

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  01/15/2026
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to ensure each resident was provided adequate assistance to prevent accidents for one resident who required the use of a Hoyer lift (full body mechanical lift) when staff transferred the resident with the use of a gait belt (Resident #3). The sample was 7. The census was 69. Review of the facility's Gait Belt Transfer policy, dated October 2023, showed: -Review Kardex for number of staff transfer assistance needed; -Fasten the gait belt securely around the resident's waist with the buckle at the side; -Position one hand under the buckle; -Position the other hand under the belt; -Transfer the resident using proper body mechanics. Review of Resident #3's medical record, showed: -Diagnoses included hemiparesis and hemiplegia (weakness and/or paralysis on one side of the body) following a stroke on right dominate side; -A quarterly Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 12/8/25, showed sever cognitive impairment. Functional limited range of motion to one side, lower extremity. Partial assistance required for chair to bed transfer; -A care plan, in use at the time of the survey, showed: -Focus: The resident has an activity of daily living self-care performance deficit related to right hemiparesis. Interventions: Mechanical lift use with assist x 2; -Focus: at risk for falls related to poor balance, unsteady gait, stroke with right hemiplegia, dementia with impulsivity, and impaired decision making. Interventions: Use Hoyer lift with assist x 2 for transfers. During an interview on 1/15/26 at 7:55 A.M., Certified Nursing Assistant (CNA) C said the resident is on his/her assignment and requires a Hoyer lift to transfer. He/She will need help to get him/her up. Observation on 1/15/26 at 8:49 A.M., showed CNA A and Licensed Practical Nurse (LPN) B entered the resident's room to complete a skin assessment. The resident sat in his/her wheelchair. One staff member stood on each side of the resident. CNA A placed a gait belt around the resident's waste. Staff assisted the resident to stand up by placing one arm under the resident's armpit and one hand that held the gait belt. The resident's knees remained bent, and he/she stood on his/her toes. Staff appeared to strain to hold the resident up in a hunched position. The resident started to yell put me down, put me down, I'm slipping. Staff set the resident back down into his/her wheelchair. Staff positioned the resident's wheelchair parallel to the bed then again assisted the resident to stand with the use of the gait belt. Staff stood on either side of the resident, placed one arm under the resident's armpit, and one hand that held the gait belt. As staff lifted the resident, his/her left foot remained on the ground and twisted as his/her right foot lifted into the air. Staff swung the resident to the side and placed the resident into bed. During an interview on 1/15/26 at 11:06 A.M., LPN B said there were stickers outside the resident room doors to indicate transfer status of residents. The resident's transfer status is also listed in the staffing book. Review of the staffing book, located at the nurse's station, showed the resident identified as a Hoyer Lift. The binder indicated a pink indicator should be used for his transfer status. Observation on 1/15/26 at 11:10 A.M., showed no pink sticker on the resident's name plate outside his/her Review of</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265817
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the resident's Kardex, located at the nurse's station, showed transfers: Dependent. During an interview on 1/15/26 at 12:00 P.M., with the Administrator and Director of Nursing, they said staff know a resident's transfer status by using the Kardex and it is also listed in the staffing book. The colored stickers on the name plate are used to match the color listed in the staffing book. If there is no sticker on the name plate, staff should check the staffing book or Kardex. They can also ask the charge nurse, therapy, or management. When transferring with a gait belt, the resident should be able to bear weight and have enough balance to stand with standby assist. The staff should follow the care as directed in the care plan and the staffing binder. If a resident's care plan and staffing binder indicates a resident is a Hoyer transfer, it is not acceptable to use a gait belt. 2707967</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to label insulin pens per facility policy for nine of 10 insulin pens in use for residents at the facility. The census was 69. Review of the facility's Insulin Labeling and Storage policy, dated [DATE], showed:-All insulins will be stored in the refrigerator on delivery until opened for usage;-New insulins removed from the reiterator needs to be dated and include the resident's name. This includes both bottles or pens;-Insulins are only good for 28 days after opening. Observation and interview on [DATE] at 10:07 A.M., showed Licensed Practical Nurse (LPN) B identified the medication cart that contained the insulin pens in use for all residents. Observation at this time showed 10 insulin pens in the top drawer. A sticker was placed on all pens with a space for the date opened and the date expired. There were two insulin aspart (rapid acting insulin), two insulin degludec (ultra long-lasting insulin), three Lantus (long-acting insulin), and two Humalog (short acting insulin) pens with no date opened and no expiration date identified. LPN B said all insulin pens should be labeled when removed from the refrigerator and labeled with their expiration date. He/She would not know when these pens were opened or placed on the cart. Insulin pens are good for 28 days after opened. During an interview on [DATE] at 12:00 P.M., with the administrator and Director of Nursing, they said they would expect staff to follow the facility's Insulin Labeling and Storage pen policy. 2707967</p>		