

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265817	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2025
NAME OF PROVIDER OR SUPPLIER Blue Circle Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 2939 Magazine Street Saint Louis, MO 63106	

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 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. (continued on next page)

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0692 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure Certified Medication Technician (CMT) D provided nutritional supplements as ordered to Residents #6, #15, #14, and #10. In addition, the facility failed to ensure Resident #10 received whole milk at meals as ordered. The facility identified 23 residents as receiving nutritional supplements. Four of those residents were sampled and problems were identified with all four. The census was 70. Review of the facility Weight Protocol last reviewed on 10/20/25, showed:-Purpose: To provide a permanent, accessible record of residents' weights;-Procedure:-Monthly weights will be completed by the 15th of the month. Weights will be given to the Director of Nursing (DON) or Assistant Director of Nursing (ADON) to input into the electronic medical record (EMR) within 5 business days;-The weights are reviewed weekly amongst IDT (interdisciplinary team);-Monthly weights will be reviewed by the RD (Registered Dietician) during their monthly visit and will make recommendations to the physician, documents in the EMR and reviews and updates the resident's POC (plan of care) as indicated;-The RD assesses each resident with a significant weight change (following Minimum Data Set (MDS) criteria 5% in 30 days, 7.5% in 90 days and 10% in 180 days) and makes recommendations to physicians and updates the residents plan of care as needed;-The RD will also review and assess all weight changes which reflect an insidious change in weight as determined by the RD. Review of the facility CMT job description revised on 1/20/22, showed:-Mission Statement: The facility is here to create a home where residents, employees, and community form relationships that individuality, personal integrity, and service to each other;-Job Responsibilities (include): Assist with providing activities of daily living such as; feeding, grooming, and resident care. Perform all other work duties as assigned that is in scope of practice. 1. Review of Resident #6's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/23/25, and located in the EMR, showed:-admission date of 6/19/25;-Hearing and vision adequate;-Makes Self Understood: Understood;-Ability To Understand Others: Understands;-Cognitively intact;-Supervision or touching assistance required for eating;-Diagnoses of anemia (a lack of healthy red blood cells), renal (kidney) insufficiency, malnutrition (protein or calorie) and depression;-Height: 5'9;-Weight: 115 pounds (lbs.);-One Stage 2 pressure ulcer (Partial thickness loss of dermis (skin) presenting as a shallow open ulcer with a red or pink wound bed, without slough (yellow or white tissue that adheres to the ulcer bed in strings or thick clumps or is mucinous). May also present as an intact or open/ruptured blister.). Review of the resident's weights and vitals summary, showed:-6/19/25 at 2:40 P.M.: 114.8 lbs. Review of the resident's care plan, located in the EMR, showed:-6/22/25, Focus: Risk for Impaired Skin Integrity: severe protein calorie malnutrition. Goal: Risks of complications related to skin status will be minimized. Interventions: Encourage good hydration and nutrition. Diet per RD recommendation and physician's order;-6/22/25, Focus: Activities of daily living (ADL)/Mobility deficits. Goal: Will continue to have aspects of care met daily. Interventions: Assist with meals;-7/8/25, Focus: Nutritional Status: Underweight with skin breakdown and diagnosis of protein calorie malnutrition. Goal: Maintain healthy body weight to promote weight gain and wound healing. Interventions: Continue current liberalized diet order. Monitor changes in weight. Assess nutrition status quarterly and with significant changes in weight. Review of the resident's weights and vitals summary, showed:-8/7/25 at 12:09 P.M.: 112.2 lbs. Review of the resident's care plan, showed:-9/11/25, Focus: Actual alteration in skin integrity: Coccyx (a small triangular bone at the base of the spinal column). Goal: The resident will have no complications related to skin injury. Interventions: Administer/provide supplemental nutrition as ordered. Dietician to consult as necessary (PRN) related to wounds. Monitor nutritional status. Serve diet as ordered, monitor intake and record. Review of the resident's quarterly MDS, dated [DATE], showed:-Hearing and vision adequate;-Makes Self Understood: Understood;-Ability To Understand Others: Understands;-Cognitively intact;-Partial/moderate assistance required for eating;-Diagnosis of malnutrition;-Weight of 106 lbs.;-Weight loss of 5% or more in the last month or loss of 10% or more in the last 6 months: Yes, not on physician prescribed weight-loss regimen;-Weight gain of 55 or more in the last month or gain of 10% or more in the last 6 months: Yes, on physician-prescribed weight gain regimen;-One stage 2 pressure ulcer. Review of the resident's weights and vitals summary, showed:-10/2/25 at 1:06 P.M.: 102.6 lbs. Review of the resident's nutrition/dietary note, dated, dated 10/15/25 at 5:09 P.M., showed:-Supplement: Ensure (dietary supplement (RID) Med Pass (dietary supplement) 2 0 90 milliliter (ml) three times a day (TID);-Skin: Stage 2 pressure</p>		