

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER Mount Carmel Senior Living - St Charles, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 723 First Capitol Drive Saint Charles, MO 63301	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34003</p> <p>Based on observations, interviews and record review, the facility failed to maintain the temperature at a safe and comfortable level for the residents who resided on the third floor, when the blower units for the air conditioner were no longer functioning. The facility did not monitor the air temperatures while waiting for the units to be replaced and did not move residents to an area of the facility that maintained acceptable temperatures. This affected rooms 321 through 331 on the third floor. The facility census was 80.</p> <p>Review of the facility policy for Extreme Temperatures dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -In the event of a power loss, this facility's central air conditioning and heating systems will not function as they are not on the generator. The follow guidelines should be followed to ensure resident safety during times of heat or air conditioning loss; -Air conditioning Loss: In the event that there is a loss of function in the cooling system during hot weather, the following procedures are to be implemented. When the facility temperature exceeds 81 degrees Fahrenheit and remains so for four hours, the facility should: <ul style="list-style-type: none"> -Move residents to other air-conditioned portions of the building; -Encourage residents to increase consumption of fluids by making water, juices, and Gatorade; -Make sure an adequate supply of ice is available in the building; -Open windows to let cooler outside air in and utilize fans to move air; -Bring in addition staff, if required to assist; -Monitor body temperatures of the residents in affected areas and notify their attending physicians if necessary; -Relocate residents, if necessary, to assisted living facilities, nursing homes, family, or hospitals in the area with which the facility has agreements if temperatures are unable to be maintained in a .d+[DATE] degree Fahrenheit range; <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER Mount Carmel Senior Living - St Charles, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 723 First Capitol Drive Saint Charles, MO 63301	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Monitor environment thermometers on a 24-hour basis.</p> <p>Review of the Centers for Disease Control showed the following guidance:</p> <p>-People aged 65 or older are more prone to heat-related health concerns. Older adults can't adjust to sudden temperature changes as fast as younger people. This may happen because of certain medicines they take or chronic illnesses that affect their ability to regulate body temperature. When not treated properly, heat-related illnesses can lead to death;</p> <p>-There are several types of heat related illnesses with heat stroke being the most serious. Heat stroke occurs when the body can no longer control its temperature; the body's temperature rises rapidly, the sweating mechanism [NAME], and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106 degrees Fahrenheit. Heat stroke can cause permanent disability or death if the person does not receive emergency treatment;</p> <p>-Heat Exhaustion is the body's response to an excessive loss of water and salt, usually through excessive sweating. Heat exhaustion is most likely to affect the elderly, people with high blood pressure and those working in a hot environment;</p> <p>-Symptoms of heat exhaustion include: headache, nausea, dizziness, weakness, irritability, thirst, heavy sweating, elevated body temperature and decreased urine output;</p> <p>-First aide for heat exhaustion are call 911 if medical care is unavailable; remove from the hot area and give liquids, remove unnecessary clothing, cool with cold compresses, encourage sips of water.</p> <p>1. During an interview on [DATE] at 9:08 A.M. the Administrator said the following:</p> <p>-The central cooling system used blower units in certain resident's rooms. There were several rooms on the third floor that the blowers went out last Thursday. The Maintenance Director had the contracted heating and cooling company out on Thursday to look at the system, and they found that the system was working, but the blower units were not. The facility was able to purchase one blower unit locally, but the other six had to be ordered and were due to be delivered this week. There were five resident rooms affected by the blower units being bad all on the third floor. The facility put fans in the affected rooms, Rooms 325, 326, 323, 324 and 327.</p> <p>During an interview on [DATE] at 9:30 A.M. the Maintenance Director said the following:</p> <p>-Last Thursday he was made aware that rooms on the third floor were hot. He called the contracted heating and cooling company and they came out and identified that the blower units in individual rooms were not working;</p> <p>-There were portable air conditioning units in the hall on the third and second floor to help with cooling;</p> <p>-He was able to locate one blower unit locally and replaced the broken on in room [ROOM NUMBER], but had to order units for the other rooms;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER Mount Carmel Senior Living - St Charles, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 723 First Capitol Drive Saint Charles, MO 63301	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He had not been monitoring the temperatures and did not know what an acceptable temperature range should be.</p> <p>Observation on the third floor on [DATE] from 10:00 A.M. to 10:45 A.M., showed the following:</p> <p>-room [ROOM NUMBER] was occupied by two residents with a fan by each resident's bed. The Maintenance Director measured the room air temperature with a digital thermometer; the temperature of the room was 84.7 degrees F.;</p> <p>-room [ROOM NUMBER], a room identified with no functioning blowers and occupied by two residents, had an ambient temperature of 78.8 degrees. There were two fans in the room by each resident's bed were on and blowing on the residents;</p> <p>-room [ROOM NUMBER] a room identified with no functioning blowers and occupied by Resident #4, had an ambient temperature at 80 degrees. There was fan by the resident's bed that was on and blowing on the resident;</p> <p>-room [ROOM NUMBER], a room identified as having no functioning blowers and occupied by two residents, had an ambient temperature of 86.5 degrees. There was a fan by each resident's bed that was on and blowing on the residents;</p> <p>-room [ROOM NUMBER] occupied by one resident with an ambient temperature of 85.6;</p> <p>-room [ROOM NUMBER] occupied by one resident with an ambient temperature of 81.0</p> <p>-room [ROOM NUMBER] occupied by two residents with an ambient temperature of 79 degrees;</p> <p>-room [ROOM NUMBER] occupied by two residents with an ambient temperature of 81.1 degrees.</p> <p>Review of the Centers for Disease Control showed the following guidance::</p> <p>-People aged 65 or older are more prone to heat-related health concerns. Older adults can't adjust to sudden temperature changes as fast as younger people. This may happen because of certain medicines they take or chronic illnesses that affect their ability to regulate body temperature. When not treated properly, heat-related illnesses can lead to death.</p> <p>-There are several types of heat related illnesses with heat stroke being the most serious. Heat stroke occurs when the body can no longer control its temperature; the body's temperature rises rapidly, the sweating mechanism [NAME], and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106 degrees Fahrenheit. Heat stroke can cause permanent disability or death if the person does not receive emergency treatment;</p> <p>-Heat Exhaustion is the body's response to an excessive loss of water and salt, usually through excessive sweating. Heat exhaustion is most likely to affect the elderly, people with high blood pressure and those working in a hot environment;</p> <p>-Symptoms of heat exhaustion include: headache, nausea, dizziness, weakness, irritability, thirst, heavy sweating, elevated body temperature and decreased urine output;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER Mount Carmel Senior Living - St Charles, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 723 First Capitol Drive Saint Charles, MO 63301	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-First aide for heat exhaustion are call 911 if medical care is unavailable; remove from the hot area and give liquids, remove unnecessary clothing, cool with cold compresses, encourage sips of water</p> <p>2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff dated [DATE] showed:</p> <p>-Able to make self understood and able to understand others, some difficulty making decisions;</p> <p>-Requires assistance from staff for Activities of Daily Living (ADL's), dependent upon staff for mobility;</p> <p>-Diagnoses in part of hypertension.</p> <p>During an interview and observation on [DATE] at 10:45 A.M. of Resident #1 in room [ROOM NUMBER] showed the following:</p> <p>-The resident lay in the bed with a sheet covering him/her and a portable fan next to the bed blew air on the resident. The resident appeared disheveled and his/her face slightly flushed:</p> <p>-The resident said the room was hot. His/Her family brought him/her in a fan this weekend due to the room being so hot. It was better now that he/she had a fan.</p> <p>3. Review of Resident #3's comprehensive MDS dated [DATE] showed:</p> <p>-Able to make self understood, usually understands others. Difficulty with make appropriate decisions;</p> <p>-Assistance from staff with ADL's, and dependent upon staff for mobility;</p> <p>-Diagnosis in part of hypertension, dementia, arthritis and urinary tract infection.</p> <p>During an interview on [DATE] at 10:59 A.M. Resident #3's family member said the resident just moved into room [ROOM NUMBER] in the past couple of weeks. The room was very warm. There was an air conditioner but it did not seem to keep the room cool.</p> <p>4. Review of Resident #5's quarterly MDS dated [DATE] showed:</p> <p>-Able to make self understood and able to understand others. Some difficulty with making decisions;</p> <p>-Assistance with ADL's and dependent upon staff for mobility;</p> <p>-Diagnoses of stroke with paralysis on one side of the body, heart disease, hypertension, diabetes and dementia.</p> <p>During an interview and observation on [DATE] at 11:00 A.M. Resident #5 said:</p> <p>-He/She lives in room [ROOM NUMBER];</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER Mount Carmel Senior Living - St Charles, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 723 First Capitol Drive Saint Charles, MO 63301	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident sat in the hall way by the portable air conditioning unit and wore shorts and a shirt;</p> <p>-He/she lived on the third floor and it was hot in his/her room and in the hall way.</p> <p>During an interview on [DATE] at 11:15 P.M. the Administrator said:</p> <p>-He did not know if the facility had a policy regarding temperatures or what to do if the cooling system fails;</p> <p>-He will be assessing residents to move them to a cooler place in the facility and the staff will be providing refreshments to all residents. Nursing will be monitoring the residents closely.</p> <p>-He will purchase more fans and/or portable air conditioning units to cool the facility until the blower units can be repaired.</p> <p>During an interview on [DATE] at 1:00 P.M. the Administrator said:he found the policy for the temperatures and what to do if the heating or air conditioner fails and began implementing the policy after the survey left on [DATE].</p> <p>MO237680</p>