STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42247 Based on interview and record review, the facility failed to ensure one resident (Resident #342) had a code status (a legal document or instructions that outlines a patient's wishes regarding medical care, particularly if they experience cardiac or respiratory arrest) and another resident's code status was accurate (Resident #32). The sample was 29. The census was 140. Review of the facility's Advanced Directive Policy & Procedure, dated [DATE], showed: -Purpose: The facility aims to support a resident's self-determination and respects each individual's right to have their choices related to healthcare planning, advanced directives, and end-of-life care preferences throughout their stay; -At the time a resident is admitted into the facility, it must be determined if a resident has existing advanced directives or wishes to establish advanced directives. The following steps are taken as part of the admission process: -The facility admissions coordinator and/or a Social Service Worker (SW) will supply the resident and/or their representative with a copy of the facility's advanced directive policy, as well as, educational materials and explanation of the resident's rights regarding formulating an advanced directive. If the resident has existing advance directives, the admissions coordinator and/or SW will document in the medical record what documentation was provided by the resident and/or their representative; -The staff is to offer and assist the resident and/or representative in the completion of the paperwork, related to: -Identifying the primary decision-maker(resident and/or legal representative); -Identifying situations where healthcare decision-making is needed, including life sustaining treatments, such as: Cardiopulmonary Resuscitation, also known as: CPR (full code, all life saving measures wanted); Do Not Resuscitate, also known as: DNR, No Code, or No CPR Artificial Ventilation, also known as: breathing machine, respirator or ventilator; -Communication of the resident's and/or resident representative choices to the interdisciplinary team, through: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Emergency code status and if a resident has a legal representative will be reflected on the resident's face sheet in the medical record; completion of code status form; Physician's order to be obtained to reflect the resident and/or representatives advance directive wishes; comprehensive care plan established to reflect advance directive decisions; -If you choose to not establish an advance directive, no preference for end of-life decisions, and/or if a resident unexpectedly goes into cardiac and/or respiratory arrest CPR will be initiated and attempted, resident will be considered to have an emergency code status of: full code; -The facility SW and/or designee will review the currently established advanced directive wishes and goals of care with the resident and/or their representative during quarterly and annual care plan conferences, which will be documented in the medical record. If a resident's advance directive wishes change: face sheet will be modified, the care plan will be modified; the code status form will be modified; the physician order will be modified. 1. Review of Resident #342's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed: -admitted [DATE]; -Cognitively intact; -Diagnoses included high blood pressure, hemiplegia or hemiparesis (weakness or paralysis on one side of the body), traumatic brain injury, malnutrition, anxiety disorder, manic depression, schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly) and post-traumatic stress disorder. Review of the resident's electronic medical records (EMR) showed no code status indicated, and no physician's order for code status under order summary. During an interview on [DATE] at 10:07 A.M., the Director of Nursing (DON) said the SW was responsible for completing the initial code status sheet. The facility did not have a SW during the resident's admission and the resident's code status was not completed. Code status order should be obtained from the physician and the form should be signed and completed upon admission. The DON said the staff were expected to apply full code until the resident's code status was completed. 2. Review of Resident #34's annual MDS, dated [DATE], showed: -Cognitively intact; -Diagnoses included heart failure, high blood pressure, renal insufficiency or renal failure, diabetes, stroke, seizure disorder, anxiety, depression, asthma or chronic lung disease. Review of the medical record, showed: -On the ribbon in the computer the resident was a full code; -The order summary report dated [DATE], the resident was a full code, start date was [DATE]; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The care plan in use at the time of survey, showed, the resident chooses to be full code. Review of the Code Status Decision Form, dated [DATE], showed: In the event of cardiac or respiratory arrest, I do request the following: DNR-Do not perform measures that will keep me alive, was checked. During an interview on [DATE] at 9:20 A.M. Licensed Practical Nurse (LPN) A said the code status could be found in the computer on the ribbon and on the face sheet. The SW was responsible for completing the code status form. Then, the SW will tell the nurse and the nurse will enter the code status in the computer. LPN A checked the chart and said the ribbon in the computer showed the resident was full code and the code status form showed the resident was DNR. If the resident was not breathing, he/she would treat the resident as a DNR. LPN A said he/she would clarify the code status order. 3. During an interview on [DATE] at 2:50 P.M., the DON said she expected for the code status to be completed and for the code status to be accurate. 45083

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 37681 Based on interview and record review, the facility failed to provide a Skilled Nursing Facility Advance Beneficiary Notice (SNFABN-form CMS-10055) or a denial letter at the initiation, reduction, or termination of Medicare Part A benefits for three of three sampled residents who remained in the facility upon discharge from Medicare Part A services (Residents #39, #36 and #6). The sample size was 29. The census was 140. Review of the Centers for Medicare and Medicaid Services Survey and Certification memo (S&C-09-20), dated 1/9/09, showed the following: -If the skilled nursing facility (SNF) believes on admission or during a resident's stay that Medicare will not pay for skilled nursing or specialized rehabilitative services and the provider believes that an otherwise covered item or service may be denied as not reasonable or necessary, the facility must inform the resident or his/her legal representative in writing why these specific services may not be covered and the beneficiary's potential liability for payment for the non-covered services. The SNF's responsibility to provide notice to the resident can be fulfilled using either the SNFABN (form CMS-10055) or one of the five uniform denial letters; -The SNFABN provides an estimated cost of items or services in case the beneficiary had to pay for them him/herself or through other insurance they may have; and -If the SNF provides the beneficiary with either the SNFABN or a denial letter at the initiation, reduction, or termination of Medicare Part A benefits, the provider has met its obligation to inform the beneficiary of his/her potential liability for payment and related standard claim appeal rights. 1. Review of Resident #39's medical record, showed: -Medicare Part A skilled services start date of 1/17/25 and end date of 2/25/25; -No SNFABN form issued. 2. Review of Resident #36's medical record, showed: -Medicare Part A skilled services start date of 12/25/24 and end date of 1/7/25; -No SNFABN form issued. 3. Review of Resident #6's medical record, showed: -Medicare Part A skilled services start date of 3/20/25 and end date of 4/18/25; -No SNFABN form issued. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. During an interview on 4/23/25 at 7:31 A.M., the Minimum Data Set (MDS) Nurse said Social Services used to be responsible for issuing SNFABN's upon a resident's discharge. She is currently responsible for issuing notification. She was not aware the SNFABN's were not done for all of the residents. 5. During an interview on 4/25/25 at 2:50 P.M., the Administrator and Director of Nursing (DON), said they expected for the beneficiary SNFABN to be completed after a resident discharged from Medicare Part A.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 37681 Based on observation, interview and record review, the facility failed to maintain a homelike environment for residents at the facility, by not ensuring ceilings and water spots in resident bathrooms were repaired during three of five days of the survey (Residents #27 and #129). In addition, the facility failed to ensure the bedroom door in one resident's room was in proper working condition and functional (Resident #69). The sample was 29. The census was 140. Review of the facility's Maintain a Safe, Clean, Comfortable, and Homelike Environment policy, reviewed 1/24/24 showed: -Policy: This facility will accommodate, to the extent possible, a personalized, homelike environment that recognizes the individuality and autonomy of each resident, while maintaining the safety of all residents and staff; -Policy Explanation and Compliance Guidelines: - Report any furniture in disrepair to maintenance promptly; -Maintain a clean, comfortable and homelike environment (I.e., ceiling tiles, wallpaper, floor tiles); -Report any unresolved environmental concerns to the Administrator. 1. Review of Resident #27's medical record, showed: -Moderate impaired cognition; -Diagnoses of hypertension (high blood pressure), diabetes, hyperlipidemia (high cholesterol) and stroke. Review of Resident #129's medical record, showed: -Cognitively intact; -Diagnoses of hypertension, heart failure, anxiety disorder, depression, and schizophrenia. Observations of Residents #27's and #129's bathroom on 4/22/25 at 9:26 A.M., 4/23/25 at 12:23 P.M., and 4/24/25 at 4:17 P.M., showed: -A damaged spot on the left side of the ceiling over the commode which measured approximately 6 inches wide and approximately 8 inches in length. The ceiling plaster/paint was observed torn away and hanging down from the ceiling; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A water stain, approximately a little larger than a basket ball was on the wall in the top left hand corner adjacent to the peeled ceiling, that had the old paint hanging down. During an interview on 4/22/25 at 9:26 A.M. with Residents #27 and #129, Resident #27 said he/she had been at the facility for approximately four or five months. The ceiling had been like that. Staff told the resident they were going to fix the ceiling in the bathroom but they had not. Resident #129 said sometimes the ceiling in the bathroom leaked, and sometimes it didn't. The maintenance people checked it and said were they going to fix it but they had not. 2. Review of Resident #69's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/11/25, showed; -Cognitive impairment; -No behaviors; -Ambulates with a walker; -Diagnoses included anxiety and depression. Observations of the resident's room, showed: -On 4/21/25 at 11:14 A.M., the resident's door was closed upon approach. When the surveyor opened the door, the door slammed shut extremely loud. The door would not remain open; -On 4/23/25 at 5:35 A.M., the resident's door was closed upon entry. The surveyor opened the door and it closed loudly afterwards. The door would not remain open; -On 4/23/25 at 11:44 A.M., the resident sat in bed. The resident said the door bothered him/her. The resident's roommate opened the door and left the room. Upon the roommate leaving, the door slammed shut. During an interview on 4/22/25 at 8:30 A.M., the resident sat in his/her bed. The door had been like this for awhile. He/She said it was extremely loud and sometimes woke him/her out of his/her sleep. Staff were aware of the door, but had not addressed it. During an interview on 4/25/25 at 8:47 A.M., Certified Nursing Assistant I said the resident's door would not remain open and had slammed when shut for a long time. The loud noise was annoying. Staff were aware the door did not function properly. During an interview on 4/25/25 at 1:58 P.M., the Maintenance Director and Corporate Maintenance Director said they just heard about the door the day before and removed the door closure. The door was currently working. The door started malfunctioning recently, because they walked the units weekly. When told the door was not functioning properly since at least 4/21/25, the Maintenance Director said he was not aware. Staff would usually make him aware of any maintenance issues in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. During an interview on 4/25/25 at 2:50 P.M., the Administrator and Director of Nursing said the facility should be homelike and in good repair. Doors slamming and stains were not considered homelike. 40291

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42247 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 made an allegation of sexual abuse (Resident #191). The sample size was 29. The census was 140. Review of the facility's Abuse, Neglect and Exploitation policy, dated 4/8/24, showed: -Policy explanation and compliance guidelines: the abuse coordinator in the facility is the Administrator or facility appointed designee. -Report allegations or suspected abuse, neglect, or exploitation immediately to: Administrator; -State Survey and Certification agency through established procedures; -Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, sexually inappropriate interactions, or sexual assault; -Response and Reporting of abuse, neglect and exploitation: anyone in the facility can report suspected abuse to the abuse agency hotline. When abuse, neglect or exploitation is suspected, the Licensed Nurse should: -Respond to the needs of the resident and protect them from further incident (document); -Notify the Administrator and Director of Nursing (document); -Contact the State Agency to report the alleged abuse; -The Administrator should follow up with government agencies, during business hours, to confirm the report was received, and to report the results of the investigation when final, as required by state agencies. Review of Resident #191's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/14/25, showed: -Cognitively intact; -Clear speech-distinct intelligible words; -Ability to express ideas and wants with verbal or non-verbal expression-understood; -Understanding verbal consent, however able understands-clear comprehension; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Diagnoses included high blood pressure, seizure disorder, anxiety, depression, bipolar disease (mood disorder that can cause intense mood swings), psychotic disorder (severe mental illness characterized by loss of contact with reality, marked by abnormal thinking and perceptions), schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves) and post-traumatic stress disorder (PTSD, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event). Review of Resident #131's quarterly MDS, dated [DATE], showed: -Cognitively intact; -Clear speech-distinct intelligible words; -Ability to express ideas and wants with verbal or non-verbal expression-understood; -Understanding verbal consent, however able understands-clear comprehension; -Required supervision or touching assistance for eating and oral hygiene and for sit to stand transfers and for walking at least 150 feet; -Diagnoses included dementia, anxiety, depression, psychotic disorder and schizophrenia. During an interview on 4/22/25 at 10:30 A.M., Resident #191 said the Saturday before last (4/12/25), he/she was sleeping in his/her bed, between 10:30 P.M. and 12:00 A.M. Resident #131 came into his/her room and grabbed his/her package (genitalia). When he/she opened their eyes, Resident #131 had one hand on his/her package and was making a shhh motion by placing a finger over his/her mouth with his/her other hand. Once Resident #191's eyes were open, Resident #131 left the room. Resident #191 went out into the hall and reported the incident to the worker, and they reported it to the nurse. During an interview on 4/24/25 at 8:35 A.M., Certified Nurse Aide (CNA) G said Resident #191 came to him/her and reported Resident #131 came into his/her room and tried to give him/her oral sex and CNA G reported it to the nurse. Review of the facility's investigation showed: -Date and time of alleged incident: 4/13/25, no time was listed; -Summary of alleged incident: staff reported Resident #191 woke up and stated he/she had a dream that peer was in his/her room holding his/her genitalia, and it was similar to a situation that occurred at another facility; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A handwritten statement, written by Licensed Practical Nurse (LPN) H, on 4/12/25 around 11:40 P.M., Resident #191 was walking in the hallway, approached the CNA and had a conversation. Following the conversation both the CNA and the resident approached the nurse. Resident began describing an event he/she believed to have just happened but was unsure because beforehand he/she was sleeping (per resident). Resident stated that he/she was in a deep sleep, and he/she was awakened by movement on his/her blanket. Resident stated that it felt like someone was touching his/her blanket. He/She opened his/her eyes to see another resident touching his/her blanket. The resident stated shhh. The other resident believed to be Resident #131, went to pull back his/her covers and said shhh again and then abruptly stopped and ran out of the room. Since the event was so strange resident was not sure if it had occurred. Resident went into the hall, and no one was there but Resident #131's room was across the hall, so it had to be Resident #131. Resident stated that he/she was unsure if he/she was mixing this event with the event at previous home and it was causing his/her distress because if this had occurred then it would be the second time this happened to him/her in an establishment owned by the same people, and they must be in on it and it was causing him/her great distress. Also, after resident initially told the nurse his/her original version, the nurse asked if the person was successful in getting to his/her privates. He/She said no. Then, he/she changed it and said the person had it in their hands. By the time 911 arrived, it had changed again. Before 911 arrived he/she was unsure. By the time 911 arrived he/she switched again. He/She left (went to the hospital). Review of the self-report filed by the facility showed the incident was reported on 4/13/25 at 9:56 A.M. During an interview on 4/25/25 at 2:50 P.M., the Director of Nursing (DON) said allegations of abuse should be reported to the state within two hours. The DON was responsible for reporting allegations to the State. The DON was made aware of the allegation on 4/13/25 at approximately 8:30 A.M. and 9:00 A.M. She reported within two hours after she was made aware of the incident. MO00252707 MO00252889 MO00252909 MO00252695 MO00252688

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 45083 Based on interview and record review, the facility failed to ensure a resident with a mental disorder had a DA-124 Level II evaluation (Pre-Admission Screening and Resident Review (PASRR), a comprehensive assessment conducted on individuals identified by a Level I PASARR screening as potentially having a mental impairment or developmental disability) as required, for one resident investigated for PASRR requirement (Resident #106). The census was 140. Review of the facility's Pre-Admission Screening and Resident Review Process, reviewed on 1/24/24, showed: -Purpose: Our facility will follow the Missouri Department of Health and Senior Services in obtaining the PASARR to determine the psychological needs they require based on their past history, allowing the facility to provide individualized care; -Process: -Prior to admission the DA 124 is completed while in the hospital; -The code is verified on the Central Office Medical Review Unit (COMRU) website to ensure it has been filled out completely; -COMRU website will alert the facility if a Level II was triggered and when the assessment will be completed; -Once the Level II has been completed and reviewed, the facility determines if they are able to meet the needs of the potential new resident; -Once accepted and admitted , the Level II/PASRR are placed in the resident's medical record; -An individualized care plan will be developed based on the resident's Level II/PASARR, care plan meetings, interview with resident/family/guardian and staff observations. Review of Resident #106's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/21/25, showed: -Re-admission on 6/18/24; -Cognitively intact; -Diagnoses included depression and schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly); -Received antidepressant and antipsychotic medications routinely. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's DA-124 Level I (PASARR, used to evaluate for the presence of psychiatric conditions to determine if a PASRR Level II screen is required), dated 9/1/21, showed a Level II was indicated for serious mental illness. During an interview on 4/24/25 at 11:05 A.M., the Administrator said she was new to the facility and had to request the DA-124 Level II from their corporate office. The Administrator provided a copy of the Level I and said it was all they had for the resident. During an interview on 4/25/25 at 2:50 P.M., the Administrator and Director of Nursing said they expected the resident's DA-124 Level II to be completed as required.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37681 Based on observation, interview and record review, the facility failed to ensure resident care plans were updated and accurate to reflect resident needs. This failure affected three residents, whose care plans did not address recent self-harming behaviors, dialysis and discharge planning (Residents #43, #121 and #120). The sample size was 29. The census was 140. Review of the facility's Care Plan and Care Plan Conference Policy, dated 8/24/24, showed: -Policy: A care plan shall be used in developing the resident's daily care routine and will be available to the team for review to ensure the best person-centered care is provided to our residents. Every quarter, an attempt will be made to schedule a care plan conference with the resident, family and/or responsible party to allow the staff to provide the best person-centered care; -Procedure; -An interim care plan will be completed by the Nursing Deportment within 24 hours of admission and provided to the responsible party within 48 hours of admission; -The Minimum Data Set (MDS) Coordinator will review resident medical records and complete appropriate assessments needed to obtain information to complete the admission MDS; -A comprehensive care plan will be generated through collaboration with the interdisciplinary team, resident and responsible party, to be completed by the 21st day of admission; -The care plan will reflect a problem, goal and interventions to guide the interdisciplinary team to assist the resident in achieving the desired outcome for a specific problem; -The care plan will be accessible to team members for review at any time; -The care plan will be reviewed quarterly and updated as needed; -Care plan meetings will be held quarterly with the interdisciplinary team, resident and responsible party or guardian. 1. Review of Resident #43's care plan, revised 1/21/24, in use during the time of the investigation, showed: -Problem: Suicide: The resident reports he/she was sad at the time and attempted to overdose while living at home with his/her parent. This attempt was more than four years ago; -Goal: Resident will remain safe and will not harm self through next review date; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Approaches/Tasks: If resident poses a potential threat to injure self or others, notify physician for behaviors and keep power of attorney informed. If wandering or pacing, initiate visual supervision during acute episodes. Monitor for cognitive, emotional or environmental factors that may contribute to violent behaviors. Monitor resident for signs/symptoms of agitation. Redirect to activities, socials, groups. Review of the resident's progress note, showed: -On 3/16/24 at 2:30 P.M., the nurse heard a loud yelling from the hall. The resident was crying and stated that he/she wants to harm him/herself as this nurse walked toward the unit could see resident with a belt that he/she began to wrap around his/her neck. Staff intervened immediately and remained with resident. This nurse placed a call to 911 for assistance and transport to the emergency room for evaluation. Staff continued to remain with resident until Emergency Medical Technicians (EMT) arrived. Physician notified, agreed to send resident out for an evaluation; -On 3/21/25 at 10:01 A.M., resident returned to the facility from the hospital. Review of the resident's care plan, viewed 4/22/25 at 12:10 P.M., showed no information regarding the resident's hospitalization for suicide ideation on 3/16/25. Review of the resident's progress notes, showed: -On 4/4/25 at 5:00 P.M., resident on unit screaming and yelling because he/she was escorted back to his/her unit after yelling at another resident in activities; -On 4/5/25 at 9:44 P.M., resident pushed his/her way off the locked down unit and refused to go back. Resident was yelling profanities and walking up on staff and other residents threatening to hit them. Call was placed to his/her guardian and explained to him/her what resident was doing and agreed with this nurse to send resident to the hospital for evaluation and treatment. Call was placed to 911 to have resident transported to the hospital for treatment. Call will be placed to the nurse practitioner; -On 4/14/25 at 3:43 P.M., the resident returned to the facility from the hospital. Review of the resident's Hospital After Visit Summary, dated 4/14/24, showed: -Reason for Admission; -Suicide attempt by drinking hand sanitizer times one and wrapping a belt around his/her neck times two. Review of the resident's care plan, viewed 4/22/25 at 12:10 P.M., showed no information regarding the resident's hospitalization for suicide ideation on 4/5/25. During an interview on 4/24/25 at 2:41 P.M., Social Services Designee (SSD) E said the resident's recent suicide attempts should have been on the care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of Resident #121's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/31/24, showed: -Cognitively intact; -Diagnoses included stroke and end stage renal disease (ESRD, chronic irreversible kidney failure); -Received dialysis (procedure to remove waste products and excess fluid from the blood when the kidneys are not working properly), while a resident. Review of the order summary report, dated 4/21/25, showed a physician order, may attend dialysis on Monday, Wednesday and Friday. Review of the care plan, in use at the time of survey, showed there was no focus area for monitoring dialysis such as the access site or what to do in case of an emergency. During an interview on 4/25/25 at 9:20 A.M., Licensed Practical Nurse (LPN) A said dialysis should be on the care plan. During an interview on 4/25/25 at 2:15 P.M., LPN B said he/she was responsible for completing the MDS and updating the care plans. Dialysis should be a focus area on the care plan. LPN B was aware the resident was on dialysis. LPN B said dialysis was not on the resident's care plan, he/she was must have been moving too fast. 3. Review of Resident #120's quarterly MDS, dated [DATE], showed: -Moderately impaired cognition; -Diagnoses included high blood pressure, anxiety disorder, schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves) and chronic obstruction pulmonary disease (COPD, lung disease). Review of the resident's progress notes, showed no information regarding the resident's plan to discharge. Review of the care plan, in use at the time of survey, showed there was no focus area for discharge planning. 4. During an interview on 4/25/25 at 2:17 P.M., the MDS Nurse said care plans were updated quarterly, and with a significant change. Information regarding care plans and resident behaviors were discussed with the interdisciplinary team, and the team decides the interventions. The care plan should be complete and accurate and reflect each resident individually. Information regarding dialysis, discharge planning and suicide ideations should be listed on the care plans. She was not aware the information was not on the care plans for Residents #43, #121 and #120. 5. During an interview on 4/25/25 at 2:50 P.M., the Administrator and DON said care plans should be accurate and reflect the resident's current needs. Dialysis, discharges and suicide ideation should have been included in the care plans. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	40291 42247

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42247 Based on observation, interview and record review, the facility failed to ensure services provided met acceptable professional standards of care when staff failed to transcribe one resident's new order into the computer, resulting in the resident's urine analysis (UA, urine to check for signs of disease or infection) and culture and sensitivity (C/S, a lab test to attempt to grow bacteria, viruses, or fungi. and then test which medications will effectively work to stop the infection) not being obtained (Resident #68). Staff also failed to obtain a physician order for one resident's oxygen (Resident#31). The sample was 29. The census was 140. Review of the facility's Physician Orders policy, dated 8/24/24, showed: -Purpose: The purpose of this policy is to ensure our residents receive the care prescribed by their physician; -The Registered Nurse (RN)/Licensed Practical Nurses (LPN) and Certified Medication Technicians (CMT) are to follow the orders as written. 1. Review of Resident #68's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, dated 3/20/25, showed: -Moderately impaired cognition; -Required partial/moderate assistance (helper does less than half the effort) for toileting and personal hygiene; -Always incontinent of bowel and bladder; -Diagnoses included anemia (low red blood cell count), high blood pressure, dementia, anxiety, depression and bipolar disorder (a mental health condition that causes extreme mood swings). Review of the care plan in use at the time of survey, showed: -Problem: Is on antibiotic therapy (Macrobid) related to infection (urinary tract infection, UTI). He/She was prone to UTIs. On 3/1/24 Macrobid x 10 days; -Goal: Will be free of any discomfort or adverse side effects of antibiotic therapy through next review date; -Interventions: Administer antibiotic medication as ordered by physician. Monitor/document side effects and effectiveness every shift. Review of the resident's physician routine visit note, dated 4/15/25, showed: -Reason for visit: Physician visit for medical management I have pelvic pain, and it burns; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Chief complaint: Resident today complained of dysuria (painful or difficult urination) and suprapubic (above the pubic bone) pain; -Assessment overview: Get UA and C/S to evaluate for possible UTI. Further recommendations to follow once these results are known. Review of the resident's order summary report, dated 4/21/25, showed no physician order for the UA and C/S. Review of the progress notes, dated 4/14/25 through 4/21/25, showed no documentation the urine had been collected or the physician was notified of the results. During an interview on 4/25/25 at 11:05 A.M., the Director of Nursing (DON) said the facility had four to five different lab companies in the past year. Sometimes the facility received the test results and sometimes they did not. The facility got access to the current lab's portal on 1/7/25. The resident had a history of UTIs, but they were far and few in between. When the physician visited the facility, he/she wrote new orders on a physician order sheet and nursing transcribed the order into the computer. The DON said the facility did not have the UA and C/S results from 4/15/25 and she would have to investigate who transcribed the order to see what happened. The DON expected new orders to be transcribed into the computer and the urine obtained. 2. Review of Resident #31's significant change MDS, dated [DATE], showed: -Cognitively intact; -Required supervision for eating, dressing and personal hygiene; -Diagnoses included thyroid disorder, anxiety, depression, asthma or chronic lung disease; -Oxygen therapy while a resident. Review of the resident's order summary report, dated 4/21/25, showed no physician order for oxygen. Observation on 4/22/25 at 9:25 A.M., showed the resident lay on top of the bed with oxygen on via nasal cannula (NC, a medical device consisting of lightweight, flexible tube with two prongs designed to be inserted into the nose) at three liters (L)/minute (m). Observation on 4/24/25 at 11:35 A.M. and at 2:20 P.M., showed the resident in bed with oxygen on at 4L/m. Review of the progress notes, from 3/18/25 through 4/21/25, showed: -On 3/21/25 at 1:00 P.M., at 11:41 A.M., Emergency Medical Technician (EMT) arrived in the unit stating resident had called 911, wanting to be transferred to the hospital. Upon assessment, resident complained of chest pain (elephant sitting on his/her chest and unable to breath). Oxygen saturation (amount of oxygen in the blood) was 94% (normal 95 through 100%) on 1 L/m. Concentrator was adjusted to 3L/m; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 3/27/25 at 7:07 P.M., resident in bed resting quietly with oxygen going continuously via NC; -On 4/10/25 at 11:30 A.M., EMT arrived on the unit, resident called 911 stating he/she can't breathe, had just came in from smoking outside, staff put oxygen on resident per NC; -On 4/21/25 at 9:00 A.M., resident came from outside and went directly into the resident's phone room. Resident called 911 stating he/she was having difficulty breathing. EMT arrived at facility to perform assessment. The nurse attempted to obtain resident's vitals and provide oxygen prior to EMT arrival and resident refused; -On 4/21/25 at 3:08 P.M., resident returned from hospital. No new orders. Refused oxygen upon arrival. During an interview on 4/25/25 at 9:20 A.M., Licensed Practical Nurse (LPN) A said the resident used oxygen all the time except for when he/she was smoking. There should be a physician order for oxygen. LPN A checked the chart and said the resident did not have an order for oxygen. During an interview on 4/25/25 at 2:50 P.M., the DON said residents should have a physician order for oxygen. MO00251490 MO00250134

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42247 Based on interview and record review, the facility failed to ensure staff followed their policy for dialysis (a procedure that cleanses the blood of its impurities) when staff failed to assess/document the dialysis catheter (a catheter used for exchanging blood to and from a hemodialysis machine and a patient) or arteriovenous fistula, (AV, a surgical connection between an artery and a vein, usually in the arm, that's used for dialysis) site every shift and failed to fully complete the dialysis communication forms for two out of two residents who were receiving dialysis services (Residents #121 and #104). In addition, the facility failed to have a physician order for dialysis for one resident (Resident #104) and failed to have a contract with the dialysis companies. The sample was 29. The census was 140. Review of the facility's Management of a Resident Receiving Dialysis policy, dated 2/22/25, showed: -General guidelines: monitor the resident for the following problems associated with renal failure and/or dialysis: fluid and electrolyte imbalance; cardiovascular/hemodynamic instability; pain; infection; altered nutrition and immobility; -Assess dialysis catheter or AV fistula every shift and document; -The nursing staff should work in conjunction with the resident's dialysis center to schedule transportation, have open communication, and provide adequate/appropriate care for the resident; -A care plan should be initiated to determine the needs of the resident and to monitor effective/ineffective interventions for the resident. 1. Review of Resident #121's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, dated 10/31/25, showed: -Cognitively intact; -Diagnosis included end stage renal disease (ESRD, chronic irreversible kidney failure); -Received dialysis while a resident. Review of the order sheet report, dated 4/21/25, showed a physician order: may go to dialysis on Monday (M), Wednesday (W) and Friday (F). Review of the Medication/Treatment Administration Record (MAR/TAR) dated 4/1/25 through 4/21/25, showed there were no documentation the dialysis catheter or AV fistula was assessed every shift. Review of the dialysis communication sheets, dated 4/2/25 through 4/23/25, showed pre-dialysis: the weight and site were blank 8 out of 8 opportunities; post dialysis: weight was blank seven out of eight opportunities and site was blank eight out of eight opportunities. Review of the progress notes, dated 3/21/25 through 4/21/25 showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 3/25/25 at 2:30 P.M., resident returned from his/her outpatient procedure. A new port was placed into his/her left upper arm, dressing clean dry and intact. Old port in place until new port heals; -On 4/16/25 at 2:13 P.M., hemodialysis on M-W-F at dialysis center; -There were no post dialysis vital signs documented and no documentation showing the dialysis catheter or AV fistula was assessed every shift and there was no documentation showing the resident refused to be assesses. 2. Review of Resident #104's admission MDS, dated [DATE], showed: -Cognitively intact; -Diagnosis included ESRD; -Received dialysis while a resident. Review of the resident's care plan, in use at the time of survey showed: -Problem: resident needs hemodialysis related to ESRD. He/She has had multiple complications from ESRD, in example, blindness, left lower leg amputation, impaired circulation, impairment skin integrity, kidney transplant recipient. He/She was at risk for alterations in psychosocial wellbeing related to progress, quality of life; -Goal: will have no signs and symptoms of complications from dialysis through the review date; -Interventions: monitor for dry skin and apply lotion as needed; monitor labs and report to doctor as needed. No blood pressure in left arm. Left lower leg prosthesis. Blind. Dialysis on Tuesday, Thursday and Saturday at the dialysis center at 10:45 A.M., No orange juice, bananas, no potatoes/tomatoes. Limit milk to eight ounces daily. Review of the order sheet report, dated 4/21/25, showed: -A physician order to check the bruit (swishing sound that is heard with a stethoscope indicates patency) and thrill (vibration that indicates arterial and venous blood flow and patency) every shift and as needed for hemodialysis; -There was no physician order for dialysis. Review of the MAR/TAR, dated 4/1/25 through 4/21/25, showed no documentation of the bruit and thrill was assessed. Review of the dialysis communication form, dated 4/1/25 through 4/17/25, showed pre-dialysis: weight and site were blank for six out of six opportunities and post-dialysis: weight was blank four out of six opportunities, site was blank three out of six opportunities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the progress notes, dated 3/21/25 through 4/21/25, showed there were no post dialysis vital signs documented and no documentation the bruit and thrill was assessed There was no documentation the resident refused to be assessed. 3. During an interview on 4/25/25 at 9:20 A.M., Licensed Practical Nurse (LPN) A said residents who receive dialysis services should have a physician order and dialysis should be on their care plan. He/She checked the residents' vital signs pre-dialysis and documented it on the dialysis communication form. The weight was checked if he/she had time to get it completed before the resident left. If the weight was obtained, it would be documented on the communication form. The post dialysis section on the dialysis communication form was completed by the dialysis center. Once the resident returned from dialysis, LPN A said he/she checked the resident's vital signs and the access site. This information was not documented anywhere. It would be documented in the progress notes if something was abnormal, and the physician would be called. Neither resident needed to have a bruit and thrill checked because their access sites were in their chest. Resident #121 also had a port in his/her upper arm. The dialysis center has not accessed that port yet, so he/she did not need to do anything with it yet. He/She asked the resident every day if dialysis used that port because once they do, he/she will need to check the bruit and thrill. The dressing on the access sites is checked daily to be sure they are intact. 4. During an interview on 4/25/25 at 2:50 P.M., the Director of Nursing (DON) said residents who receive dialysis services should have physician orders for dialysis. Dialysis should be addressed on the care plan and staff should monitor the resident's bruit and thrill, the dressing covering the access site and document it on the TAR. The days the resident went for dialysis, they should have vital signs and weight checked before going out and documented on the dialysis communication form. The post dialysis section on the communication form was documented by the dialysis center. When the resident returned from dialysis, the nurse should check the residents' vital signs, bruit and thrill and observe for any changes. This should be documented in the progress notes. If the residents' access site was in their chest, staff should monitor their dressing. The facility should have dialysis contracts. The DON expected staff to follow the facility's policy and procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 45083 Based on interview and record review, the facility failed to use the services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week. This had the potential to affect all residents at the facility. The census was 140. Review of the facility's Nursing Staffing Policy, reviewed 12/22/21, showed: -Policy: This facility will maintain nursing staffing ratios to ensure appropriate care is provided; -Procedure: -A copy of the Nursing Staffing Information form will be posted daily; -The facility's charge nurse and/or designee will update the number of Certified Nurse Assistants (CNAs), Nurse Assistants (NAs), Certified Medication Technicians (CMTs), Environmental Aides (EAs), Licensed Practical Nurses (LPNs), and RNs that are in the facility at the beginning of each shift throughout each 24-hour period; -The completed copies of the Nursing Staffing Information forms will be maintained in a binder by the Staffing Coordinator; -We will have an RN 8 hours a day 7 days a week. Review of the facility's daily assignment sheets, dated 3/20/25 through 4/25/25, showed no RNs were scheduled. During an interview on 04/22/25 at 12:50 P.M., the Director of Nursing said the facility did not have an RN at least eight hours a day, seven days a week. She was the only RN in the facility and was on-call as needed. During an interview on 04/25/25 at 4:14 P.M., the Administrator said she expected to have an RN in the facility at lest eight hours a day, seven days a week.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37681 45083 Based on observation, interview and record review, the facility failed to immediately intervene when one resident (Resident #43), who was recently hospitalized for suicidal ideation, indicated he/she wanted to commit suicide. In addition, the facility failed to address one resident's behavior when he/she became agitated and left the secured unit he/she resided on (Resident #105). The sample size was 29. The census was 140. Review of the facility's Suicidal Ideations policy, updated 1/24/25, showed: -Definition: Suicidal ideation refers to wanting to take one's own life or thinking about suicide. Should a resident have a history of or begin to show signs of suicidal ideation, the following steps must be implemented: -When a resident is observed by a team member to exhibit verbally and/or physically suicidal tendencies, the following measures should be taken in an effort to prevent an attempt or further attempt by the resident from harming him/herself; -The resident is not to be left unattended until the resident's intent is evaluated. The team member observing the resident that exhibits verbal and/or physical suicidal tendencies should notify another team member. Review of the facility's Supervision and Management of Residents with Behaviors, updated 1/24/25, showed: -Policy: To provide support to team members to maintain safety and security when providing care to our residents who may exhibit behaviors, while treating our residents with dignity, respect and compassion; -Protocol: -De-escalation education will be provided to team members; -The best way to manage resident behaviors is to provide care in a dignified, respectful and compassionate manner; -When a resident is exhibiting anxiety, paranoia, defensive or risky behaviors, staff will respond by using de-escalation techniques: -Use a clear voice tone; -Be active in helping; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Build hope-resolution if possible; -Present yourself as a calming influence; -Remove distractions, disruptive or upsetting influences; -Validate their feelings and accept them; -Recognize that a mentally ill person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, environment-provide careful explanations and instructions; -Determine need for basic needs; -Use active listening skills. 1. Review of the resident #43's care plan, revised 1/21/24, in use during the time of the investigation, showed: -Problem: Suicide: The resident reports he/she was sad at the time and attempted to overdose while living at home with his/her parent. This attempt was more than four years ago; -Goal: Resident will remain safe and will not harm self through next review date; -Approaches/Tasks: If resident poses a potential threat to injure self or others, notify physician for behaviors and keep power of attorney informed. If wandering or pacing, initiate visual supervision during acute episodes. Monitor for cognitive, emotional or environmental factors that may contribute to violent behaviors. Monitor resident for signs/symptoms of agitation. Redirect to activities, socials, groups. Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/14/5, showed: -Cognitively intact; -Little interest or pleasure in doing things occurred nearly every day; -Feeling down, depressed and hopeless occurred nearly every day; -Exhibited physical behaviors directed toward others four to six days out of the week; -Exhibited verbal behaviors directed toward others daily; -Exhibited other behaviors not directed towards others such as hitting, scratching and disruptive sounds four to six days out of the week; -Diagnoses included anxiety and schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's progress note, showed: -On 3/16/24 at 2:30 P.M., the nurse heard a loud yelling from the hall. The resident was crying and stated that he/she wants to harm himself/herself as this nurse walked toward the unit could see resident with a belt that he/she began to wrap around his/her neck. Staff intervened immediately and remained with resident. This nurse placed a call to 911 for assistance and transport to the emergency room for evaluation. Staff continued to remain with resident until emergency medical technicians (EMT) arrived. Physician notified, agreed to send resident out for an evaluation; -On 3/21/25 at 10:01 A.M., resident returned to the facility from the hospital; -On 3/21/25 at 10:30 A.M., resident was one to one to discuss behaviors and his/her needs. Resident was educated on the positive ways of communicating and expressing self and allow staff to assist when feeling upset. followed up with resident on 15-minute checks. Review of the resident's progress notes, showed no further Social Services or psychosocial notes until 4/4/25. Review of the resident's progress notes, showed: -On 4/4/25 at 5:00 P.M., resident on unit screaming and yelling because he/she was escorted back to his/her unit after yelling at another resident in activities; -On 4/5/25 at 9:44 P.M., resident pushed his/her way off the locked down unit and refused to go back. Resident was yelling profanities and walking up on staff and other residents threatening to hit them. Call was placed to his/her guardian and explained to him/her what resident was doing and agreed with this nurse to send resident to the hospital for evaluation and treatment. Call was placed to 911 to have resident transported to the hospital for treatment. Call will be placed to the Nurse Practitioner; -On 4/14/25 at 3:43 P.M., the resident returned to the facility from the hospital. Review of the resident's Hospital After Visit Summary, dated 4/14/24, showed: -Reason for Admission: Suicide attempt by drinking hand sanitizer times one and wrapping a belt around his/her neck times two; -Presenting Problem: Recent suicide attempt; -Duration of Problem: Past one month; -Reason for Admission: Danger to self. Three recent suicide attempts; -Key Factors: Stressors of getting along with peers. He/She feels the peers at the nursing home pick on him/her. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's psychosocial note, dated 4/15/25 at 9:54 A.M., showed Therapy Talk: Resident states he/she wants to go to a group home. Resident was educated on the positive ways of communicating and expressing self and allow staff to assist when feeling upset. Social Services for support. Review of the progress notes, showed no further behavioral, psychosocial or Social Services notes as of 4/22/24 at 12:08 P.M. Observation on 4/23/25 at 12:05 P.M., showed Environmental Aide (EA) C sat on the secured unit with another resident, conducting a 15-minute check of the resident. A Housekeeper was also present on the unit. At 12:06 P.M., the resident was observed laying in bed on his/her back in his/her room. The resident said he/she was not doing well and began to cry loudly. He/She said he/she had not seen his/her psychiatrist, and when he/she did see them, they cut the visits short. He/She denied receiving group or individual counseling but wanted to receive both. He/She said he/she had been in bed all day. The resident began to cry and yelled, I want to kill myself. This surveyor and another surveyor were present. The other surveyor remained with the resident as this surveyor told EA C the resident said he/she wanted to kill himself/herself. EA C said he/she would inform the nurse and left the secured unit. The resident receiving the 15-minute checks paced up and down the hallway. At 12:13 P.M., EA C returned to the unit and said he/she informed the nurse. The nurse was on a phone call and would assess the resident when he/she was done. EA C sat down and continued monitoring the resident receiving the 15-minute checks. The resident remained in his/her room, in the bed, crying. He/She mentioned drinking hand sanitizer and wrapping a housecoat belt and shoestrings around his/her neck, while crying. At 12:16 P.M., no staff had come to check on the resident. At 12:22 P.M., this surveyor went to the hallway and observed Social Services Designee (SSD) E walking down the hallway. This surveyor informed SSD E of the resident's statements and said no one has checked on the resident as of yet. SSD E said he/she did not know and was training at the time. The surveyor asked if someone would check the resident. SSD E said he/she would get the nurse and left the unit without checking the resident. The surveyor asked EA C to get the nurse he/she spoke with earlier. At 12:24 P.M., Licensed Practical Nurse (LPN) D arrived in the resident's room and asked what was wrong. LPN D then told the resident to get up. The resident began to cry and said, I want to kill myself. At 12:27 P.M., LPN D said he/she would get someone to help and left the resident's room. The resident continued to cry loudly. At 12:29 P.M., EA C entered the room and said he/she would be doing one on one monitoring with the resident. EA C said when the surveyor informed him/her about the resident, he/she told LPN D immediately. At the time, LPN D was on the phone and said he/she would check on the resident after he/she was done with the phone call. At 12:33 P.M., LPN D returned and said he/she would send the resident to the hospital. During an interview on 4/23/25 at 12:34 P.M., LPN D said the resident always exhibited behaviors. However, the threats of suicide was a new behavior. LPN D was not sure how often the resident received visits from the psychiatrist or Nurse Practitioner. He/She did not know if the resident received one on one counseling or behavioral health services. Observation on 4/23/25 at 12:59 P.M., showed the resident leaving the facility with Emergency Medical Services (EMS). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/24/25 at 2:41 P.M., SSD E said he/she does group and one on one therapy with residents. Therapy consisted of how to cope with anxiety, depression, coping skills and going over medications. When a resident was suicidal, staff were to let the team know immediately and the resident would be placed on one-on-one monitoring. The resident was always in his/her feelings and wanted to be liked. The resident yelled, screamed and cried on a regular basis. When this happened, SSD E provided therapy to the resident. Yesterday was the first time she heard the resident say he/she was suicidal. If the resident said it in the past, he/she could not recall. When told the resident had episodes on 3/16/25 and 4/5/25, SSD E said he/she did one on one therapy with the resident upon his/her return from the hospital. He/She did not document the notes in the medical record. The resident was not receiving any additional services. When asked about SSD E's qualifications, he/she said he/she had the SSD certification and was a Certified Nursing Assistant (CNA). During an interview on 4/25/25 at 12:12 P.M., CNA I said he/she was familiar with the resident and the resident always displayed suicidal ideations and behaviors. If a resident would express suicide, you immediately checked the resident to ensure their safety. If no one was available on the hallway, you took the resident with you and informed the nurse. The resident should not be left alone. The resident would be brought to the nurse's station if no one else was available. During an interview on 4/25/25 at 12:37 P.M., CNA J said if a resident said they wanted to commit suicide, the resident should not be left alone. At times, there was one person on the locked unit, and they could not leave the resident alone. During those times, they would take the resident with them to the nurse's station. If the resident was not able to get to the nurse's station, staff would yell out until someone came to check the resident. The resident should not be left alone. During an interview on 4/24/25 at 5:49 P.M., the Social Services Director (SSD) said he had worked at the facility since 4/14/25. His duties included overseeing the psychosocial needs of the resident population. When a resident displayed behaviors, staff would try to deescalate the behaviors and find out what triggers the emotions and work backwards from there. If a resident said they were suicidal, staff should intervene immediately and make the resident safe. The resident was placed on one to one monitoring until they were deemed safe to be taken off one on one. Facility staff could determine whether the resident was considered safe, based of observation and judgement. If the threat is credible, staff would send the resident to the hospital for an evaluation. Resident #43 was reaching out for some kind of connection. The behavior was not new. When asked if appropriate interventions were put into place for the resident, SSD said there were interventions put into place for the resident. The interventions depended on the outcome. There was no specific box for the resident. He/She was provided the opportunity to express himself/herself. The resident could manipulate the situation. When you all (surveyors) comes in, you save the day (residents get their way) and they know it. When a resident was in an immediate crisis, there should be an immediate response. When asked if staff responded immediately and or appropriately to the resident's crises, the SSD said he was not familiar with the policy. Going forward, staff would be expected to respond immediately. He was not sure what services were in place for the resident and could not say if SSD E was able to provide therapy or determine if a resident was safe to take off of one-on-one monitoring. The resident could use additional services if he/she had a history of suicidal ideations, but he was not sure what was in place and said, there was no structure to determine the needs of the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/25/25 at 2:50 P.M., the Administrator and Director of Nursing (DON) said when the resident expressed he/she wanted to kill himself/herself, staff should have immediately intervened and laid eyes on the resident. EA C should have stayed with the resident and/or took the resident with him/her until the nurse arrived. The nurse should have arrived immediately after EA C informed him/her the resident was suicidal. They would expect qualified professionals to provide services to the resident. 2. Review of Resident #105's quarterly MDS, dated [DATE], showed: -Cognitively intact; -Behavioral Symptoms, Presence and Frequency: verbal and others, occurred 1-3 days; -Wandering Presence and Frequency: occurred 1-3 days; -No impairment to both upper and lower extremities; -No mobility device used; -Required supervision and verbal cues with self-care and mobility. -Diagnoses included dementia, anxiety disorder, and manic depression; -Current tobacco use. Review of the resident's care plan in use at time of survey, showed: -Problem: Resident is a smoker. He/She fixates on cigarette times. He/She used to bum cigarettes from strangers on a regular basis; -Goal: Resident will not smoke without supervision; -Approaches/Tasks: Instruct the resident about the facility policy on smoking; locations, times, safety concerns. Requires supervision while smoking; -Problem: Resident is an elopement risk, wanderer/wanders aimlessly, significantly intrudes on the privacy or activities, decreased cognition, repeats his/her questions consecutively, and unable to retain education, and redirection; -Goal: Resident will not leave the facility unattended; -Approaches/Tasks: Distract from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Prefers smoking to activity room. Identify pattern of wandering: Is wandering purposeful, aimless, or escapist? Is the resident looking for something? Does it indicate the need for more exercise? Intervene as appropriate. Remind resident of structured or scheduled activity or smoke times. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 4/22/25 at approximately 9:45 A.M., showed the resident paced back and forth to the locked door of second floor D-Hall. The resident repeatedly said he/she wanted to go out smoking. The resident ran towards the locked doors leading out into the nurse's station in the hallway and pushed his/her way out of the door. Certified Medication Technician (CMT) F yelled out the resident's name when he/she managed to go out the door. EA C chased the resident and redirected him/her back to the locked unit. EA C then took five residents out to smoke and left the resident on the unit. No other activities were offered or explanations provided by the staff. The resident continued to pace and said he/she wanted to go outside to smoke. During an interview on 4/25/25 at 2:50 P.M., the Administrator and DON said when the resident became agitated, staff should have allowed him/her to go outside for a supervised smoking session with staff. They should not have taken other residents and left residents on the unit while he/she displayed agitation from not being able to go outside to smoke. MO00252342 MO00252437

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide medically-related social services to help each resident achieve the highest possible quality of life. 37681 Based on observation, interview and record review, the facility failed to ensure a resident received appropriate person-centered care to meet his/her highest practical psychosocial well-being when the facility failed to provide medically related social services for one resident with a known history of suicidal ideation (Resident #43). The sample size was 29. The census was 140. The Administrator was notified on 4/25/25 of the past non-compliance. The facility has hired a Social Services Director on 4/14/25. The deficiency was corrected on 4/14/25. Review of the facility's Supervision and Management of Residents with Behaviors policy, updated 1/24/25, showed: -Policy: To provide support to team members to maintain safety and security when providing care to our residents who may exhibit behaviors, while treating our residents with dignity, respect and compassion; -Protocol: -De-escalation education will be provided to team members; -The best way to manage resident behaviors is to provide care in a dignified, respectful and compassionate manner; -When a resident is exhibiting anxiety, paranoia, defensive or risky behaviors, staff will respond by using de-escalation techniques: -Use a clear voice tone; -Be active in helping; -Build hope-resolution is possible; -Present yourself as a calming influence; -Remove distractions, disruptive or upsetting influences; -Validate their feelings and accept them; -Recognize that a mentally ill person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, environment-provide careful explanations and instructions; -Determine need for basic needs; -Use active listening skills. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #43's care plan, revised 1/21/24, in use during the time of the investigation, showed: -Problem: Suicide: The resident reports he/she was sad at the time and attempted to overdose while living at home with his/her parent. This attempt was more than four years ago; -Goal: Resident will remain safe and will not harm self through next review date; -Approaches/Tasks: If resident poses a potential threat to injure self or others, notify physician for behaviors and keep power of attorney informed. If wandering or pacing, initiate visual supervision during acute episodes. Monitor for cognitive, emotional or environmental factors that may contribute to violent behaviors. Monitor resident for signs/symptoms of agitation. Redirect to activities, socials, groups. Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/14/5, showed: -Cognitively intact; -Little interest or pleasure in doing things occurred nearly every day; -Feeling down, depressed and hopeless occurred nearly every day; -Exhibited physical behaviors directed toward others four to six days out of the week; -Exhibited verbal behaviors directed toward others daily; -Exhibited other behaviors not directed towards others such as hitting, scratching and disruptive sounds four to six days out of the week; -Diagnoses included anxiety and schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly). Review of the resident's progress note, showed: -On 3/16/24 at 2:30 P.M., the nurse heard a loud yelling from the hall. The resident was crying and stated that he/she wants to harm himself/herself as this nurse walked toward the unit could see resident with a belt that he/she began to wrap around his/her neck. Staff intervened immediately and remained with resident. This nurse placed a call to 911 for assistance and transport to the emergency room for evaluation. Staff continued to remain with resident until emergency medical technicians (EMT) arrived. Physician notified, agreed to send resident out for an evaluation; -On 3/21/25 at 10:01 A.M., resident returned to the facility from the hospital; -On 3/21/25 at 10:30 A.M., resident was one to one to discuss behaviors and his/her needs. Resident was educated on the positive ways of communicating and expressing self and allow staff to assist when feeling upset. followed up with resident on 15-minute checks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's progress notes, showed no further Social Services or psychosocial notes until 4/4/25. Review of the resident's progress notes, showed: -On 4/4/25 at 5:00 P.M., resident on unit screaming and yelling because he/she was escorted back to his/her unit after yelling at another resident in activities; -On 4/5/25 at 9:44 P.M., resident pushed his/her way off the locked down unit and refused to go back. Resident was yelling profanities and walking up on staff and other residents threatening to hit them. Call was placed to his/her guardian and explained to him/her what resident was doing and agreed with this nurse to send resident to the hospital for evaluation and treatment. Call was placed to 911 to have resident transported to the hospital for treatment. Call will be placed to the Nurse Practitioner; -On 4/14/25 at 3:43 P.M., the resident returned to the facility from the hospital. Review of the resident's Hospital After Visit Summary, dated 4/14/24, showed: -Reason for Admission: Suicide attempt by drinking hand sanitizer times one and wrapping a belt around his/her neck times two; -Presenting Problem: Recent suicide attempt; -Duration of Problem: Past one month; -Reason for Admission: Danger to self. Three recent suicide attempts; -Key Factors: Stressors of getting along with peers. He/She feels the peers at the nursing home pick on him/her. Review of the resident's psychosocial note, dated 4/15/25 at 9:54 A.M., showed Therapy Talk: Resident states he/she wants to go to a group home. Resident was educated on the positive ways of communicating and expressing self and allow staff to assist when feeling upset. Social Services for support. Review of the progress notes, showed no further behavioral, psychosocial or Social Services notes as of 4/22/24 at 12:08 P.M. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 4/23/25 at 12:06 P.M., showed the resident laying in bed on his/her back in his/her room. The resident said he/she was not doing well and began to cry loudly. He/She said he/she had not seen his/her psychiatrist, and when he/she did see them, they cut the visits short. He/She denied receiving group or individual counseling but wanted to receive both. He/She said he/she had been in bed all day. The resident began to cry and yelled, I want to kill myself. This surveyor informed Social Services Designee (SSD) E of the resident's statements and said no one has checked on the resident as of yet. SSD E said he/she did not know and was training at the time. The surveyor asked if someone would check the resident. SSD E said he/she would get the nurse and left the unit without checking the resident. At 12:24 P.M., Licensed Practical Nurse (LPN) D arrived in the resident's room and asked what was wrong. LPN D then told the resident to get up. The resident began to cry and said, I want to kill myself. At 12:27 P.M., LPN D said he/she would get someone to help and left the resident's room. The resident continued to cry loudly. At 12:29 P.M., Environmental Aide (EA) C entered the room and said he/she would be doing one on one monitoring with the resident. At 12:33 P.M., LPN D returned and said he/she would send the resident to the hospital. During an interview on 4/23/25 at 12:34 P.M., LPN D said the resident always exhibited behaviors. However, the threats of suicide was a new behavior. LPN D was not sure how often the resident received visits from the psychiatrist or Nurse Practitioner. He/She did not know if the resident received one on one counseling or behavioral health services. During an interview on 4/24/25 at 2:41 P.M., SSD E said he/she does group and one on one therapy with residents. Therapy consisted of how to cope with anxiety, depression, coping skills and going over medications. When a resident was suicidal, staff were to let the team know immediately and the resident would be placed on one-on-one monitoring. The resident was always in his/her feelings and wanted to be liked. The resident yelled, screamed and cried on a regular basis. When this happened, SSD E provided therapy to the resident. Yesterday was the first time she heard the resident say he/she was suicidal. If the resident said it in the past, he/she could not recall. When told the resident had episodes on 3/16/25 and 4/5/25, SSD E said he/she did one on one therapy with the resident upon his/her return from the hospital. He/She did not document the notes in the medical record. The resident was not receiving any additional services. When asked about SSD E's qualifications, he/she said he/she had the SSD certification and was a Certified Nursing Assistant (CNA). During an interview on 4/24/25 at 4:12 P.M., SSD L said he/she has been a Social Services Designee since August 28, 2024 and will be taking the SSD class next month. As a Designee, he/she was not a Social Worker or Therapist, but conducted groups, wrote Social Services progress notes and completed various other duties. The facility had a Social Worker in August 2024, but they left the following September. They had another Social Worker in December 2024, who left in January 2025. The facility had been without a Social Worker since January 2025. SSD L said they had not received any formal training on how to deal with residents expressing suicidal ideations. They have received paperwork and review it regularly. The facility also used to offer an outside mental health therapist, but they no longer have those services. Outside behavioral services would be beneficial for residents exhibiting behaviors. They had not had any outside services since August 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/24/25 at 5:49 P.M., the Social Services Director said he has worked at the facility since 4/14/25. He was not sure how long the facility had been without a social worker. Duties included overseeing the psychosocial needs of the resident population. When a resident displays behaviors, staff will try to deescalate the behaviors and find out what triggers the emotions and work backwards from there. If a resident says they are suicidal, staff should intervene immediately and make the resident safe. The resident is placed on one-to-one monitoring until they are deemed safe to be taken off one on one. Facility staff can determine whether the resident is considered safe. Based off observation and judgment. If the threat is credible, staff would send the resident to the hospital for an evaluation. The resident was reaching out for some kind of connection. The behavior was not new. When asked if appropriate interventions were put into place for the resident, SSD said there were interventions put into place for the resident. The interventions depended on the outcome. There was no specific box for the resident. He/She was provided the opportunity to express himself/herself. When a resident is in an immediate crisis, there should be an immediate response. When asked if staff responded immediately and or appropriately to the resident's crises, SSD said he was not familiar with the facility's policy. Going forward, staff would be expected to respond immediately. He was not sure what services were in place for the resident and could not say if Social Services Designee's were able to provide therapy or determine if a resident was safe to take off of one-on-one monitoring. The resident could use additional services if he/she has a history of suicidal ideations, but he was not sure what was in place and said, there was no structure to determine the needs of the resident. During an interview on 4/25/25 at 2:50 P.M., the Administrator and Director of Nursing (DON) said they expected qualified professionals to provide services to the resident. Social Service Designees were not qualified to provide medically related social services to residents. The facility has since hired a Social Services Director.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42247 45083 Based on observation, interview and record review, the facility failed to ensure drugs and biologicals were labeled and stored in accordance with acceptable standards of practice. The facility identified six medication carts and two medication rooms. Three of the six carts and both medication rooms were checked for medication storage. Issues were found in both medication rooms, and all three medication carts. In addition, a non-licensed staff had access to one medication room using a key located at the nurses' station. The census was 140. Review of the facility's Storage and Labeling of Medications policy, dated [DATE], showed: -Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications; -Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications are permitted to access medications. Medication rooms, carts and medication supplies are locked when not attended by persons with authorized access; -Medications labeled for individual residents are stored separately from floor stock medications when not in the medication cart; -Temperature: Medications and biologicals are stored at their appropriate temperatures and humidity according to the USP guidelines for temperature ranges; -Medications requiring storage at room temperature are kept at temperatures ranging from 59 Fahrenheit (F) to 77 F; -Medications requiring refrigeration are kept in a refrigerator at temperatures between 36 F and 46 F with a thermometer to allow temperature monitoring; -A temperature log is kept in the storage area to record temperatures at least once a day; -Certain medications or package types, such as, multiple dose injectable vials, ophthalmic, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency; -When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration (NOTE: the best stickers to affix contain both a date opened and expiration notation line). The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating. Review of the manufacturer's insert for Tuberculin Purified Protein Derivative (PPD, (Mantoux) is a skin test to aid in diagnosis of tuberculosis infection (TB) in persons at increased risk of developing active disease); -Store at 35 to 46 F. A vial of PPD (tubersol) which has been entered and in use for 30 days should be discarded. Do not use after expiration date. 1. Observation and interview on [DATE] at 10:00 A.M., showed inside the top drawer of the first floor nurse cart, one opened, undated and unlabeled vial of Levemir (long-acting medication used to treat diabetes) insulin. Licensed Practical Nurse (LPN) A said he/she did not know who the insulin belonged to, and the insulin was expired. LPN A removed the insulin from the cart. Observation and interview on [DATE] at 11:14 A.M., showed in the top drawer of the second floor Certified Medication Technician's (CMT) cart, one opened and undated Lantus (long-acting medication used to treat diabetes) insulin pen, and one opened, and undated Lispro (short-acting medication used to treat diabetes) insulin pen. The Assistant Director of Nursing (ADON) said the labels may have fallen off the pens. He/She expected the insulin pens to be dated once opened. The insulins were good for 28 days. 2. Observation and interview on [DATE] at approximately 10:05 A.M., showed the first floor medication room had one opened and undated vial of PPD. The date on the bag, in which the vial of medication was located, had a dispense date of [DATE]. LPN A said he/she did not know when the medication was opened. Whomever opened the medication was responsible for dating it. The medication was good for 30 days after it was opened. Observation and interview on [DATE] at 11:10 A.M., showed in the top drawer of the second floor nurse cart, one opened and undated vial of PPD. LPN M said he/she did not know when the medication was opened. Whomever opened the medication should date it. The medication was good for 30 days after it was opened. PPD should be stored in the refrigerator. 3. Observation and interview on [DATE] at 10:55 A.M., showed: -Inside the second floor medication room, on a shelf above the sink, was a plastic bag with a Lispro insulin pen inside it. The ADON said insulin should be stored in the refrigerator until it was opened. After insulin was opened, it could be stored on the medication cart. The ADON said the insulin was probably put on the shelf because it looked like the other injectable medications that were stored on the shelf. There was one bottle of fungi care (an over the counter liquid antifungal) that was open and unlabeled. The expiration date of the medication was ,d+[DATE]. The ADON said the medication probably came from a new admission, but she could not recall who the resident was; -The medication refrigerator's temperature log sheet showed multiple dates with no documentation of temperature readings and staff signatures: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-[DATE], [DATE], [DATE], [DATE] to [DATE], [DATE] to [DATE]; -[DATE] to [DATE], [DATE] to [DATE], [DATE] to [DATE], and [DATE] to [DATE]; -[DATE] to [DATE], [DATE], [DATE] to [DATE], [DATE] and [DATE]; -The ADON said the housekeepers were responsible for monitoring the temperatures of the medication refrigerator. He/She said they may not have a pen with them when they checked the temperatures on those days mentioned above. The ADON said only nurses and CMTs had access to the medication rooms. 4. Observation on [DATE] at 9:49 A.M., showed Environmental Aide (EA) C obtained a set of keys from one of the drawers in the second floor nurses' station and opened the medication room. There were no nurses or CMTs in the station or accompanying EA C. He/She came out of the room after a few seconds with a box which contained the residents' cigarettes. He/She then returned the keys to the drawer where he/she removed them from. During an interview on [DATE] at 12:36 P.M., EA C said the residents' cigarettes were stored in the locked medication room. He/She would enter the medication room when assigned to monitor and provide cigarettes to the residents who smoked. He/She said the medication room keys had always been in the nurses' station. He/She used them without supervision since his/her employment in [DATE]. The nurses told him/her to obtain and use the keys when needed. During an interview on [DATE] at 1:15 P.M., LPN A said the cigarettes for residents in the locked units were kept in the medication rooms. Nurses, CMTs, CNAs and EAs could supervise the residents who smoked, but only nurses and CMTs had access to the medication rooms. CNAs and EAs had to ask the nurses or CMTs to obtain the cigarettes for them. 8. During an interview on [DATE] at 2:50 P.M., the Director of Nursing (DON) said she expected medication to be stored per manufacturer's recommendations. She said the nurses and CMTs were responsible for monitoring and documenting the medication refrigerator temperature. Non-licensed staff should not have access to the medication rooms. She expected staff to follow the facility's policies and procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40291 42247 Based on interview and record review, the facility failed to ensure staff accurately administered/documented medications, weekly skin assessments, pain and behavior monitoring, as well as blood pressure, per physician orders for two residents (Resident #31 and #62). The sample was 29. The census was 140. Review of the facility's Administering Medication policy, dated 1/24/24, showed: -Policy: Medications will be administered in a safe and timely manner, and as prescribed; -Only persons licensed or permitted by the state of Missouri to prepare, administer and document the administration of medications and/or have related functions can administer medications; -The Director of Nursing (DON) or designee will supervise and direct all nursing personnel who administer medications and/or have related functions; -Medications must be administered in accordance with the orders, including any required time frame; -If a medication is withheld, refused or given at a time other than the scheduled time the individual administering the medication will document the rationale; -While residents have the right to refuse medications, it's vital to notify the appropriate physician of the resident's refusal after three days to allow for a medication review; -It is best practice to document medication administration in the moment, prior to moving on to the next resident; -If a medication is unavailable, the Certified Medication Technician (CMT)/Nurse will look in the first dose cabinet and/or central supply for over-the-counter medications and administer the medication. If the medication is still unavailable, the CMT/Nurse will reorder the medication by either faxing or calling the request into the pharmacy; -If a medication is missing, and the pharmacy has not sent the requested medication the following day, the DON or designee is to be notified to assist in removing barriers and obtaining the medication in a timely manner, whether the issue lies within the pharmacy, or a new prescription needs to be updated. Review of the facility's Charting and Documentation policy, undated, showed: -Policy: All services provided to the resident, or any changes in the resident's medical or mental condition will be documented in the resident's medical record; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Procedure: -All observations, medications administered, services performed, etc., will be documented in the resident's medical record; -All incidents, accidents, or changes in the resident's condition must be recorded; -To ensure consistency in charting and documentation of the resident's medical record, only facility approved abbreviations and symbols may be used when recording entries in the resident's medical record; -Documentation of procedures and treatments will include care specific details and at a minimum, will include: -Date and time procedure/treatment was provided; -Name and title of the individual(s) who provided the care; -Assessment data and/or any unusual findings obtained during the procedure/treatment; -How the resident tolerated the procedure/treatment; -Whether the resident refused the procedure/treatment; -The signature and title of the individual documenting. 1. Review of Resident #31's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/20/25, showed: -Cognitively intact; -Diagnoses included anxiety, depression, asthma or chronic lung disease and thyroid disorder. Review of the order summary report, dated 4/21/25, showed a physician order for alprazolam (Xanax, antianxiety) disintergrating 0.5 milligrams (mg), give one tablet three times a day for anxiety. During an interview on 4/22/25 at 1:55 P.M., the resident said he/she did not always receive his/her medications. When he/she went to the hospital in March, he/she was not receiving his/her Xanax like he/she was supposed to. The facility was trying to blame it on the pharmacy. Review of the alprazolam (Xanax) tab 0.5 mg, one tablet three times daily, controlled drug (a drug or other substance that is tightly controlled by the government because it may be abused or cause addiction) receipt record/disposition form (control log) dated received on 3/10/25, showed: -On 3/11/25 the medication was signed as administered three out of three opportunities; -On 3/14/25, the medication was signed as administered two out of three opportunities; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 3/15/25, the medication was signed as administered one out of three opportunities; -On 3/16/25, the medication was signed as administered zero out of three opportunities; -On 3/17/25, the medication was signed as administered two out of three opportunities; -On 3/18/28, the medication was signed as administered zero out of three opportunities; -On 3/20/25, the medication was signed as administered one out of three opportunities; -On 3/21/25, the medication was signed as administered three out of three opportunities; -On 3/25/25, the medication was signed as administered one out of three opportunities. Review of the Medication Administration Record (MAR), dated 3/11/25 through 3/26/25, showed: -A physician order for alprazolam disintegrating 0.5 mg give one tablet three times a day for anxiety; -On 3/11/25, the medication was documented administered two out of three opportunities; -On 3/14/25, the medication was documented administered three out of three opportunities. -On 3/15/25, two out of three opportunities were documented as refused and one opportunity was documented with a nine (other, see progress notes); -On 3/16/25, two out of three opportunities were documented as refused and one opportunity was documented with a five (hold, see progress notes); -On 3/17/25, the medication was documented as administered one out of three opportunities; -On 3/18/25, the medication was documented as administered three out of three opportunities; -On 3/20/25, the medication was documented as administered three out of three opportunities; -On 3/21/25, the medication was documented as administered two out of three opportunities; -On 3/25/25, the medication was documented as administered zero out of three opportunities. Review of the progress notes, dated 3/11/25 through 3/25/25, showed: -On 3/21/25 at 1:00 P.M., at 11:41 A.M., resident was transferred to the hospital; -On 3/26/25 at 6:34 P.M., resident returned from hospital; -There was no documentation showing the resident refused his/her medication or the medication was on hold or showing why the medication was not administered as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of Resident #62's quarterly MDS, dated [DATE], showed the following: -admitted on [DATE] and readmitted on [DATE]; -Severe cognitive impairment; -Substantial/maximal assistance required eating; -Dependent on staff for bathing, transfer, dressing, toileting, personal hygiene, and transfers; -Diagnoses include hypertension (high blood pressure) hyperlipidemia (high cholesterol), stroke, hemiplegia (paralysis of the arm, leg, and trunk on the same side of the body), dementia, and depression (other than bipolar). Review of the resident's physician order sheet (POS), dated 4/22/25 showed: -An order dated 4/26/24 for Artificial tears ophthalmic solution 1%, instill 1 drop in both eyes two times a day for dry eyes; -An order dated 5/22/23, Senna-Docusate Sodium oral tablet, give 1 tablet by mouth two times a day for constipation; -An order dated 11/12/20, to assess and monitor resident for pain, four times daily with med pass; -An order dated 7/24/23, for weekly skin checks on Monday 7:00 P.M. to 7:00 A.M., document under skin only assessment every Monday for skin assessment; -An order dated 12/4/23, to monitor Behaviors: Has the resident demonstrated any behaviors during that shift? Made any inappropriate comments and pushed boundaries with female staff, refusals of medications, and any other behaviors, every shift; -An order dated 10/5/24, to monitor blood pressure every shift for hypertension; Review of the MAR, dated 3/1/25 through 3/31/25, showed: -An order dated 4/26/24, for Artificial tears ophthalmic solution 1%, instill 1 drop in both eyes two times a day for dry eyes; -Documentation showed five out of 31 opportunities left bank; -An order dated 5/22/23, Senna-Docusate Sodium oral tablet, give 1 tablet by mouth two times a day for constipation; -Documentation showed five out of 31 opportunities left bank. -An order dated 11/12/20, to assess and monitor resident for pain, four times daily with med pass; -Documentation showed twelve out of 124 opportunities left bank; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Treatment Administration Record (TAR), dated 3/1/25 to 3/31/25, showed: -An order dated 7/24/23, for weekly skin checks on Monday 7:00 P.M. to 7:00 A.M., document under skin only assessment every Monday for skin assessment; -Documentation showed one out of 5 opportunities left blank. -An order dated 12/4/23, to monitor Behaviors: Has the resident demonstrated any behaviors during that shift? Made any inappropriate comments and pushed boundaries with female staff, refusals of medications, and any other behaviors, every shift; -Documentation showed two out of 93 opportunities left blank. -An order dated 10/5/24, to monitor blood pressure every shift for hypertension; -Documentation showed two out of 93 opportunities left blank; Review of the MAR, dated 4/1/25 through 4/30/25, showed: -An order dated 11/18/20, Atorvastatin 20 mg tablet, give 1 tablet orally at bedtime related to hyperlipidemia; -Documentation showed two out of 24 opportunities left bank; -An order dated 4/26/24, for Artificial tears ophthalmic solution 1%, instill 1 drop in both eyes two times a day for dry eyes; -Documentation showed one out of 24 opportunities left bank; -An order dated 5/22/23, Senna-Docusate Sodium oral tablet, give 1 tablet by mouth two times a day for constipation; -Documentation showed one out of 24 opportunities left bank. -An order dated 11/12/20, to assess and monitor resident for pain, four times daily with med pass; -Documentation showed four out of 72 opportunities left bank; Review of the TAR, dated 4/1/25 to 4/30/25, showed: -An order dated 7/24/23, for weekly skin checks on Monday 7:00 P.M. to 7:00 A.M., document under skin only assessment every Monday for skin assessment; -Documentation showed one out of 3 opportunities left blank. -An order dated 12/4/23, to monitor Behaviors: Has the resident demonstrated any behaviors during that shift? Made any inappropriate comments and pushed boundaries with female staff, refusals of medications, and any other behaviors, every shift; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265776	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Spanish Lake, The	610 Prigge Road Saint Louis, MO 63138

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Documentation showed two out of 72 opportunities left blank. -An order dated 10/5/24, to monitor blood pressure every shift for hypertension; -Documentation showed two out of 72 opportunities left blank; 3. During an interview on 4/25/25 at 9:20 A.M., Licensed Practical Nurse (LPN) A said all medications should be documented on the MAR/TAR when given. If the medication was a controlled substance, the medication would also be signed out on the control log. A blank on the MAR would indicate the medication was not signed out or the medication was not given. There should be no blanks on the MAR/TAR. If a resident refused a medication or a medication was not given, staff should document a code in the box. If a resident was in the hospital, it should be documented. The control log would be more accurate as compared to the MAR. 4. During an interview on 4/25/25 at 2:50 P.M., the Director of Nursing (DON) said medications should be documented when they are administered. If the medication was a controlled substance, it should also be documented on the control log. The MAR and the control log should match. If a resident refused a medication or if the medication was not administered staff should document a code showing the reason the medication was not administered. If the code showed see progress note she would expect there to be a corresponding progress note. The DON expected staff to follow the facility's policy and procedures and to follow physician orders. MO00251490