview on 3/19/25 at 8:23 A.M., NM Z said this was the first time he/she had done an abuse investigation. On 3/13/25, after speaking to the surveyor he/she expanded his/her initial investigation by questioning more residents and also began to question staff. He/She attempted to talk to Resident #13, but he/she is rather confused and he/she was unable to get any information from the resident. He/She also spoke to Resident #14 who said he/she did not have any problems with CNA BB being abusive or rough.</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 03/19/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to notify the State Survey Agency (Department of Health and Senior Services-DHSS) no later than two hours after one resident (Resident #4) alleged Certified Nurse Aide (CNA) BB was rough while providing personal care, causing a hematoma (a localized collection of blood outside of blood vessels that forms due to injury or trauma) on his/her left inner calf. The sample size was 14. The census was 135.</p> <p>Review of the facility Abuse policy dated 11/22/23, showed:</p> <p>-Definitions:</p> <p>-Abuse is defined as the willful infliction of injury, intimidation, or punishment with resulting physical harm, pain, or mental anguish;</p> <p>-Mistreatment is defined as inappropriate treatment or exploitation of a resident;</p> <p>-Policy: This organization recognizes and respects that each resident has the right to be free from abuse and neglect as defined in the federal regulations;</p> <p>-The facility is committed to developing and operationalizing policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of allegations of abuse, neglect, and mistreatment. The facility will encourage reporting of reasonable suspicions of a crime and will develop and implement policies and procedures that promote a culture of safety and open communication in the work environment;</p> <p>-Reporting:</p> <p>-The organization will maintain systems to ensure that all alleged violations involving abuse or mistreatment, including injuries of known source are reported in accordance with federal and state guidance;</p> <p>-For alleged violations of abuse or if there is resulting serious bodily injury, the facility must report the allegation immediately, but no later than 2 hours after the allegation is made;</p> <p>-For alleged violations of neglect or mistreatment that do not result in serious bodily injury, the facility must report the allegation no later than 24 hours</p> <p>-Follow Up Investigation Report:</p> <p>-Within 5 working days of the incident, the facility will provide in its report sufficient information to describe the results of the investigation, and indicate any corrective information to describe the results of the investigation, and indicate any corrective actions taken, if the allegation was verified;</p> <p>-The facility will inform the resident's physician when the resident has alleged or been involved in an incident of abuse or mistreatment;</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 03/19/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Investigation:</p> <p>-Designated staff will immediately review and investigate all allegations or observations of abuse;</p> <p>-The results of the investigations are to be communicated to the administrator or his or her designated representative and to other official in accordance with State law, including the State Survey Agency, within 5 working days of the incident.</p> <p>Review of Resident #4's admission Minimum Data Set (MDS) a federally mandated assessment instrument completed by facility staff, dated 2/24/25, showed:</p> <p>-Adequate hearing/vision;</p> <p>-Speech Clarity: Clear speech - distinct intelligible words;</p> <p>-Makes Self Understood: Understood;</p> <p>-Ability To Understand Others: Understands - clear comprehension;</p> <p>-Moderately impaired cognition;</p> <p>-No behaviors identified;</p> <p>-Toileting Hygiene: Partial/moderate assistance. Helper does less than half the effort;</p> <p>-Roll Left and Right: Supervision or touching assistance;</p> <p>-Always incontinent of bowel and bladder.</p> <p>Review of the resident's care plan, located in the electronic medical records (EMR), showed:</p> <p>-2/20/25: Focus: Bladder incontinence. Goal: Will remain free from skin breakdown due to incontinence and brief use. Interventions/Tasks: Clean peri-area (genitalia/buttocks) with each incontinence episode;</p> <p>-3/7/25: Focus: Anticoagulant Therapy (blood thinner): Goal: Will be free from discomfort or adverse reactions to anticoagulant use. Interventions/Tasks: Daily skin inspection, report abnormalities to the nurse. Monitor for side effects every shift;</p> <p>-3/9/25: Focus: Impaired cognition or impaired though processes related to impaired decision making. Goal: Will be able to communicate basic needs on a daily basis. Interventions/Tasks: Communicate with the resident/family/caregivers regarding capabilities and needs. Use resident's preferred name. Identify yourself at each interaction. Face the resident when speaking and make eye contact. Resident understands consistent, simple, directive sentences. Stop and return if agitated;</p> <p>-3/9/25: Focus: Requires assistance with self-care and mobility. Goal: Will maintain current care/mobility status. Interventions/Tasks: Lower body dressing - substantial/maximal assistance. Personal hygiene and showering/bathing - substantial/maximal assistance.</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 03/19/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/12/25 at 11:33 A.M., the Administrator provided the facility's completed investigation regarding Resident #4, and CNA BB.</p> <p>Review of the facility investigation dated 3/6/25, and completed by Nurse Manager (NM) Z, showed:</p> <p>-3/6/25 (no time documented): The 4th floor charge nurse came to this NM saying Resident #4 has a large hematoma to his/her left leg and said night CNA BB caused it. As we were walking to his/her room the nurse said the resident said the CNA would not change him/her. Whenever he/she put the light on, the CNA would stand in the doorway and tell him/her to never put the light on again. The resident then proceeded to say the CNA caused the hematoma. As we entered the room the resident was lying on his/her back with legs bent and feet on the bed. The resident said this morning after he/she got a pain pill he/she put the call light on to be changed and the CNA said he/she would have to wait a minute because he/she was busy, but then the CNA never came back. The resident said he/she put his/her call light on again and this time he/she had a bowel movement, and the CNA was very mad he/she had to clean him/her up. NM Z asked the resident what the CNA did that made the resident know the CNA was mad. NM Z asked was the CNA rough when cleaning him/her up and rolling him/her back and forth did the CNA hit your inner calf on something? The resident said he/she can't even blame the CNA for that because there is nothing here that he/she could have hit it on. And no, the CNA was not rough while cleaning him/her up. NM Z told the resident he/she would continue to investigate what happened. The resident said ok and asked for pain medication. Upon assessing the area to the left inner calf noted some light green discoloration at the top of the bruise.</p> <p>Review of the facility investigation dated 3/6/25, and completed by the DON, showed:</p> <p>-3/6/25 (no time documented): Received call from resident's family regarding the resident. Family said he/she had received a text from the resident that CNA BB was rough with him/her the prior night. Alerted 4th floor NM Z who was already aware and investigating. The NM said Resident #4 said the CNA BB was irritated that the resident had a bowel movement but the CNA was not rough. The NM questioned the roommate who said he/she did not hear anything going on between the resident and the CNA. The NM questioned the resident across the hall who did not have any issues to report. The NM and I called the CNA who denied being rough or yelling at the resident. He/She said when he/she went into the resident's room, the resident had his/her leg in the air and appeared to pick at something. Called family member and discussed the text and told him/her the NM was investigating and had spoken to the resident's roommate and residents in nearby rooms. Discussed the results of the NM interviews and interview with the CNA. Family member said he/she was not sure about his/her mother's complaint because he/she knows how the resident is. The resident lived with him/her for 5 years, and he/she did not want someone's job to be affected. He/She did not want to dismiss the resident's text but also knew firsthand about the resident's behavior. Family member was satisfied with the interviews and the information we had assembled.</p> <p>Review of the resident's progress note dated 3/6/25 at 9:23 A.M., and documented by NM Z showed left inner calf there is a discolored area midway up the calf oval shaped and slightly raised.</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 03/19/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 3/12/25 at 11:53 A.M., showed Resident #4 lay in bed with a large purple/yellow hematoma on his/her inner left calf. He/She said a CNA (CNA BB) threw him/her around in his/her bed a few days ago. He/She was not sure if that is what caused the hematoma but he/she did grab him/her by the leg and he/she was not gentle. The CNA was not cursing at him/her, he/she was just loud and rough while providing care. The CNA took care of him/her on the evening shift and the night shift. He/She did not have any problem with the CNA until the night shift. He/She had turned on his/her call light a couple of times and the CNA would turn it off, and said he/she would be back. The third time he/she turned on his/her call light, he/she had a bowel movement. When the CNA came in he/she was upset because of him/her having the bowel movement and that is when he/she was rough with him/her. He/She told the nurse on the day shift and two nurses came back to talk to him/her. The CNA had not taken care of him/her since, although he/she did see the CNA walk by his/her room again. He/She told the nurse he/she did not want that CNA to take care of him/her. He/She is afraid of that CNA.</p> <p>During an interview on 3/13/25 at 1:34 P.M., the Administrator said they did not report the resident's allegation about CNA BB being rough with him/her to the state agency because they did not feel the hematoma was caused by abuse. The facility completed their investigation the same day the resident reported it and at that time they could not substantiate the resident's allegation. She did not know what caused the hematoma.</p> <p>During an interview on 3/14/25 at 11:21 A.M., the Medical Director, and also the resident's physician said he expects staff to follow their abuse/neglect policy including investigating and reporting. He expects staff to conduct a thorough investigation. He was at the facility and assessed the hematoma. No one told him about the allegation. He should have been told.</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 03/19/2025
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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide basic life support including cardiopulmonary resuscitation (CPR, a lifesaving technique that's used in emergencies in which someone's breathing and/or heartbeat has stopped) after Resident #1 had a rapid change in condition and coded. Registered Nurse (RN) F began CPR when he/she was unable to locate the resident's code status (initiate CPR or do not initiate CPR). RN F did not call for additional staff assistance over the facility intercom system, did not provide rescue breaths during CPR, and did not use the automated external defibrillator (AED, a portable device that can be used to treat a person whose heart has suddenly stopped working) located at the nurse's station. RN F did not continue CPR until emergency medical services (EMS) arrived at the resident's bedside. This had the potential to affect 19 of 24 residents residing on the 200 hall with an order to initiate CPR. The sample size was 3. The census was 135.</p> <p>The Administrator was notified on [DATE] at 2:15 P.M., of an immediate jeopardy (IJ) which began on [DATE]. The IJ was removed on [DATE] as confirmed by surveyor on-site verification.</p> <p>Review of the facility's CPR policy, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Basic Life Support (BLS): is a level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital, and may include recognition of sudden cardiac arrest, activation of the emergency response system, early CPR, and rapid defibrillation with an AED; -CPR: refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased; -Code Status: refers to the level of medical interventions a person wishes to have started if their heart or breathing stops; -Policy: The facility will provide emergency BLS immediately when needed, including CPR to any resident requiring such care, prior to the arrival of emergency medical personnel, in accordance with physician orders, and resident advance directives; -The facility will ensure that there are an adequate number of staff available immediately 24 hours a day, who are trained and certified in CPR for Healthcare Providers; -Training will include recognizing the obvious signs of irreversible death rigor mortis (stiffening of muscles that occurs after death), dependent lividity (blueish-purple discoloration of skin after death due to blood pooling at the lowest point), decapitation, decomposition. <p>Review of the American Heart Association (AHA) AED Fact Sheet, dated 11/2023, and located on the AHA web site, showed:</p> <ul style="list-style-type: none"> -Inside the AED box are pads and a diagram that shows where to place the pads on bare skin. Once the device is turned on, a voice tells the person using it exactly what to do; <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 03/19/2025
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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The first thing the AED will do is determine whether an electric shock is needed by analyzing the person's heart rhythm. You should only stop CPR while the machine is doing this analysis. If no shock is advised, it will tell you to resume CPR. If there is a shockable rhythm, it will tell you to press the Shock button and then to resume CPR;</p> <p>-Your chance of survival while waiting for EMS during a cardiac emergency decreases by 10% every minute without CPR;</p> <p>-Of the people with cardiac arrest who receive a shock from an AED in the first minute, 9 out of 10 survived.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS) a federally mandated assessment instrument completed by facility staff dated [DATE], showed:</p> <p>-admission date of [DATE];</p> <p>-Makes Self Understood: Understood;</p> <p>-Ability To Understand Others: Understands;</p> <p>-Cognitively intact;</p> <p>-Diagnoses of atrial fibrillations (A-fib, irregular heart rate and rhythm), coronary heart disease (a condition where the coronary arteries that supply blood to the heart become narrowed or blocked), and congestive heart disease (the heart can't pump efficiently).</p> <p>Review of the resident physician's order sheet, located in the electronic medical record (EMR), showed an order for full code (in the event of no pulse/respirations, CPR should be initiated and 911 should be called), dated [DATE].</p> <p>Review of the resident's care plan, showed:</p> <p>-[DATE]: Focus: Potential/actual rehabilitation candidate. Goal: Will increase and maintain level of functioning. Intervention/Tasks: Refer to physical, occupational, and speech therapy to improve resident mobility, transfer, strengthening as recommended post evaluation;</p> <p>-[DATE]: Focus: Requires assistance with self-care and mobility. Goal: will improve current self-care /mobility level. Intervention/Task: none listed;</p> <p>-[DATE]: Focus: Resident plans to discharge. Goal: To return to prior level of function. Interventions/Tasks: Coordinate education and training for discharge needs as needed. Encourage resident/family to participate in discharge planning.</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 03/19/2025
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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Consent for CPR form, signed by the resident's family on [DATE], and the resident's physician on [DATE], showed: I want to have CPR initiated. I understand that the procedure for CPR is initiated when there is absence of a heartbeat or an absence of breathing. The procedure includes manually compressing the chest to promote circulation and using an airway to introduce air into the lungs. Immediately upon initiating this procedure, 911 is called and EMS services will transport me to the nearest hospital. The procedure cannot be stopped until a physician gives an order to stop CPR.</p> <p>Review of the resident's progress notes, showed:</p> <p>-[DATE] at 10:31 A.M., Vital Signs: Temperature (T) 96.9 (normal range 97 F (Fahrenheit) to 99.6), Pulse (P) 107 (normal range 60-100 beats per minute), Respirations (R) 16 (normal range 12-20 breaths per minute, Blood Pressure (BP) 149/67 (normal 120/80). Resident is alert. Oriented to person, place, time and situation. No changes in mood or behavior;</p> <p>-[DATE] at 5:55 A.M., documented by Registered Nurse (RN) F: Called to resident's room at approximately 5:55 A.M. Upon entering room noted resident foaming at mouth, and color was bluish/gray and warm to touch. Resident was not responding to commands or sternal (chest bone) rub. Oxygen saturation (O2 Sats, the amount of oxygen in the blood. A normal oxygen level is 92%-100%, anything below 90% is considered critical) 64%-25%. Applied oxygen per nasal cannula at 15 liters per minute. O2 Sat at this point was 0 and unable to obtain vitals. Resident was placed on the floor and CPR initiated with no response from resident. 911 called at 6:10 A.M., and upon their arrival resident had expired. Time of death 6:24 A.M. Supervisor, Nurse Manager and Director of Nursing (DON) notified.</p> <p>Review of RN F's employee file on [DATE], showed he/she successfully completed the AHA Basic Life Support course on [DATE], with an expiration date of 6/2026. The curriculum included: calling for help from other staff, calling 911, chest compressions, rescue breaths using a barrier device, and using the AED.</p> <p>Review of the EMS report dated [DATE], showed: call received at 6:17 A.M. on scene at 6:23 A.M., at patient 6:27 A.M. EMS crew makes way to nurse's station. Met by RN who reports the resident is dead. Crew makes way to resident's room where they find resident in bed supine (on back) with blanket over him/her. Crew notes patient to be pulseless apneic (no respirations), with white frothy mucous out of his/her mouth. Staff reports that after 18 minutes of CPR there was no change in condition and made the decision the patient is dead. Staff then moved the patient back to bed and covered him/her with a blanket. Crew sees no additional evidence on scene of life saving efforts by staff. Crew connects patient to the cardiac monitor electrocardiogram (electrocardiogram (EKG or ECG), a machine that measures electrical impulses of the heart) and notes patient to be asystole (no heart rate/rhythm detected). Crew notes time of death to be 6:28 A.M.</p> <p>Observation on [DATE] at 6:22 A.M., showed an AED hanging on the wall behind the nurse's station. Observation of the facility crash cart (a cart prepared with supplies to use in an emergency), showed it contained an AMBU bag and suction machine.</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 03/19/2025
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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a written statement by Certified Nurse Aide (CNA) E (an agency staff member), dated [DATE], showed: On [DATE], he/she called RN F to the resident's room around 5:45 A.M. to 6:00 A.M., after the resident was found with foam coming from the mouth and nose, and was not breathing right. The CNA was unable to get an oxygen level at first, but then obtained a level of 52%, but dropped below 25%. The CNA could not get any vitals and the resident did not have a pulse. The resident was placed on the floor to perform CPR which the resident did not respond to and then the resident was placed back in bed. By the time the ambulance arrived the resident had expired.</p> <p>During a telephone interview on [DATE] at 1:32 P.M., CNA E said he/she was CPR certified. He/She confirmed his/her written statement dated [DATE], and added the following: Prior to the resident coding, neither CNA E nor RN F could find the resident's code status. This was his/her second time working at the facility and no one had showed him/her where to find a code status. When the resident coded, they still did not know the code status but decided to initiate CPR. The intercom system was not used to call for assistance from other staff in the building. Only CNA E and RN F participated with CPR. He/She pulled the tag on the air mattress bed to deflate it so they could initiate CPR on a flat surface. However, the bed did not deflate all the way, so they placed the resident on the floor. RN F started chest compressions but did not provide rescue breaths by using a barrier device (placed over the mouth of the resident so mouth to mouth breaths can be given) or an artificial manual breathing unit bag (AMBU bag, a handheld medical tool used to push air into the lungs of someone that is not breathing), and suction machine (used to suction secretions from the mouth). RN F did not use the AED that was at the nurse's station. He/She could not recall how long RN F provided the chest compressions, but about 5 to 10 minutes before EMS arrived RN F said the resident was dead. They put the resident back into bed. He/She did not think CPR should have been stopped until EMS arrived, but he/she followed the RN's orders.</p> <p>During an interview on [DATE] at 6:22 A.M., Licensed Practical Nurse (LPN) A said he/she was working on another floor when the resident passed away. He/She did not hear RN F call a stat to the resident's room or he/she would have responded to offer assistance. He/She was CPR certified. If a resident coded, he/she would check the code status book at the nurse's station or the EMR, page for assistance, call 911 then take the crash cart and AED to the code site. Once CPR was initiated you did not stop CPR until EMS arrived.</p> <p>During an interview on [DATE] at 6:30 A.M., LPN B said he/she was not working when the resident passed away. He/She was CPR certified. If a resident coded, he/she would check the code status book at the nurse's station or in the EMR, page for assistance, call 911 then take the crash cart and AED to the code site. Once CPR was initiated you did not stop CPR until EMS arrived.</p> <p>During an interview on [DATE] at 6:43 A.M., LPN D said he/she was not working when the resident passed away. He/She was CPR certified. If a resident coded, he/she would check the code status book at the nurse's station or in the EMR, page for assistance, call 911 then take the crash cart and AED to the code site. Once CPR was initiated you did not stop CPR until EMS arrived.</p> <p>During an interview on [DATE] at 9:22 A.M., the Administrator said the facility began an investigation regarding the resident on [DATE]. They had spoken to CNA E, but RN F, a facility employee, left the building before they could interview him/her. They have not been able to contact RN F despite leaving voice messages to call the facility on [DATE] and [DATE]. She reviewed the resident's medical record and the resident's code status was in the resident's EMR. She was not sure why RN F could not find the code status. The CNAs had access to the EMRs as well.</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 03/19/2025
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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at the DON said she read CNA E's [DATE] statement that day. Human Resources did get into contact with RN F yesterday and said he/she needed to come to the facility and provide a written statement. RN F had not come in yet to do that. RN F had not worked since [DATE]. When a resident coded, she expected staff to check the resident's code status, and if a full code, staff should call 911, then announce the emergency followed by the room number on the intercom so other staff in the building could respond. She expected staff to take the crash cart and AED to the room. The DON would have expected RN F to have used the AMBU bag to provide rescue breaths between the chest compressions and to have applied the AED and follow the prompts. RN F should have continued CPR until EMS arrived.</p> <p>Review of RN F's written statement to the facility, completed on [DATE] around 5:00 P.M., showed: [DATE] at 5:55 A.M., called to resident room by CNA stating resident not looking so good. Resident foaming at mouth and nose (white foam). Turned head to side, resident was unresponsive. Color was purple, gray, and abnormally warm to touch. 6:00 A.M., Vitals: T 95, 0 (unknown what this meant), BP 64/35 and O2 Sat of 38%. Ran to desk to find CPR status. Unable to locate. 6:05 A.M., Unable to obtain vitals. Applied O2 at 15 liters/minute. Not breathing. Chest compressions initiated with no response. CPR stopped with arrival of EMS. 6:12 A.M., EMS arrived. Death was confirmed with EKG.</p> <p>During a telephone interview on [DATE] at 8:51 A.M., RN F said he/she had been employed by the facility for about three years. He/She worked weekends from 3:00 P.M. until 7:00 A.M. He/She was at the facility yesterday around 4:45 P.M. and gave the DON his/her written statement. He/She was currently CPR certified and had been trained on using the AED, and AMBU bag. He/She knew there was an AED at the nurse's station and an AMBU bag on the crash cart. On [DATE], CNA E called him/her into the resident's room. The resident was not doing good. The resident had a moderate amount of white froth coming from his/her mouth and nose. He/She laid the resident down flat, turned the resident's head to the side and used a tissue to clean the resident's mouth out. They took the resident's vitals. He/She confirmed the vitals on his/her written statement but said he/she did not know what the 4 meant and the 0 was respirations. He/She went to the nurse's station and looked in the resident's hard chart but could not find the resident's code status. He/She did not look in the EMR for the code status. He/She should have called an emergency on the facility intercom but did not. He/She called 911, grabbed the oxygen and returned to the resident's room and started the oxygen at 15 liters/minute. He/She should have taken the AED and crash cart but he/she just got overwhelmed and wanted to get back to the resident. The resident coded when he/she returned to the room, but the bed did not deflate all the way, so RN F and CNA E placed the resident on the floor. RN F started CPR which included chest compressions and mouth to mouth rescue breaths. He/She did not know why CNA E said he/she did not give mouth to mouth rescue breaths. After a few minutes the resident was dead. RN F and CNA E put the resident back to bed. Two or three minutes later EMS arrived. He/She could not recall if he/she was in the hall or at the nurse's station when they arrived. Looking back, he/she should have continued CPR until EMS arrived and assumed care of the resident.</p> <p>During an interview on [DATE] at 10:32 A.M., the DON said she asked RN F why he/she stopped CPR when he/she came in to write his/her statement. The RN said he/she only stopped CPR a couple of minutes before EMS arrived but did not say why.</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 03/19/2025
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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on [DATE] at 11:21 A.M., the facility's Medical Director, and the resident's physician said he expected staff to follow the facility's policy. When the resident coded, he would have expected staff to know where to quickly find the resident's code status. Since the resident was a full code, he would have expected staff to immediately call 911, and call a code over the intercom for assistance. He would have expected staff to provide rescue breaths with chest compressions. He would have expected staff to have taken the crash cart with the suction machine and AMBU bag to the room. He would have expected staff to have used the AED. When an AED was used there was a proven chance of increased survival. The facility notified him about the resident's passing on [DATE], but he was not informed RN F failed to do all these things during the code.</p> <p>NOTE: At the time of the survey, the violation was determined to be at the immediate and serious jeopardy level J. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to address and lower the 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>MO00250888</p>		