STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265808	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden View Care Center at Dougherty Ferry	13612 Big Bend Road Valley Park, MO 63088

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to maintain an effective grievance process for residents and family members to be able to file a grievance anonymously and failed to post information on how to file a grievance, in accordance with the facility's grievance policy. The sample was 12. The census was 83 with 44 residents in certified beds.Review of the facility's admission Agreement, undated, showed:-A list of key personnel included the name, title, phone extension, and email of Administrative staff;-A staff person shall be designated to receive grievances, and the residents shall be free to voice their recommendations and complaints to that person, an ombudsman or any person outside the facility. Such complaints, upon request, will be put in writing and followed up by the facility and the Division of Aging, if necessary;-The admission Agreement did not include how a grievance could be filed anonymously. No specific staff member was identified as the Grievance Officer and no contact information was provided for the Grievance Officer. During a group interview on 4/15/26 at 10:15 A.M., seven out of seven residents, whom the facility identified as alert and oriented, said they did not know who the Grievance Officer was, or how to file a complaint anonymously. One resident said when he/she had a concern and reported it to their Certified Nurse Aide (CNA), no one ever got back with him/her about the concern. Two residents said they would prefer to file their concerns anonymously because they didn't want the staff to be mad or upset with them. During an interview on 4/17/26 at 1:16 P.M., the Director of Nursing (DON) said the residents know they can come to her to report an issue and if their complaint is to be anonymous, they know she will keep their identity private. During an interview on 4/17/26 at 1:26 P.M., the Administrator said she is the Grievance Officer, but the facility addresses concerns as a group and it's a team effort. Residents can file a grievance online at the company website or they can call the front desk. There is no posting regarding grievances because this topic is discussed at admission and during care plan meetings.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265808	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden View Care Center at Dougherty Ferry	13612 Big Bend Road Valley Park, MO 63088

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff utilized appropriate techniques during two-person Hoyer lift (mechanical lift) transfers to prevent potential accidents for four residents (Residents #23, #36, #34, and #14). The sample was 12. The census was 83 with 44 residents in certified beds.1. Review of Resident #23's quarterly Minimum Data Set, a federally mandated assessment instrument completed by facility staff, dated 4/2/26, showed-Severe cognitive impairment;-Diagnoses included generalized muscle weakness, other abnormalities of gait and mobility, and syncope and collapse (fainting and falling);-Totally dependent on assistance with transfers, with two or more staff;-Utilized wheelchair for mobility. Review of the resident's care plan, in use at the time of the survey, showed:-Focus: Has an activity of daily living (ADL) self-care performance deficit related to muscle weakness;-Goal: Will improve current level of function in through the review date;-Interventions included assist of two with mechanical lift for transfers. Review of the resident's physician order sheet (POS), showed an order, dated 3/1/24, for Hoyer lift transfer with two people. Observation on 4/13/26 at 1:54 P.M., showed the resident sat in a wheelchair with a Hoyer lift sling underneath him/her. Certified Nurse Aide (CNA) B stood at the foot of the resident as Certified Medication Technician (CMT) E operated the Hoyer lift to raise the resident up in the air. As the resident was suspended in the air, CMT E repositioned the Hoyer lift to move the resident away from the wheelchair. CNA B turned away from the resident. As CNA B's back was to the resident, CMT E continued to pull the Hoyer lift backwards, leaving the resident's body unsupported while suspended in the sling, and the resident swung left to right while in the air. 2. Review of Resident #36's quarterly MDS, dated [DATE], showed-Severe cognitive impairment;-Diagnoses included senile degeneration of brain (cognitive decline), generalized arthritis, and osteoporosis;-Totally dependent on assistance with transfers, with two or more staff;-Utilized wheelchair for mobility. Review of the resident's care plan, in use at the time of the survey, showed:-Focus: Has an ADL self-care performance deficit related to activity intolerance, dementia;-Goal: Will maintain current level of function through the review date;-Interventions included assist of two with a Hoyer lift for transfers. Review of the resident's POS, showed an order, dated 10/23/24, for Hoyer lift transfer with two people. Observation on 4/13/26 at 1:15 P.M., showed the resident sat in a wheelchair with a Hoyer lift sling underneath him/her. CNA F operated the Hoyer lift to raise the resident in the air. CNA E pulled the resident's wheelchair from underneath the resident. While the resident was unsupported in the air, he/she slightly swung side to side. Neither CNA had their hands on the resident as he/she swung in the air. 3. Review of Resident #34's annual MDS, dated [DATE], showed:-Severe cognitive impairment;-Diagnoses included unspecified dementia and insomnia;-Totally dependent on assistance with transfers, with two or more staff;-Utilized wheelchair for mobility. Review of the resident's care plan, in use at the time of the survey, showed:-Focus: Has an ADL self-care performance deficit related to Alzheimer's disease;-Goal: Will maintain comfort and dignity during ADL cares through the review date;-Interventions included required assistance of two staff members with a Hoyer lift to move between surfaces. Review of the resident's POS, showed an order, dated 10/17/24, for Hoyer lift transfer with two people. Observation on 4/13/26 at 1:26 P.M., showed the resident in a wheelchair with a Hoyer lift sling underneath him/her. CNA F stood at the foot of the resident while CNA G operated the Hoyer lift to raise the resident up in the air. As the resident was suspended in the air, CNA F pulled the wheelchair away and the resident was not supported by either employee as he/she swung side to side in the air. CNA G used the Hoyer lift to move the resident toward his/her bed while CNA F remained approximately one foot away from the resident, and the resident swung in the air, unsupported. 4.Review of Resident #14's annual MDS, dated [DATE], showed:-Cognitively intact;-Diagnoses included arthritis, osteoporosis, abnormal (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265808	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden View Care Center at Dougherty Ferry	13612 Big Bend Road Valley Park, MO 63088

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	posture, unspecific abnormalities of gate and mobility, muscle weakness, kyphosis (forward curvature of the spine), and anxiety disorder;-Lower extremity impairment on both sides;-Totally dependent on assistance with transfers, with two or more staff;-Utilized wheelchair for mobility. Review of the resident's care plan, in use at the time of the survey, showed:-Focus: Has an ADL self-care performance deficit related to impaired balance, decreased mobility, and kyphosis;-Goal: Will maintain current level of function in mobility through the review date;-Interventions: Required the use of the mechanical lift for all transfers with two person assist. Review of the resident's POS, showed an order, dated 6/24/25 for Hoyer lift transfer with two people. During an interview on 4/15/26 at 4:45 P.M., the resident said approximately one week ago, staff failed to maintain a secure hold on him/her during the mechanical transfer, and he/she swung from side to side in the lift. The CNA intervened and prevented him/her from falling by physically holding and carrying him/her to bed. While the CNA prevented him/her from falling, the CNA held him/her tightly during the intervention, which caused the resident pain. 5. During an interview on 4/16/26 at 3:49 P.M., CNA H said he/she has been employed by the facility for four months and has not received training on Hoyer lift transfers at the facility. He/She had training on Hoyer lift transfers at a prior facility. A Hoyer lift required two staff members. One staff member operated/maneuvered the lift while the other staff member guided and secured the resident by their keeping hands on the resident at all times. This would ensure the resident did not swing, which could cause a resident to tip/fall or cause the resident fear. 6. During an interview on 4/17/26 at 9:30 A.M., CMT D said there must be two staff members at all times during a Hoyer lift transfer. One staff member would operate the lift, and the other staff member was the spotter/guide. The spotter/guide should always keep their hands on the resident during the transfer. If residents are not kept securely in place during a transfer, the resident could swing and fall. Swinging in the air during a Hoyer transfer could cause a resident to be scared and fearful. 7. During an interview on 4/17/26 at 1:16 P.M., the Director of Nursing (DON) said all mechanical lift transfers required two staff members at all times. It was expected for residents to be kept secure by ensuring staff maintained physical contact with the resident throughout a Hoyer lift transfer. 8. During an interview on 4/17/26 at 1:26 P.M., the Administrator said she expected staff to follow the facility's mechanical lift policy and procedures. Failure to adhere to this policy puts residents at risk of harm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265808	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden View Care Center at Dougherty Ferry	13612 Big Bend Road Valley Park, MO 63088

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow acceptable standards of practice for infection control when staff failed to use Enhanced Barrier Precautions (EBP, precautions for use during high-contact resident care activities to reduce transmission of multidrug-resistant organisms (MDROs, microorganisms that are resistant to one or more classes of antimicrobial agents) as recommended by the Centers for Disease Control and Prevention (CDC) and as required by the Centers for Medicare and Medicaid Services (CMS) when staff failed to wear a gown while providing direct care for two residents (Residents #5 and #1). The sample was 12. The census was 83 with 44 residents in certified beds.Review of the facility's EBP policy, revised November 2025, showed:-Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room);-Examples of high-contact resident care activities requiring the use of gowns and gloves for EBP include:--Transferring;--Providing hygiene;--Changing briefs or assisting with toileting;--Device care or use (e.g. urinary catheter (a flexible tube inserted into the bladder to drain and collect urine));--Wound care;-EBP remains in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk;-Signs are posted on the door or inside resident room indicating the type of precautions and personal protective equipment (PPE) required;-PPE is available inside residents' rooms. 1. Review of Resident #5's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/20/26, showed:-Severe cognitive impairment;-No rejection of care exhibited;-Dependent on staff for toilet hygiene;-Use of an indwelling catheter (sterile drain inserted into the bladder to drain urine);-Diagnoses included neurogenic bladder (inability to store or empty urine properly), diabetes, non-Alzheimer's dementia, and unspecified open wound of the penis;-One unstageable pressure ulcer (a full-thickness wound where the true depth and tissue damage cannot be assessed) presenting as a deep tissue injury (DTI, a serious pressure injury characterized by localized, non-blanchable, purple or maroon discoloration of intact skin or a blood-filled blister). Review of the resident's care plan, in use at the time of survey, showed:-Focus: Has the potential for pressure ulcer development related to decreased mobility;-Focus: Has a supra pubic catheter (a thin, flexible tube surgically inserted through a small incision in the lower abdomen directly into the bladder to drain urine into a collecting bag);-The care plan failed to show staff should use EBP while providing high-contact care. Review of the resident's physician order summary (POS) of active orders as of 4/14/26, showed:-An order for Betadine, paint left lateral pedal (side of foot) twice daily (BID) for DTls everyday and evening shift;-An order to cleanse suprapubic catheter site with normal saline and apply dry split sponge dressing daily every evening for suprapubic catheter site care;-No physician order for the use of EBP during high-contact activities. Observation on 4/15/26 at 10:05 A.M., showed a caddy on the bathroom door with an EBP sign and PPE. The resident was in bed. Licensed Practical Nurse (LPN) A performed hand hygiene and put gloves on. He/She performed suprapubic catheter care and changed the suprapubic catheter dressing. He/She removed his/her gloves, performed hand hygiene, and applied new gloves. He/She provided wound care to the resident's foot. LPN A failed to wear a gown while he/she provided high-contact care. 2. Review of Resident #1's annual MDS, dated [DATE], showed:-Moderate cognitive impairment;-No rejection of care exhibited;-Impairment of both upper and lower extremities;-Diagnoses included heart failure, anemia, kidney failure, diabetes, arthritis, dementia, and hemiplegia (paralysis on one side of the body) or hemiparesis (weakness on one side of the body);-Prescence of diabetic foot ulcers. Review of the resident's care plan, in use at the time of survey, showed:-Focus: Has an activities of daily living (ADL) self-care performance deficit related to hemiplegia;-Goal: Will maintain current level of function through the review date;-Interventions: Requires assistance by one staff with showering or bed bath, needs assistance from staff with bed mobility, requires assistance by one staff with (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265808	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden View Care Center at Dougherty Ferry	13612 Big Bend Road Valley Park, MO 63088

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dressing, uses a Hoyer lift (mechanical lift) for all transfers;-Focus: Has unstageable pressure ulcer to left lateral ankle;-The care plan failed to show staff should use EBP while providing high-contact care. Review of the resident's POS of active orders as of 4/14/26, showed:-An order to cleanse left lateral ankle with wound cleanser, pat dry. Apply polymem (a multifunctional, polymeric membrane dressing designed to cleanse, fill, absorb, and moisten wounds throughout the healing process), cover with superabsorbent dressing, and wrap in rolled gauze every other day for wound care every day shift every other day for wound care;-No physician order for the use of EBP during high-contact activities. Observation on 4/13/26 at 10:39 A.M., showed a caddy hung on the outside of the resident's bathroom door, containing PPE. An EBP sign hung on the side of the caddy. The resident had a wound dressing on his/her left foot, dated 4/13/26. During an interview, the resident said the wound nurse completed his/her wound treatment earlier that morning. The staff never wore a gown while providing care and wound treatments. Observation on 4/15/26 at 10:57 A.M., showed Certified Nurse Aides (CNAs) I and J entered the resident's room. CNAs I and J provided perineal care (cleaning or washing the genital and anal areas), applied the resident's clothes, applied the Hoyer lift pad, and transferred the resident from bed to wheelchair using a Hoyer lift (mechanical lift). Neither CNA I nor CNA J wore gowns during the high-contact activities. Observation on 4/17/26 at 10:16 A.M., showed CNAs J, K, and H entered the resident's room. A Hoyer pad was underneath the resident. CNA J and CNA K hooked the pad to the Hoyer lift. CNA K operated the machine while CNA J assisted and touched the resident during the transfer. None of the CNAs wore gowns while assisting with the transfer. 3. During an interview on 4/17/26 at 9:30 A.M., Certified Medication Technician (CMT) D said residents who had catheters would be on EBP. Staff should wear PPE when providing direct patient care for residents requiring EBP. 4. During an interview on 4/17/26 at 10:45 A.M., CNA C said residents who had catheters or wounds required EBP. Staff should wear gowns and gloves while providing direct patient care for residents requiring EBP. 5. During an interview on 4/17/26 at 10:55 A.M., CNA B said he/she would wear a gown, gloves, and a mask every time he/she entered the room of a resident requiring EBP. The PPE would be worn even if not providing direct patient care. 6. During an interview on 4/17/26 at 11:00 A.M., LPN A said staff should wear gowns and gloves when providing direct care for residents requiring EBP. 7. During an interview on 4/17/26 at 1:15 P.M., the Director of Nursing (DON) said staff should wear gowns and gloves while providing high-contact care to residents on EBP. She expected staff to follow the EBP guidelines.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265808	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden View Care Center at Dougherty Ferry	13612 Big Bend Road Valley Park, MO 63088

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 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observation, interview, and record review, the facility failed to ensure the contact information for the State Survey Agency and for the State Long-Term Care (LTC) Ombudsman were prominently posted in a form and manner that was accessible to all residents and resident representatives. The sample was 12. The census was 83 with 44 residents in certified beds.Review of the facility's Resident Rights policy, revised December 2025, showed the resident has the right to communicate with outside agencies (e.g., local, State, or Federal officials, State and Federal surveyors, State Long-Term Care Ombudsman, protection and advocacy organizations, etc.) regarding any matter. Observations of the receptionist desk throughout the duration of survey, from 4/13/26 through 4/17/26, showed six plastic display holders containing various pieces of literature. To the far right side, at the end of the receptionist desk and in the back of the various literature, an 8.5-inch (in) by (x) 11.0 sign of very small print included the phone numbers to the State Survey Agency and the LTC Ombudsman. The phone numbers were difficult to read from several feet away and the phone number for the LTC Ombudsman was illegible unless standing directly in front of the sign. Observations of the library throughout the duration of survey, from 4/13/26 through 4/17/26, showed the right side of the room lined with bookshelves, stopping approximately three to four feet from the back wall. In the space between the back wall and the book shelves on the side wall, a poster hung with the phone number for the LTC Ombudsman. The poster was not visible from the main corridor. The phone number was illegible unless standing directly across from the poster. During a group interview on 4/15/26 at 10:15 A.M., seven out of seven residents, whom the facility identified as alert and oriented, said they did not know where to find abuse/neglect reporting information for the State Survey Agency, the Department of Health and Senior Services (DHSS). They did not know how to contact the LTC Ombudsman. They remembered being told about resident rights during their individual care plan meetings but they were not given the numbers to call the State Survey Agency or LTC Ombudsman. During an interview on 4/17/26 at 10:45 A.M., Certified Nurse Aide (CNA) C said he/she did not know where to find the DHSS abuse/neglect hotline phone number. During an interview on 4/17/26 at 1:26 P.M., the Administrator said the DHSS abuse poster is posted at the reception desk and the LTC Ombudsman sign is posted in the library. Resident rights are discussed with residents and their families during individual care plan meetings.