

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 12/11/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>44950</p> <p>Based on observation, interview and record review, the facility failed to promote and facilitate resident self-determination through support of resident choice for one resident who had an order to get up before lunch and required the use of a Hoyer lift (mechanical lift) when the staff could not find a Hoyer lift pad and did not obtain another one for use (Resident #21). The sample was 19. The census was 72.</p> <p>Review of Resident #21's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/24/24, showed:</p> <ul style="list-style-type: none"> -Cognitive impairment; -Dependent, helper does all the effort and resident does none of the effort to complete the activity for toileting, shower/bathing, upper and lower body dressing, and personal hygiene; -Substantial/Maximum assistance for resident to roll left and right; -Setup or clean up assistance for eating; -Incontinent of bowel and bladder; -Diagnoses included diabetes, aphasia (inability to understand or express speech), stroke, anxiety and depression. <p>Review of the resident's electronic Physician Order Sheet (ePOS), showed:</p> <ul style="list-style-type: none"> -An order, dated 5/7/24, client to be up in wheelchair before lunch in the morning for prophylaxis (measures designed to preserve health); -An order, dated 5/7/24, client to lay back down after dinner for offloading in the afternoon for prophylaxis. <p>Review of the resident's care plan, revised 11/15/22, showed:</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
---	-------	-----------

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 12/11/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Focus: Resident has activity daily living (ADL) self-care performance deficit related to disease process. Requires staff assistance for completion of ADLs. Self-performance varies at times;</p> <p>-Goal: Will continue to have aspects of care met daily; remaining clean, dry, dressed, groomed, and free of odors through review date;</p> <p>-Interventions: Mechanical lift with assist of two. Offer to assist resident out of bed at approximately 9:00 A. M. Resident voiced this is the preferred time, with the option to alter as desired. Provide incontinence care. Staff to assist with completion of ADLs on a daily basis; ensure needs are met daily. Monitor and report changes.</p> <p>Observation on 12/9/24 at 9:05 A.M., showed the resident lay in bed. At 9:27 A.M., the resident's call light was on and visible outside his/her room. The Certified Medication Technician (CMT) entered the room to check on the resident, then exited the room and told the Unit Manager the resident wanted to see the nurse. At 9:35 A.M., Licensed Practical Nurse (LPN) C entered the room. LPN C asked the resident what was wrong. The resident pulled at his/her brief. LPN C unfastened the brief and assessed the area. LPN C said he/she would send in the Certified Nurse Assistant (CNA) to provide care. LPN C requested CNA E and CNA L provide care to the resident. At 9:55 A.M., CNA E and CNA L entered the resident's room. Personal hygiene care was provided. Staff did not offer the resident to get out of bed. At 10:20 A.M., LPN C entered the resident's room. The resident lay in bed. LPN C did not offer the resident to get out of bed. At 12:00 P.M., the resident lay in bed asleep. At 12:45 P.M., the resident lay in bed with his/her food tray in front of him/her on the bed side table. The tray was covered. At approximately 1:05 P.M., staff in and out of the resident's room while the resident lay in bed. Staff exited the room with the resident's food tray. At 2:00 P.M., the resident lay in bed.</p> <p>Observation on 12/10/24 at 9:48 A.M., showed the resident lay in bed with his/her breakfast tray in front of him/her, on the bed side table. At 10:55 A.M., the resident lay in bed. Two Hoyer pads lay on the resident's chair. CNA M entered the room. CNA M said he/she was going to provide care and then get the resident up for the day. CNA M said the resident was not up yesterday during his/her shift because yesterday was one of those days and staff did not have a Hoyer pad for the resident. CNA M is not sure if the facility has a backup one but he/she looked in laundry and around for one but never found one, so the resident stayed in bed. CNA M said the resident likes to be up every day. The resident uses his/her cell phone to communicate and can use hand gestures like thumbs up. The resident is normally up most of the day. While providing care, CNA M found two Hoyer pads in the resident's drawer by the sink. CNA M said he/she was not aware the pads were in that drawer. CNA M placed the Hoyer pad under the resident. CNA M requested CNA O enter the room to assist with the Hoyer transfer. Both CNAs assisted the resident out of bed and into his/her chair.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Director of Nursing (DON) and Administrator said it is not ok to leave a resident in bed because the staff could not find a Hoyer pad. The DON said she expected staff to notify her so they could figure out a solution or find a pad. The Administrator said she has extra Hoyer pads in her office.</p>		

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 12/11/2024
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>35394</p> <p>Based on interview and record review, the facility failed to complete and maintain monthly account reconciliations of the facility's bank statements for 12 of 12 months. The facility also failed to reconcile the resident trust at the end of the month for two months. The census was 72.</p> <p>Review of the facility's undated resident rights policy, showed:</p> <ul style="list-style-type: none"> -Right regarding financial affairs: Manage his or her financial affairs; -Information about available services and the charges for each service; -Personal funds or more than \$100 (\$50 for residents whose care is funded by Medicaid) deposited by the facility in a separate interest-bearing account, and financial statements quarterly or upon request; -Not be charged for services covered by Medicaid or Medicaid. <p>Review of the facility's resident trust, showed:</p> <ul style="list-style-type: none"> -January 2024, reconciled on 1/1/24, with a balance of \$29,370.97. The statement only included the Resident Fund Management Service (RFMS) statement. No documentation of the bank statement or end of month reconciliation; -February 2024, reconciled on 2/1/24, with a balance of \$40,157.89. The statement only included the RFMS statement. No documentation of bank statement or end of month reconciliation; -March 2024, reconciled on 3/31/24, with a balance of \$39,841.32. The statement only included the RFMS statement. No documentation of bank statement; -April 2024, reconciled on 4/30/24, with a balance of \$35,781.65. The statement only included the RFMS statement. No documentation of bank statement; -May 2024, reconciled on 5/31/24, with a balance of \$35,679.65. The statement only included RFMS statement. No documentation of bank statement; -June 2024, reconciled on 6/30/24, with a balance of \$39,297.08. The statement only included RFMS statement. No documentation of bank statement; -July 2024, reconciled on 7/31/24, with a balance of \$42,258.11. No documentation of bank statement; -August 2024, reconciled on 8/31/24, with a balance of \$45,090.51. No documentation of bank statement; <p>(continued on next page)</p>		

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 12/11/2024
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-September 2024, reconciled on 9/30/24, with a balance of \$35,480.35. No documentation of bank statement;</p> <p>-October 2024, reconciled on 10/31/24, with a balance of \$38,643.42. No documentation of bank statement;</p> <p>-November 2024, reconciled on 11/30/24, with a balance of \$44,686.35. No documentation of bank statement.</p> <p>During an interview on 12/10/24 at 1:35 P.M., the Business Office Manager (BOM) said she had some training, but the previous BOM passed away. She was only told to print the RFMS and reconciliation. She does not receive the bank statements, but corporate may have them.</p> <p>During an interview on 12/11/24 at 12:00 P.M., the administrator said she would expect the resident trust to be reconciled accurately and timely with the bank statements.</p>		

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 12/11/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>44950</p> <p>46888</p> <p>Based on observation, interview and record review, the facility failed to ensure privacy during care for one resident (Resident #3). The census was 72. The sample was 19.</p> <p>Review of the facility's Resident's Rights policy, revised 1/5/22, showed the following:</p> <ul style="list-style-type: none"> -Protocol: the facility will address ethical issues and respect resident rights in providing care. The facility recognizes the resident right to a quality of life that supports privacy, confidentiality, independent expression, choice, and decision making, consistent with state law and federal regulation; -Procedure: explain rights to resident and/or responsible party at or before admission. Give resident and/ or responsible party a copy of the resident rights in writing. Involve residents/responsible party in all aspects of care. Involve resident/responsible party in resolving conflicts about care decisions. Involve residents. <p>Review of Resident #3's Medical Record showed:</p> <ul style="list-style-type: none"> -Diagnoses included aphasia (language disorder that affects a person's ability to communicate), dementia, and major depressive disorder; -Severe cognitive impairment. <p>Observation on 12/6/24 at 1:58 P.M., showed Certified Nursing Assistant (CNA) F walked to the resident's bed after putting on gloves and pulled the resident's blanket down, exposing the resident's stomach and brief. The resident's door was wide opened and his/her privacy curtain was not pulled. The resident was visible from the hallway. The Nurse Manager walked to the door and poked his/her head in to ask if CNA F needed any assistant and then walked away, leaving the door open.</p> <p>During an interview on 12/11/24 at 7:54 A.M., CNA D said when providing care to a resident staff should close the door to the resident's room. It is important to give the resident privacy as much as possible.</p> <p>During an interview on 12/11/24 at 9:34 A.M. Licensed Practical Nurse (LPN) B said when providing care to a resident, staff should close the resident's door and pull the privacy curtain if they have a roommate. Is important to ensure the dignity of the resident.</p> <p>During an interview on 12/11/24 at 12:07 P.M., the Director of Nursing (DON) said she would expect staff to provide privacy to residents when providing care. She would expect staff to pull the privacy curtain and close the door to the resident's room.</p>		

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 12/11/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394</p> <p>Based on observation, interview and record review, the facility failed to provide residents a safe, clean, comfortable, and homelike environment. The facility failed to launder dirty linen, leaving residents' rooms malodorous (Resident #38 and #24). Two residents with air conditioner units had gaps, allowing air to leak (Residents #23 and #37). One resident had broken or missing tile in the room (Resident #21). One resident had broken base boards and window blinds (Resident #13). The facility failed to ensure resident furniture was repaired for one resident with broken drawers (Resident #1). In addition, one resident had an active leak underneath the air conditioner unit (Resident #65). The sample size was 19. The census was 72.</p> <p>Review of the facility's Cleaning of Resident Rooms policy, dated July 2024, showed:</p> <ul style="list-style-type: none"> -The purpose of this procedure is to provide guidelines for cleaning and disinfecting resident rooms and identify potential pest control concerns; -General guidelines: -Housekeeping surfaces will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled; -Environmental surfaces will be disinfected (or cleaned) on a regular basis (daily, three times per week) and when surfaces are visibly soiled; -Walls, blinds, and window curtain in resident areas will be cleaned when these surfaces are visibly contaminated or soiled; -Resident room cleaning: -Gather supplies as needed; -Prepare disinfectant according to manufacturer's recommendations; -Discard disinfectant/detergent solutions that become soiled or clouded with dirt and grime and prepare fresh solution; -Change mop water at least every three rooms, or as necessary; -Change cleaning cloths when they become soiled. Wash cleaning cloths daily and allow cloths to dry before reuse; -Clean horizontal surfaces (bedside tables, overbed tables, and chairs) daily with a cloth moistened with disinfectant solution. <p>Review of the facility's undated Nursing Home Resident Rights, showed:</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Right to a dignified existence: A homelike environment, and use of personal belongings;</p> <p>-Right to self-determination: Reasonable accommodation of needs and preferences.</p> <p>1. Review of Resident #38's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 9/30/24, showed:</p> <p>-Diagnoses included vascular dementia and major depressive disorder;</p> <p>-Severe cognitive impairment.</p> <p>Observation on 12/5/24 at 11:32 A.M., showed the resident asleep in his/her bed. The resident's bed had only a fitted sheet which the resident was using to cover himself/herself. The resident's fitted sheet had various brown stains. A large liquid yellow stain was on the lower portion of the fitted sheet. A strong odor of urine permeated from the resident.</p> <p>Observations on 12/6/24, of the resident's bed linen, showed:</p> <p>-At 8:54 A.M., the resident in his/her room seated in his/her wheelchair and ate breakfast. The resident's bedding had been stripped from the bed and was inside a plastic bag on top of the resident's bare mattress. A strong feces odor permeated from the plastic bag which could be smelled in the hallway;</p> <p>-At 9:00 A.M., Certified Nursing Assistant (CNA) E walked into the room and propelled the resident out of the room to go to an activity;</p> <p>-At 9:06 A.M., Licensed Practical Nurse (LPN) C walked into the resident's room and back out of the room;</p> <p>-At 9:18 A.M., the Assistant Director of Nursing (ADON) walked past the resident's room;</p> <p>-At 9:28 A.M., the dirty linen remained on the resident's bed;</p> <p>-At 9:41 A.M., the feces odor and soiled linen bag remained in the room;</p> <p>-At 9:59 A.M. LPN P walked into the resident's room to check on the resident and walked back out;</p> <p>-At 10:00 A.M., LPN B walked into the resident's room and walked back out.</p> <p>During an interview on 12/6/24 at 10:59 A.M., LPN B said dirty linen should be taken out of the resident's room right away. He/She said it was not appropriate for the resident's dirty bedding to remain in the resident's room after the resident's bedding was removed and placed in the bag.</p> <p>Observation on 12/9/24 at 12:49 P.M., showed the resident's bedding to have various brown stains. A strong urine odor permeated from the resident's laundry basket, which was full of dirty clothing.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/9/24 at 12:58 P.M., Housekeeper Q said the CNAs are responsible for collecting the laundry. They used to have set days to do laundry, but with so many residents who are incontinent, they did not want to wait to do the laundry because of potential odors. The aides can bring the laundry down. The residents that are more independent bring their own laundry.</p> <p>2. Review of Resident #24's quarterly MDS, dated [DATE], showed:</p> <p>-Diagnoses included dementia, anxiety, and major depressive disorder;</p> <p>-Cognitively intact.</p> <p>Observation on 12/5/24 at 11:32 A.M., showed the resident's fitted sheet dirty with a brown stain. The top sheet had a dried yellow stain.</p> <p>During an interview on 12/5/24 at 2:12 P.M., the resident said nursing staff do not change his/her bedding enough. His/Her roommate is incontinent and staff leave his/her dirty linen and laundry in the room causing the whole room to smell. He/She uses his/her oxygen to try and mask the smells.</p> <p>Observation and interview on 12/9/24 at 6:44 A.M., showed the resident in his/her bed, awake. A strong odor of urine permeated the room. The resident said the smell in his/her room is horrible. He/She has given up on asking staff to help get rid of the smell. The resident was observed to wear oxygen.</p> <p>During an interview on 12/9/24 at 1:13 P.M. the Social Worker said she had not received any complaints about the resident's room having a smell. This would be a nursing department concern. Nursing staff should remove incontinence laundry from the resident's room as soon as possible or as soon as they provide care to the resident or his/her roommate.</p> <p>3. Review of Resident #23's annual MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Diagnosis included: anemia (low iron in the blood), irregular heartbeat, and peripheral vascular disease (reduction of blood flow due to narrowing or hardening of blood vessels).</p> <p>During an interview and observation on 12/5/24 at 11:34 A.M., the resident said there is a draft of cold air that comes through the spaces around the air conditioner unit, in the wall, and below the window in the room. There was missing floor tile near the door to the resident's room. Observation showed a draft felt from the top of the air conditioner unit and tiles, approximate two complete pieces, missing from the entry was into the resident room.</p> <p>4. Review of Resident #37's admission MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Diagnosis: anemia, coronary artery disease (the blood vessels for the heart are narrow or become blocked), high blood pressure, pneumonia, high cholesterol, and depression.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and observation on 12/6/24 at 7:00 A.M., the resident said there is cold air coming in around the air conditioner unit. The resident's bed located near the wall by the window. There were gaps in the frame around the air conditioner unit, light visible from outside coming through the gaps, and the air was cold coming in from outside.</p> <p>5. Review of Resident #21's quarterly MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included diabetes, aphasia (inability to understand or express speech), stroke, anxiety, and depression.</p> <p>Observation on 12/6/24 at 9:59 A.M. and 12/11/24 at 9:30 A.M., showed two broken tiles under the resident's bed. One of the tiles was missing a piece.</p> <p>6. Review of Resident #13's quarterly MDS, dated [DATE], showed:</p> <p>-Severe cognitive impairment;</p> <p>-Diagnoses include diabetes, stroke, hemiplegia (paralysis on one side of the body), and high blood pressure.</p> <p>Observation on 12/5/24 at 11:49 A.M. and 12/11/24 at 11:00 A.M., showed the bottom of the baseboard by the resident's window peeled back into a roll. The resident's blinds bent backwards in multiple spots.</p> <p>7. Review of Resident #1's medical record, showed:</p> <p>-Diagnoses included epilepsy, major depressive disorder, and obesity;</p> <p>-Cognitively intact.</p> <p>During an interview on 12/5/24 at 1:19 P.M., the resident said his/her bathroom drawers, located by the sink in the room, were broken. He/She had reported this to staff.</p> <p>Observation on 12/5/24 at 1:19 P.M., 12/6/24 at 9:48 A.M., and 12/9/24 at 6:43 A.M., of the resident's room, showed the drawers next to the sink were broken. The top drawer was positioned to keep it from falling.</p> <p>8. Review of Resident #65's admission MDS, dated [DATE], showed:</p> <p>-Severe cognitive impairment;</p> <p>-Diagnoses included stroke, high blood pressure, diabetes, hand hemiplegia (paralysis or weakness on one side of the body).</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 12/6/24 at 8:52 A.M., 12/9/24 at 9:29 A.M., 12/10/24 at 11:54 A.M., and 12/11/24 at 10:24 A.M., showed a white towel underneath the wall unit in the room. The fabric was stiff and slightly warped from absorbing water and dried in place. There was a missing piece of tile floor on the left side of the resident's bed. The resident's bed mattress cover ripped on both sides.</p> <p>During an interview on 12/11/24 at 10:24 A.M., the resident had difficulty communicating and was able to answer yes or no questions. The resident was asked if the wall unit leaked and he/she said yes, oh yes. Surveyor confirmed the ripped mattress cover, and the resident again said yes.</p> <p>9. During an interview on 12/11/24 at 7:55 A.M., CNA J said he/she would expect staff to ensure residents have clean sheets. Sheets are changed every other day or as needed. Nursing staff are required to take dirty linen out of the room once they are finished making the resident's bed. Dirty laundry should be taken out of the resident's room and brought to the laundry department. If staff notice an issue with furniture in resident rooms, staff are to make a maintenance request.</p> <p>10. During an interview on 12/11/24 at 8:27 A.M., the Maintenance Director said he would expect the residents' furniture to be in working order. He was aware that the drawers in Resident #1's room are broken. He would expect all staff to report any issues with resident furniture to him using the work order book.</p> <p>11. During an interview on 12/11/24 at 9:35 A.M., LPN B said he/she would expect for residents' sheets to be clean. Sheets and bedding are to be changed daily for the residents. He/She would expect staff to bring dirty linen and clothing to the laundry room to bins as soon as possible, ensure resident rooms have no harsh odors, and resident's furniture to be in working order. If staff notice an issue with furniture in a resident's rooms, they can report this to maintenance staff.</p> <p>12. During an interview on 12/11/24 at 12:33 P.M., the Director of Nursing said she would expect all resident rooms to be free from odors that could distress to the resident. She would expect for the residents' dirty linen to be removed from the resident's room daily as soon as staff make the bed and dirty clothing should be removed from the resident's room daily. It is not appropriate for dirty linen to be in a resident's room for hours. She would expect for staff to report maintenance issues to the maintenance director or to their direct supervisor.</p> <p>MO00244882</p> <p>46888</p> <p>49992</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394</p> <p>Based on interview and record review, the facility failed to provide an appropriate discharge for one sampled resident (Resident #7) out of four residents sampled for discharge. Resident #7 received an immediate discharge after a resident to resident altercation that was de-escalated by staff without incident or any reported injuries. Despite the absence of severe behaviors, the facility issued an immediate discharge, citing the resident's care and protective oversight currently exceeded current capacity. The census was 72.</p> <p>Review of the facility's Room Changes, Transfers, and Discharge policy, revised July 2022, showed:</p> <ul style="list-style-type: none"> -Protocol: The purpose of this Protocol is to inform residents/patients of the facility's protocol regarding room changes, transfers, and/or discharges and to provide sufficient preparation and orientation to residents/patients to ensure safe and orderly room changes, transfers, and/or discharges; -Transfers and discharges will be conducted according to State and Federal regulations; -Discharges: Residents/patients will be discharged from the facility as soon as reasonably possible pursuant to a written physician's order or upon signing a Release Against Medical Advice form. If the resident/patient, family and/or responsible party requests the discharge against medical advice, the reason for the discharge and evidence that the issue was discussed with the resident/patient, family, and/or responsible party will be recorded in the resident/patient's medical record; -Reasons for which a resident/patient may be discharged from the facility: The facility determines that the discharge is necessary for the resident's/patient's welfare and the resident/patient's needs cannot be met in the facility; -The resident/patient's physician must document evidence in the resident/patient's clinical record that a discharge is necessary; -Such action is appropriate because the resident/patient's health has improved sufficiently so that the resident/patient no longer needs the services provided by the facility; -The resident/patient's physician must document evidence in the resident/patient's clinical record that a discharge is necessary; -The safety of individuals in the facility is endangered; -The resident/patient's physician must document evidence in the resident/patient's clinical record that a discharge is necessary; -The health of individuals in the facility would otherwise be endangered; - The resident/patient's physician must document evidence in the resident/patient's clinical record that a discharge is necessary; <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident/patient has failed, after reasonable and appropriate notice to the resident/patient and/or the resident/patient's responsible party, to pay for a stay at the facility;</p> <p>-The facility loses its license, certification, or otherwise ceases to operate;</p> <p>-For facility initiated transfers the facility will provide the resident and/or responsible party with a copy of the bed hold notice, a copy of the facility initiated transfer from within upon discharge and/or within 24 hours/as soon as possible. These forms are to be uploaded into the Electronic Health Record (EHR) as verification. Any signed forms returned should also be uploaded into the EHR. The local Ombudsman will be provided a monthly notification of facility-initiated transfers;</p> <p>-Preparation for discharge: Residents/patients being discharged from the facility will be provided with adequate preparation to ensure a safe and orderly transfer from the facility, and the home or setting to which the resident/patient is discharged will have accepted the resident/patient;</p> <p>-Notification: The facility will provide residents/patients with a 30-day written notice of an impending discharge from the facility, except in an emergency or where otherwise exempted by statute, rule, or regulation wherein written notice will be given as soon as practicable. The Notice of Discharge will be given to the resident/patient or sent certified mail, return receipt requested, to the resident/patient's legal guardian. The notice will include:</p> <p>-The reason for the discharge;</p> <p>-The effective date of the discharge;</p> <p>-The location to which the resident/patient will be discharged ;</p> <p>-A statement that the resident/patient has the right to appeal the action to the state within 10 days after the receipt of the notice of the proposed action to the State's legal services office to which the appeal should be sent;</p> <p>-The name, address, and telephone number of the State's Long-Term Care Ombudsman;</p> <p>-The address and the telephone number of the State Legal Rights Service for residents/patients who are developmentally disabled and/or mentally ill.</p> <p>Review of the facility's undated Resident Rights policy, showed:</p> <p>-Rights During Discharge/Transfer: Right to appeal the proposed transfer or discharge and not be discharged while an appeal is pending;</p> <p>-Receive 30 day written notice of discharge or transfer that includes: the reason, the effective date, the location going to, appeal rights and process for filing an appeal, and the name and contact information for the long-term care ombudsman;</p> <p>-Preparation and orientation to ensure safe and orderly transfer or discharge;</p> <p>-Notice of the right to return to the facility after hospitalization or therapeutic leave.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #7's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/3/24, showed:</p> <ul style="list-style-type: none"> -Brief Interview Mental Status (BIMS) score 15 out of 15, shows cognitively intact; -Diagnoses included high blood pressure, gastroesophageal reflux (GERD, acid reflux), diabetes, dementia, depression, manic depression, and post traumatic stress disorder (PTSD, disorder caused by extremely stressful or terrifying event); -Mood severity score of 15 out of 27, shows moderately severe depression; -No physical or verbal behaviors exhibited; -No wandering behavior exhibited. <p>Review of the resident's care plan, in use during survey, showed:</p> <ul style="list-style-type: none"> -Focus: The resident is resistive to care related to refusing medications, treatments, assessments, noncompliance, soft helmet use; -Goal: The resident will cooperate with care; -Interventions: Allow the resident to make decisions about treatment regime, to provide sense of control; Give clear explanation of all care activities prior to and as they occur during each contact; If possible, negotiate a time for Activities of Daily Living (ADLs) so that the resident participates in the decision making process. Return at the agreed upon time; If resident resists with ADLs, reassure resident, leave and return 5-10 minutes later and try again; Praise the resident when behavior is appropriate; Provide consistency in care to promote comfort with ADLs. Maintain consistency in timing of ADLs, caregivers and routine, as much as possible; Provide resident with opportunities for choice during care provision; -Focus: The resident is/has potential to be physically and verbally aggressive related to anger, poor impulse control, combative, striking out, and throwing items, yelling out, and screaming. On 5/12/24, yelling/screaming at another resident over phone placement. Educated, not easily directed. On 9/17/24, involved in resident-to-resident altercation. On 10/14/24, reported altercation; -Goal: The resident will demonstrate effective coping skills; <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Interventions: 15 minute checks; Administer medications as ordered. Monitor/document for side effects and effectiveness; Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document; Assess and address for contributing sensory deficits; Assess and anticipate resident's needs: food, thirst, toileting needs, comfort level, body positioning, pain; Communication: Provide physical and verbal cues to alleviate anxiety, give positive feedback, assist verbalization of source of agitation, assist to set goals for more pleasant behavior, encourage seeking out of staff member when agitated; Give the resident as many choices as possible about care and activities; Modify environment; Monitor/document/report as needed (PRN) any signs and symptoms of resident posing danger to self and others; Psychiatric/Psychogeriatric consult as indicated; When the resident becomes agitated: Intervene before agitation escalates, guide away from source of distress, engage calmly in conversation, if response is aggressive, staff to walk calmly away and approach later.</p> <p>Review of the resident's progress notes, dated October 2024, showed:</p> <p>-On 10/11/24 at 1:44 P.M., Social Service Director (SSD) follow up with resident no behavior at the time. SSD will continue to monitor;</p> <p>-On 10/14/24 at 11:44 A.M., During this writers 15 min check this writer questioned resident about his/her lip being swollen and he/she stated that a person hit him/her in it the other day. When he/she flipped his/her upper lip and there is a cut maybe from a tooth or a bite. Physician was notified, his/her responsible party notified. Director of Nursing (DON) conducted a head to toe assessment upon investigation. This writer placed an ice pack to help with swelling.</p> <p>Review of the resident's electronic Physician's Orders Sheet (ePOS), dated October 2024, showed an order, dated 10/29/24, to monitor behaviors. Monitor for the following: itching, picking at skin, restlessness (agitation), hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggression, and refusing care. Document Y if monitored and none of the above observed. N if monitored and none of the above observed, select chart code other/see nurses notes and progress note findings every morning and at bedtime reported to unspecified dementia, unspecified severity, with other behavior disturbances.</p> <p>Review of the resident's electronic Medical Administration Record (eMAR), dated October 2024, showed an order, dated 10/29/24, to monitor behaviors. Monitor for the following: itching, picking at skin, restlessness (agitation), hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggression, and refusing care. Document Y if monitored and none of the above observed. N if monitored and none of the above observed, select chart code other/see nurses notes and progress note findings every morning and at bedtime reported to unspecified dementia, unspecified severity, with other behavior disturbances;</p> <p>-Staff documented Y on the following dates and times:</p> <p>-10/11/24 at 8:15 A.M.;</p> <p>-10/14/24 at 8:44 A.M.;</p> <p>-10/19/24 at 9:23 A.M.;</p> <p>-10/20/24 at 10:12 A.M.;</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-10/22/24 at 9:44 P.M.;</p> <p>-10/29/24 at 9:33 P.M.;</p> <p>-10/31/24 at 8:36 P.M.</p> <p>Review of the resident's progress notes, dated October 2024, showed:</p> <p>-No documentation of behaviors on 10/11/24 at 8:15 A.M., 10/14/24 at 8:44 A.M., 10/19/24 at 9:23 A.M., 10/20/24 at 10:12 A.M., 10/29/24 at 9:33 P.M., and 10/31/24 at 8:36 P.M.;</p> <p>-On 10/22/24 at 10:29 P.M., Resident voiced feeling sad about not being able to see and talk to his/her spouse. Resident stated, I want to go to see my spouse. I haven't seen him/her in months, I can't talk to him/her or nothing. I just want to die. I want to get out of here. Resident continues on every 15-minute checks;</p> <p>-No documentation of the resident having aggressive behaviors towards other residents.</p> <p>Review of the resident's hospital record, dated 10/23/24 through 10/28/24, showed:</p> <p>-He/She has a history of major neurocognitive disorder (decreased mental function) with behavioral disturbances. He/She was admitted due to increasing agitation at nursing home and was sent to hospital emergency department for his/her safety and that of others. Resident has limited-little insight into his/her deficits and is unable to understand the situation, most of the time when interviewed (mostly questions written on paper and shown to him/her and he/she nods his/her head, though at times his/her frustration status is involved in his/her answers. Because of significant lack of communication, his/her care may be difficult at times, that causes significant frustration for him/her and staff. He/she does have a history of depression for which he/she had been treated for since 2000s.</p> <p>Review of the resident's eMAR, dated November 2024, showed an order, dated 10/29/24, to monitor behaviors. Monitor for the following: itching, picking at skin, restlessness (agitation), hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggression, and refusing care. Document Y if monitored and none of the above observed. N if monitored and none of the above observed, select chart code other/see nurses notes and progress note findings every morning and at bedtime reported to unspecified dementia, unspecified severity, with other behavior disturbances;</p> <p>-Staff documented Y on the following dates and times:</p> <p>-11/2/24 at 11:45 A.M.;</p> <p>-11/2/24 at 8:25 P.M.;</p> <p>-11/3/24 at 9:58 A.M.;</p> <p>-11/4/24 at 9:48 A.M.;</p> <p>-11/6/24 at 9:10 P.M.;</p> <p>(continued on next page)</p>

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-11/7/24 at 8:20 P.M.;</p> <p>-11/8/24 at 8:22 A.M.;</p> <p>-11/9/24 at 8:18 A.M.;</p> <p>-11/10/24 at 8:36 A.M.;</p> <p>-11/11/24 at 8:12 A.M.;</p> <p>-11/16/24 at 9:17 P.M.;</p> <p>-11/17/24 at 8:09 A.M.;</p> <p>-11/17/24 at 9:12 P.M.;</p> <p>-11/22/24 at 8:03 A.M.;</p> <p>-11/25/24 at 8:36 A.M.;</p> <p>-11/27/24 at 8:41 A.M.;</p> <p>-11/28/24 at 10:09 A.M.;</p> <p>-11/29/24 at 12:06 P.M.;</p> <p>-11/30/24 at 11:00 A.M.</p> <p>Review of the resident's progress notes, dated November 2024, showed:</p> <p>-No documentation of behaviors on 11/2/24 at 11:45 A.M., 11/2/24 at 8:25 P.M., 11/3/24 at 9:58 A.M., 11/4/24 at 9:48 A.M., 11/6/24 at 9:10 P.M., 11/7/24 at 8:20 P.M., 11/8/24 at 8:22 A.M., 11/9/24 at 8:18 A.M., 11/10/24 at 8:36 A.M., 11/11/24 at 8:12 A.M., 11/16/24 at 9:17 P.M., 11/17/24 at 8:09 A.M., 11/17/24 at 9:12 P.M., 11/22/24 at 8:03 A.M., 11/25/24 at 8:36 A.M., 11/27/24 at 8:41 A.M., 11/28/24 at 10:09 A.M., 11/29/24 at 12:06 P.M., and 11/30/24 at 11:00 A.M.;</p> <p>-On 11/3/24 at 3:03 P.M., resident touched on another resident breast. The house supervisor and Assistant Director of Nursing (ADON), doctor and spouse were made aware. This nurse separated the resident from the other resident and educated him/her about touching people in an inappropriate manner. On 11/4/24 at 11:11 A.M., Per investigation, this incident did not occur;</p> <p>(continued on next page)</p>

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 11/5/24 at 1:04 P.M., A care plan meeting was held. Present in the meeting was the Interdisciplinary Team (IDT) (SSD and Nurse Supervisor) and resident. Resident's spouse was unable to attend in person or via phone. Spouse would like a copy of the care plan mailed to him/her. Resident alert and oriented (A&O) x 3, able to make his/her needs known and understand others. Resident ambulates using a wheelchair. Resident quite pleasant and cooperative. No behaviors at this time but the resident is known for being non-compliant when it comes to wearing his/her helmet and has history of exit seeking. Resident did voice that he/she wanted to go to see his/her spouse. During the care plan resident was able to voice feeling related to placement; no concerns voiced. Resident voiced that the food was good and didn't provide a suggestion on an activity that he/she would like to see on the calendar. Current care plan was reviewed with no changes. Medications were also reviewed along with resident rights. There's no discharge plans at this time. Long term care anticipated;</p> <p>-On 11/7/24 at 3:27 P.M., Resident's spouse was made aware of the decision to send referrals to alternate placement for resident. Resident's exit seeking behavior/care is exceeding facility current capacity. Spouse voiced understanding;</p> <p>-On 11/14/24 at 12:01 P.M., Late entry, Resident has had no significant change. Resident continues to be a full code and Long-Term Care. Resident has had some behaviors verbal/physical. Ambulate using a wheelchair, requires assistance with ADLs. Independent activities such as watching tv/resting and group parties, ice cream social, events, etc. Veterans Day was on Monday, 11/11/24. A pinning ceremony was held for all Veterans at facility. Resident was proud to attend the ceremony and really appreciated being honored by staff. SSD will continue to monitor;</p> <p>-No documentation of the resident having aggressive behaviors towards other residents.</p> <p>Review of the resident's electronic Medical Administration Record, dated December 2024, showed an order, dated 10/29/24, to monitor behaviors. Monitor for the following: itching, picking at skin, restlessness (agitation), hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggression, and refusing care. Document Y if monitored and none of the above observed. N if monitored and none of the above observed, select chart code other/see nurses notes and progress note findings every morning and at bedtime reported to unspecified dementia, unspecified severity, with other behavior disturbances;</p> <p>-Staff documented Y on the following dates and times:</p> <p>-12/1/24 at 10:08 A.M.;</p> <p>-12/6/24 at 10:51 A.M.;</p> <p>-12/6/24 at 3:28 P.M.</p> <p>Review of the resident's progress notes, dated December 2024, showed:</p> <p>-No documentation of behaviors on 12/1/24 at 10:08 A.M.;</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 12/6/24 at 3:18 P.M., resident transfers with min assist. Resident ambulated up to 25 feet with a w/w and min assist; slow. Independent with bed mobility. Contact guard assist with standing and independent with wheelchair mobility. No complaints of pain with mobility. Independent with feeding and stand by assistance with grooming. Minimum assist with upper body dressing and maximum assist with lower body dressing. Resident very impulsive and unsafe;</p> <p>-On 12/6/24 at 3:28 P.M., Client placed on 1:1 related to striking another client;</p> <p>-On 12/6/24 at 3:50 P.M., Resident issued immediate discharge after physical altercation with another resident. Physician aware, call placed to Emergency Medical Service (EMS) to transport resident to hospital for psych eval and treat, resident continues with 1:1, resident is calm and cooperative at this time. Will continue to monitor for change in condition;</p> <p>-On 12/6/24 at 4:03 P.M., Client is to be sent to VA hospital;</p> <p>-On 12/6/24 at 4:03 P.M., At 3:14 P.M., Administrator and DON made aware that during a Bingo game, the client was up ad-lib in his/her wheelchair, propelled self over to another client, and picked up their Bingo card. When the other client pulled his/her card from resident's hand and tapped his/her hand away from his/her Bingo card, resident returned strike to the clients arm with a closed fist. Staff intervened and separated. The client will remain on 1:1 monitoring until EMS arrives for transport to the VA;</p> <p>-On 12/6/24 at 4:06 P.M., Call placed to emergency medical services (EMS), this writer requested he/she is sent to VA Hospital, call placed to spouse notified him/her that resident will be sent to the hospital with an immediate discharge. Spouse stated his/her understanding and thanked this writer for letting him/her know;</p> <p>-On 12/6/24 at 11:09 P.M., Resident is currently receiving 1:1 room visit. This week we played sorry, candy land, checkers, cleaned his/her fingernails, messaged his/her hands, and combed his/her hair. He/She also participated in group activities, exercising, parachute, find the ball, ice cream social, and movie time. There are no concerns/issues to report;</p> <p>-On 12/6/24 at 11:54 P.M., Resident transferred to hospital via ambulance, resident took all belongings with him/her. Notified EMS of immediate discharge.</p> <p>Review of the facility's investigation into a resident to resident altercation, dated 12/6/24, showed:</p> <p>-Background: Resident was admitted to the facility on [DATE];</p> <p>-Resident has a diagnoses of dementia without behavioral disturbance, bipolar, and major depressive disorder;</p> <p>-History of attempting to leave the facility unsupervised and physical aggression;</p> <p>-Currently on 15 minute checks and alternate placement;</p> <p>-Medical records sent to other VA contracted facilities, all denied;</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident was involved in another resident to resident on 12/6/24 where it was precipitated by resident when he/she picked up Resident #45's Bingo card;</p> <p>-Remit of investigation: Staff witnessed Resident #7 and #45 strike one another;</p> <p>-Administrator and DON were notified;</p> <p>-An investigation was immediately initiated by Administrator;</p> <p>-Investigation process: Interview staff and resident;</p> <p>-Watch camera footage;</p> <p>-Findings: Resident #7 interrupted Resident #45 while playing Bingo by messing with Resident #45's belonging;</p> <p>-Resident #45 initiated the first hit by slapping Resident #7's right hand;</p> <p>-Resident #7 returned a punch to Resident #45's left arm and the two started swinging at one another;</p> <p>-No physical injuries;</p> <p>-Interventions: Resident #45 placed on 15 minute checks;</p> <p>-Resident #7 placed on 1:1 until ambulance arrived;</p> <p>-Immediate discharge issued to Resident #7 related to care exceeding current capacity related to dementia progression.</p> <p>Review of Resident #7's witness statement, dated 12/6/24, showed:</p> <p>-Who was involved: Resident #7 and Resident 45;</p> <p>-What happened: Resident #7 states, I was looking at the Styrofoam and he/she started hitting me.</p> <p>Review of Resident #45's witness statement, dated 12/6/24, showed:</p> <p>-Who was involved: Resident #7 and Resident #45;</p> <p>-What happened: Resident #45 was playing bingo and Resident #7 grabbed at his/her hat and bag and Resident #45 said, that is mine, then Resident #7 started swinging;</p> <p>-Where did it happen: Dining room;</p> <p>-Additional comments: This writer asked Resident #45 if he/she was hurt and he/she said no.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 8:39 A.M., Resident #45 said he/she was playing bingo and had two packs of cigarettes on the table. There were inside a bag. Resident #7 tried to take the bag, but Resident #45 put his hand on the bag and Resident #7 started hitting him/her on the arm. There was no pain and Resident #7 did not hit hard enough to be painful. Staff immediately took him/her out of the room. Resident #45 said he/she did not hit Resident #7. His/her arm could not reach far enough to hit Resident #7. He/She had witnessed Resident #7 hit other residents. The last time was during the summer. Resident #7 was not the type of resident others were afraid of. When people annoy Resident #7, he/she tries to hit them. That was his/her behavior.</p> <p>Review of the facility's camera footage, received 12/10/24, showed Resident #7 self-propelled to the table where Resident #45 sat. Resident #7 came up to the table where there was a bag sitting on the left side of Resident #45. Resident #7 used his/her right hand and started to touch the bag on the table. Resident #45 immediately stopped Resident #7 by using his/her left hand to hit Resident #7's right hand. Resident #7 started to swing his/her right arm that made contact with Resident #45 on the left shoulder. Both residents started to swing their arms at one another, with Resident #7 using both of his/her arms to swing at Resident #45. Resident #45 used his/her left arm to swing at Resident #7. The resident's arms made contact with each other before the video ended.</p> <p>Review of the resident's immediate discharge notice, dated 12/6/24, showed:</p> <ul style="list-style-type: none"> -The welfare and needs of the resident cannot be met in the facility; -The safety of other individuals in the facility is endangered; -This discharge will take place immediately; resident's care and protective oversight currently exceeds current capacity. Resident #7 has been in two resident to resident physical altercations; 9/17/24 and 12/6/24. Resident requires a facility better suited for his/her aggressiveness and continued exit seeking behavior. <p>During an interview on 12/10/24 at approximately 10:00 A.M., the Administrator said Resident #7 was given an immediate discharge. His/Her dementia was progressing, and it was becoming a risk if he/she hit another resident. Many residents are younger, alert, and oriented. She did not want anything to happen to the resident. They have been trying to find placement for the resident.</p> <p>During an interview on 12/11/24 at 8:37 A.M., Licesced Practical Nurse (LPN) B said Resident #7 did have a lot of behaviors. He/She hit staff and residents. He/She would often call out for his/her spouse.</p> <p>During an interview on 12/11/24 at 8:45 A.M., Certified Nurses Aide (CNA) S said he/she was a little familiar with Resident #7. He/She only worked for three weeks, but did not witness the resident having aggressive behavior.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 8:50 A.M., the Assistant Director of Nursing (ADON) said the resident was hard of hearing and he/she did not like using the board because of the sound. He/She he tried to throw the board out once. He/She had dementia with behavior disturbances. He/She could not be re-orientated back to reality. He/She was verbally abusive to staff and residents and tried to get out of the building. His/Her history at home was he/she attacked his/her spouse and held him/her at gun point. He/She had not been home in two years. He/She does talk to his/her spouse on the phone. They tried placement with several VA facilities and other facilities. They sent a lot of referrals, but was not accepted because of his/her behaviors. He/She needed a secured unit.</p> <p>During an interview on 12/11/24 at 9:00 A.M., the Activity Supervisor said he/she was familiar with the resident and never witnessed behaviors. The resident wanted attention. Once he/she started talking to the resident, he/she wanted the attention of that person. It did not have to make sense what the resident was talking about as long as he/she had your attention. He/she liked to move around during activities. He/She did not bother other residents other than saying, how are you doing. He/She liked to go to activities. He/She was not a bad resident.</p> <p>During an interview on 12/11/24 at 12:00 P.M., the Director of Nursing (DON) clarified the question, was a behavior observed today on the eMAR and progress notes. She said it will show up in the electronic medical record, but the actual question is asking if staff observed the resident's behavior, to see if they are actually monitoring the behavior. It did not mean that the resident had a behavior. Staff are aware of that. If there was a behavior, she would expect it to be documented.</p> <p>During an interview on 12/11/24 at 12:00 P.M., the Administrator said the decision for an immediate discharge rather than a 30 day discharge was more for safety for the residents. Resident #7's dementia was progressing. They were looking for alternate placement for him/her. He/She had exit seeking behaviors. They have more cognitively intact residents and if Resident #7 took something from another resident, they could him/her and hurt him/her. They did 15 minute checks to see if there were any continued behaviors. He/She also had a history of suicidal ideation. There was also a resident to resident altercation in the last three or four months. He/She verbally voiced, I just want to die. He/She wanted to see his/her spouse, but the spouse will not come because he/she is fearful of the resident.</p>		

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 12/11/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394</p> <p>Based on interview and record review, the facility failed to notify the Ombudsman in the timely manner after an immediate discharge was issued to one resident after a resident-to-resident altercation. The facility issued an immediate discharge, citing the resident's care and protective oversight currently exceeded current capacity (Resident #7). The census was 72.</p> <p>Review of the facility's Room Changes, Transfers, and Discharge policy, revised July 2022, showed:</p> <ul style="list-style-type: none"> -Protocol: The purpose of this Protocol is to inform residents/patients of the facility's protocol regarding room changes, transfers, and/or discharges and to provide sufficient preparation and orientation to residents/patients to ensure safe and orderly room changes, transfers, and/or discharges; -Transfers and discharges will be conducted according to State and Federal regulations; -Reasons for which a resident/patient may be discharged from the facility: The facility determines that the discharge is necessary for the resident's/patient's welfare and the resident/patient's needs cannot be met in the facility; -The resident/patient's physician must document evidence in the resident/patient's clinical record that a discharge is necessary; -The safety of individuals in the facility is endangered; -The resident/patient's physician much document evidence in the resident/patient's clinical record that a discharge is necessary; -Preparation for discharge: Residents/patients being discharged from the facility will be provided with adequate preparation to ensure a safe and orderly transfer from the facility, and the home or setting to which the resident/patient is discharged will have accepted the resident/patient; -Notification: The facility will provide residents/patients with a 30-day written notice of an impending discharge from the facility, except in an emergency or where otherwise exempted by statue, rule, or regulation wherein written notice will be given as soon as practicable. The Notice of Discharge will be given to the resident/patient or sent certified mail, return receipt requested, to the resident/patient's legal guardian. The notice will include: <ul style="list-style-type: none"> -The reason for the discharge; -The effective date of the discharge; -The location to which the resident/patient will be discharged ; <p>(continued on next page)</p>		

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 12/11/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A statement that the resident/patient has the right to appeal the action to the state within 10 days after the receipt of the notice of the proposed action to the State's legal services office to which the appeal should be sent;</p> <p>-The name, address, and telephone number of the State's Long-Term Care Ombudsman;</p> <p>-The address and the telephone number of the State Legal Rights Service for residents/patients who are developmentally disabled and/or mentally ill.</p> <p>Review of Resident #7's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/3/24, showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included dementia, depression, manic depression and post traumatic stress disorder (PTSD, disorder caused by extremely stressful or terrifying event);</p> <p>-Mood severity score of 15 out of 27, shows moderately severe depression;</p> <p>-No physical or verbal behaviors exhibited;</p> <p>-No wandering behavior exhibited.</p> <p>Review of the facility's investigation, dated 12/6/24, showed:</p> <p>-Background: Resident was admitted to the facility on [DATE];</p> <p>-Resident has a diagnoses of dementia without behavioral disturbance, bipolar, and major depressive disorder;</p> <p>-History of attempting to leave the facility unsupervised and physical aggression;</p> <p>-Currently on 15 minute checks and alternate placement;</p> <p>-Medical records sent to other VA contracted facilities, all denied;</p> <p>-Resident was involved in another resident on 12/6/24 where it was precipitated by resident when he/she picked up the resident's (Resident #45) Bingo card;</p> <p>-Remit of investigation: Staff witnessed Resident #7 and #45 strike one another;</p> <p>-Administrator and Director of Nursing (DON) were notified;</p> <p>-An investigation was immediately initiated by Administrator;</p> <p>-Investigation process: Interview staff and resident;</p> <p>-Watch camera footage;</p> <p>(continued on next page)</p>

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 12/11/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Findings: Resident #7 interrupted Resident #45 while playing Bingo by messing with Resident #45's belonging;</p> <p>-Resident #45 initiated the first hit by slapping Resident #7's right hand;</p> <p>-Resident #7 returned a punch to Resident #45's left arm and the two started swinging at one another;</p> <p>-No physical injuries;</p> <p>-Interventions: Resident #45 placed on 15 minute checks;</p> <p>-Resident #7 placed on 1:1 until ambulance arrived;</p> <p>-Immediate discharge issued to Resident #7 related to care exceeding current capacity related to dementia progression.</p> <p>Review of the resident's immediate discharge notice, dated 12/6/24, showed:</p> <p>-The welfare and needs of the resident cannot be met in the facility;</p> <p>-The safety of other individuals in the facility is endangered;</p> <p>-This discharge will take place immediately, resident's care and protective oversight currently exceeds current capacity. Resident #7 has been in two resident to resident physical altercations; 9/17/24 and 12/6/24. Resident requires a facility better suited for his/her aggressiveness and continued exit seeking behavior.</p> <p>During an interview on 12/10/24 at approximately 10:00 A.M., the Administrator said the resident was given an immediate discharge. His/Her dementia was progressing and it was becoming a risk if he/she hit another resident. Many residents are younger, alert and oriented. She did not want anything to happen to the resident. They have been trying to find placement for the resident. On 12/11/24 at 12:00 P.M., the Administrator said the decision for an immediate discharge rather than a 30 day discharge was more safety for the residents. The Administrator said the Ombudsman was not notified of the immediate discharge. The Social Worker was responsible for sending the information. She expected staff to notify the Ombudsman timely.</p>		

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 12/11/2024
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49992</p> <p>Based on interview and record review, the facility failed to ensure when a resident is being admitted to a Medicaid certified facility, regardless of payment source, a DA-124 Level 1 screen (used to evaluate for the presence of mental illness and intellectual disability, to determine if a preadmission screening) resident review (PASRR) Level 2 screen is required) was completed, for one of six residents sampled for the PASRR requirements (Resident #4). The census was 72.</p> <p>Review of the facility's PASRR Protocol showed:</p> <p>-Procedure: Review hospital records and determine PASRR. Does the resident meet level of care and/or require a Level 2 PASRR to be appropriate for admission. Was a Level 1 screen for possible mental disability, intellectual disability, or a related condition completed prior to admission or if the resident was expected to be in the facility less than 30 days and remained in the facility for more than 30 days (as allowed by the state) was a Level 1 screen performed, if not the social service designee will implement the process. If the mental disability, intellectual disability, or related condition is noted the social service director will make a referral to the Council on Aging for a Level 2 PASRR evaluation and determination.</p> <p>1. Review of Resident #4's face sheet, showed:</p> <p>-Initial admitted [DATE];</p> <p>-Current admitted [DATE];</p> <p>-Diagnoses of right-sided weakness due to a stroke, diabetes, depression, aphasia (loss of speech) due to stroke, high blood pressure, epilepsy (seizure disorder), and bipolar disorder (mental health condition that causes extreme mood swings).</p> <p>Review of the resident's medical record, showed:</p> <p>-No DA-124 Level 1 screen found;</p> <p>-No PASRR Level 2 screen found.</p> <p>During an interview on 12/9/24 at approximately 11:00 A.M., the Business Office Manager (BOM) was not able to locate the resident's level 1 or a level 2 screen for the resident. The BOM was going to request a copy from the Missouri Central Office Medical Review Unit (COMRU). The BOM said that screens should be done on admission.</p> <p>During an interview on 12/9/24 at 1:06 P.M., the BOM was unable to obtain a copy from COMRU. As of the date of exit on 12/11/24, the facility failed to provide a copy of the Level 1 screen.</p> <p>During an interview on 12/11/24 at 2:46 P.M., the Administrator said that she would expect the staff to follow the policy for obtaining PASRR pre-screening.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 12/17/24 at 9:36 A.M., the BOM said that the Admission Coordinator is responsible for obtaining the PASRR pre-screening, and she is responsible for making sure the PASRR is completed.</p>

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 12/11/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>46888</p> <p>Based on observation, interview and record review, the facility failed to provide necessary services to ensure that a resident's abilities in activities of daily living do not diminish when staff failed to accommodate one resident's communication needs (Resident #3). The sample was 19. The census was 72.</p> <p>Review of the facility's communication board policy, undated, showed:</p> <ul style="list-style-type: none"> -Purpose: communication between resident and caregiver is vital and when that ability to communicate is lost or impaired by illness, trauma, medical process or language barriers, communication is more vital; -Features: pain scale for determining where and how bad one hurts. Clear pictures depicting wants, needs, ailments, comforts, questions, emotions. Easy to understand instructions for patient response alternatives. Alphabet for spelling out words. Numbers for numerical information; -Benefits: helps ease distress, easy to understand and use, well-organized, disposable for infection control, adaptable can be folded cut or written on. <p>Review of Resident #3's medical record, showed:</p> <ul style="list-style-type: none"> -Diagnoses included aphasia (language disorder that affects a person's ability to communicate), dementia, and major depressive disorder; -Severe cognitive impairment. <p>Review of the resident's care plan, dated 11/11/24, showed:</p> <ul style="list-style-type: none"> -Focus: resident has a risk for impaired communication; -Goals: resident's risk for complications to communication status will be minimized through the review date, resident will be able to effectively communicate basic needs, and resident will be able to effectively comprehend commands; -Interventions: allow adequate time for resident's response, encourage/assist with communication board use, incorporate alternate means of communication such as music, song, or visual demonstration, incorporate visual prompting, cues or gestures. <p>Observation on 12/6/24 at 7:15 A.M., showed the resident in his/her bed awake. No communication board was observed in the resident's room.</p> <p>Observation on 12/9/24 at 6:41 A.M., showed the resident in his/her bed asleep. No communication board was observed in the resident's room.</p> <p>(continued on next page)</p>

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 12/11/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations on 12/9/24 at 12:16 P.M., 12:49 P.M., 1:06 P.M., and 2:05 P.M., showed the resident seated in his/her wheelchair at the nurse's station. The resident did not have a communication board.</p> <p>Observations on 12/10/24 at 6:47 A.M. and 7:29 A.M., showed the resident in his/her bed awake. No communication board was observed in the resident's room.</p> <p>During an interview on 12/9/24 at 8:00 A.M., the resident shook his/her yes when asked if he/she has used a communication board. He/She shrugged his/her shoulders when asked if his/her communication board was in his/her room. He/She shook his/her head yes when asked if it is hard to communicate to staff without a communication board. He/She shook his/her head yes when asked if he/she would like to use a communication board.</p> <p>During an interview on 12/9/24 at 11:29 A.M., the Social Worker said the resident uses a communication board. If the resident does not have a communication board in his/her room, staff should go get one. Staff can go to the therapy department to get a communication board or borrow one from another resident.</p> <p>During an interview on 12/11/24 at 7:58 A.M., Certified Nursing Assistant (CNA) J said it is important for residents to be able to communicate their needs and wants. He/She was not aware that the resident required a communication board. If the resident is care planned for the use of a communication board, the communication board should be located in the resident's room and in reach of the resident.</p> <p>During an interview on 12/11/24 at 9:44 A.M., Licensed Practical Nurse (LPN) B said it is important for residents to be able to communicate because they are human. The resident uses a communication board to communicate and that it should be located in the resident's room. The resident is more aware than what some staff think. He/She would expect staff to be using a communication board to communicate with the resident.</p> <p>During an interview on 12/11/24 at 12:37 P.M., the Director of Nursing (DON) said a resident's ability to communicate is important so they can inform staff of their wants and needs. If a resident is care planned for communication board usage, she would expect for a communication board to be in the resident's room and in reach of the resident. She would expect staff to follow the communication board policy and procedures.</p> <p>49992</p>		

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 12/11/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394</p> <p>46888</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' Activities of Daily Living (ADL) care needs were met. The facility failed to ensure one resident was repositioned and toileted timely and did not have dirty nails (Resident #4), failed to ensure one resident's lips were cared for resulting in dry, cracked lips (Resident #65), failed to ensure one resident was free from body odor and chin hair (Resident #3), failed to ensure one resident's face was cleaned (Resident #1), and failed to ensure another resident had clean nails (Resident #24). The sample was 19. The census was 72.</p> <p>Review of the facility's Turning and Repositioning policy, reviewed 1/2023, showed:</p> <p>-When the resident is sitting up in a chair, they shall be repositioned at least every two hours or per the plan of care. This may be accomplished by shifting the resident's weight to the side or the opposite side of the previous position.</p> <p>Review of the facility's Personal Care Needs policy, reviewed 1/2022, showed:</p> <p>-The facility strives to promote healthy environment and prevent infection by meeting the personal care needs of the residents. The facility also provides the needed support when the resident performs their ADLs. The interdisciplinary plan of care (IPOC) will address the individual needs and preferences of the resident. Personal care and ADL support will be provided according to the resident's plan of care (POC). Personal care and support include but is not limited to bath/shower, grooming, dressing, nail care, repositioning, splints, toileting, and transfers.</p> <p>1. Review of Resident #4's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/7/24, showed:</p> <p>-Adequate hearing and vision;</p> <p>-Speech Clarity: Clear speech, distinct intelligible words;</p> <p>-Makes Self Understood: Usually;</p> <p>-Ability to Understand Others: Usually, misses some part/intent of the message but comprehends most conversations;</p> <p>-Severe Cognitive impairment;</p> <p>-Diagnoses included: high blood pressure, diabetes, high cholesterol, stroke, aphasia (language disorder that makes it difficult to communicate, understand, read or write), and depression;</p> <p>-Dependent on staff for transfers;</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Needs substantial/maximal assistance with eating and oral hygiene;</p> <p>-Dependent on staff for toileting, showering, bathing, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene.</p> <p>Review of the resident's care plan, dated 10/6/22, showed:</p> <p>-Focus: resident has an ADL self-care performance deficit related to decreased mobility, health status, mood/behavior status, stroke with one sided weakness, pain, and shortness of breath. Requires staff assistance for completion of ADLs. Self-performance varies at times;</p> <p>-Goal: will continue to have aspects of care met on a daily basis; remaining clean, dry, dressed, groomed and free of odors through next review;</p> <p>-Interventions: Mechanical lift use with assist with 2 persons. Staff to assist with completion of ADLs on a daily basis;</p> <p>-Focus: resident has limited physical mobility and pain related to contractures (permanent tightening of muscle, tendons, or skin around a joint) to both hands and may be resistant to hygiene and nail care;</p> <p>-Goal: resident will remain free of complications related to immobility, including contractures, thrombus (blood clot) formation, skin breakdown, fall related to injury through next review;</p> <p>-Interventions: splints as ordered;</p> <p>-Focus: resident has noted incontinence;</p> <p>-Goal: resident will have less than two episodes of incontinence per day through review date;</p> <p>-Interventions: check resident every two hours and assist with toileting as needed. Encourage and assist resident to toilet every two hours each day.</p> <p>Observation on 12/6/24 at 6:52 A.M., showed the resident sat near then nurse's station in his/her wheelchair, both thumb nails had dried brown substance and were very long. At 9:15 A.M., staff propelled the resident down the hall and to the area of the nurse's station. At 10:24 A.M., the resident sat near the nurse's station in his/her wheelchair.</p> <p>Observation on 12/9/24 at 7:06 A.M., showed the resident lay in bed in his/her room. At 9:02 A.M., staff propelled the resident out of the dining room to the nurse's station, both thumb nails had dried brown substance and were very long. At 9:45 A.M., 10:03 A.M., and 10:27 A.M., the resident sat near the nurse's station in his/her wheelchair. At 10:41 A.M., staff propelled the resident to the lobby to attend activities.</p> <p>Review of the resident's shower sheet, dated 12/9/24, showed a circled area on the buttocks and noted as red.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 12/9/24 at 1:18 P.M., showed Certified Nursing Assistant (CNA) L showered the resident, he/she said that the resident had reddened areas in the genital area when he/she got the resident out of bed this morning. CNA M entered the shower to assist with transferring the resident. Observation of the resident's genitals showed reddened areas. The brief removed from the resident appeared heavily soiled and had a strong odor of urine. The resident's nails were not cleaned or trimmed during the shower.</p> <p>During an interview on 12/11/24 at 9:26 A.M., CNA O said he/she has access to the medical record to know how to perform care for the residents. Residents should be toileted at least every two hours. If the resident is bed bound, the resident should be turned and repositioned every two hours. When showering a resident, he/she washes the whole body and hair. Nails should be cleaned and cut if needed. He/she does not cut the nails of the residents who are diabetic, but he/she would note on the shower sheet that the resident's nails need to be trimmed. When a shower is completed, he/she documents on a shower sheet any areas that are red, opened, or discolored, and signs his/her name on the shower sheet. The sheet is turned into the charge nurse for review. He/she said the resident is a one-person transfer.</p> <p>During an interview on 12/11/24 at 9:47 A.M., Licensed Practical Nurse (LPN) B said CNAs complete and sign shower sheets, and he/she reviews them. The shower should include washing the entire body, hair, and cleaning the nails. If an area is noted to be red, opened, or discolored he/she will go and assess the resident and contact the physician, wound nurse, and supervisor for new areas. He/She will document finding and any new orders in the progress note. The CNAs have access to the medical record and can review the care plan. The care plan contains how the resident transfers, eats, showers, and any special devices. Residents should be toileted or repositioned at least every two hours. The resident is supposed to be a two-person transfer.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Director of Nursing (DON) said when the staff do the showers, they are to mark any issues with the skin on the shower sheet and turn the shower sheet into the charge nurse. The charge nurse is responsible for reviewing the shower sheet, and if there are noted skin issues, he/she is expected to go assess the resident. The residents' nails should be kept neat in appearance and the residents should not have dark brown substances under their nails and nails should be cut to prevent injury. Staff should check the residents for incontinence and reposition the residents at least every two hours. It is the expectation that the nursing staff review the plan of care.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Administrator said she expects the nursing staff to follow the policies for skin, toileting, repositioning, and showering.</p> <p>2. Review of Resident #65's admission MDS, dated [DATE], showed:</p> <p>-Severe cognitive impairment;</p> <p>-Diagnoses included stroke, atrial fibrillation (irregular heartbeat), deep venous thrombosis (blood clots), high blood pressure, diabetes, aphasia (language disorder), and hemiplegia (paralysis or weakness on one side of the body);</p> <p>-Impairment to both sides of upper and lower extremity;</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Receives tubes feeding;</p> <p>-Requires substantial/maximal assistance with oral hygiene;</p> <p>-Dependent with personal hygiene.</p> <p>Review of the resident's care plan, in use during survey, showed:</p> <p>-Focus: The resident has an ADL self-care performance deficit related to activity intolerance, disease process, fatigue, hemiplegia, impaired balance, limited mobility, range of motion, pain shortness of breath, requires staff assistance for completion of ADLs. Self-performance varies at times;</p> <p>-Goal: Will continue to have aspects of care met daily, remaining clean, dry, dressed, groomed, and free of odors;</p> <p>-Interventions: Staff to assist with completion of ADLs on a daily basis, ensure needs are met daily. Monitor and report changes in physical functioning ability. Nail care as needed (PRN). Encourage the resident to participate to the fullest extent possible with each interaction. Monitor/document/report PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function.</p> <p>Observation and interview on 12/9/24 at 11:55 A.M. and 12/10/24 at 11:54 A.M., showed the resident in bed, unable to verbally communicate; however, he/she was able to answer yes/no questions. The resident confirmed that staff assist with care and believed they do a good job. The resident had cracked lips. The top and bottom lip showed peeling, loose skin on the lips.</p> <p>During an interview on 12/11/24 at 12:00 P.M., the DON said she was unaware of any concerns regarding the resident's cracked, peeling lips. She would expect staff to ensure the resident is groomed.</p> <p>3. Review of Resident #3's medical record, showed:</p> <p>-Diagnoses included aphasia (language disorder that affects a person's ability to communicate), dementia, and major depressive disorder;</p> <p>-Severe cognitive impairment.</p> <p>Review of the resident's care plan, dated 11/11/24, showed:</p> <p>-Focus: the resident has an ADL self-care performance deficit;</p> <p>-Goal: will continue to have aspects of care met daily; remaining clean, dry, dressed, groomed and free of odors through review date;</p> <p>-Interventions: staff to assist with completion of ADLs on a daily basis to ensure needs are met daily.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 12/5/24 at 11:38 A.M., showed the resident in his/her bed awake. The resident had a patch of hair on his/her chin. A strong stale body odor permeated from the resident. The resident shook his/her head yes when asked if he/she wanted the hair on his/her face shaved.</p> <p>Observation on 12/6/24 at 6:46 A.M., showed the resident in his/her bed awake. The resident's chin had a patch of hair. A strong stale body odor permeated from the resident.</p> <p>Observation on 12/6/24 at 7:27 A.M., of the resident's skin, showed:</p> <ul style="list-style-type: none"> -The resident's super pubic catheter (tube inserted into the bladder to drain urine) site had bloody discharge surrounding the tubing; -Clear, bloody drainage observed in the folds of the resident's abdominal skin; -A strong stale body odor permeated from the area with the drainage. <p>Observation on 12/9/24 at 8:15 A.M., of the resident's skin, showed:</p> <ul style="list-style-type: none"> -The resident's super pubic catheter site had bloody discharge surrounding the tubing; -Yellow, bloody drainage observed in the folds of the resident's abdominal skin; -A strong stale odor permeated from the area with the drainage. <p>During an interview on 12/11/24 at 7:52 A.M., CNA J said he/she would expect the resident's catheter site to be clean. He/She would expect staff to ask the resident if he/she wants his/her facial hair trimmed and to trim it if the resident says yes.</p> <p>During an interview on 12/11/24 at 9:31 A.M., LPN B said he/she would expect the resident's catheter site and body to be clean to avoid infection and discomfort. He/She would expect the resident's facial hair to be trimmed.</p> <p>During an interview on 12/11/24 at 12:36 P.M., the DON said she would expect staff to ensure the resident's catheter site and body are cleaned. She would expect staff to ask residents if they want their facial hair trimmed.</p> <p>4. Review of Resident #1's medical record, showed:</p> <ul style="list-style-type: none"> -Diagnoses included epilepsy, major depressive disorder, and obesity; -Cognitively intact. <p>Review of the resident's care plan, dated 10/28/24, showed:</p> <ul style="list-style-type: none"> -Focus: resident has an ADL self-care performance deficit; -Goal: will continue to have aspects of care met daily; remaining clean, dry, dressed, groomed and free of odors through review date; <p>(continued on next page)</p>		

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 12/11/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Interventions: staff to assist with completion of ADLs on a daily basis; ensure needs are met daily. Check nail length and trim and clean on bath day and as necessary.</p> <p>During an interview on 12/5/24 at 12:18 P.M., the resident said staff do not always help him/her wash his/her face.</p> <p>Observation on 12/5/24 at 1:08 P.M., showed the resident had white matter around his/her mouth. The resident's left eye had white matter on the skin next to the outer corner.</p> <p>Observation on 12/6/24 at 12:00 P.M., showed the resident had white matter around his/her mouth. The resident's left eye had white matter on the skin next to the outer corner.</p> <p>During an interview on 12/11/24 at 7:52 A.M., CNA J said he/she would expect staff to wash resident's faces during care or whenever they see something on the resident's face.</p> <p>During an interview on 12/11/24 at 9:31 A.M., LPN B said he/she would expect staff to wash resident's faces during care or whenever they see something on the resident's face.</p> <p>During an interview on 12/11/24 at 12:36 P.M., the DON said she would expect staff to wash the resident's face during care or whenever they see something on the resident's face. She would expect staff to be checking the resident's face to ensure it is clean after meals.</p> <p>5. Review of Resident #24's quarterly MDS, dated [DATE], showed:</p> <p>-Diagnoses included dementia, anxiety, and major depressive disorder;</p> <p>-Cognitively intact.</p> <p>Review of the resident's care plan, dated 10/28/24, showed:</p> <p>-Focus: resident has limited physical mobility and requires staff assistance for completion of ADLs. Self-performance varies at times;</p> <p>-Goal: will continue to have aspects of care met on a daily basis; remaining clean, dry, dressed, groomed and free of odors through review date;</p> <p>-Interventions: staff to assist with completion of ADLs on a daily basis; ensure needs are met daily.</p> <p>Observation on 12/5/24 at 2:21 P.M. and 12/6/24 at 8:55 A.M., showed the resident's nails with dark matter underneath.</p> <p>Observation on 12/9/24 at 12:50 P.M., showed the resident awake in his/her room and ate lunch with his/her hands. His/Her nails contained dark matter underneath.</p> <p>During an interview on 12/11/24 at 7:52 A.M., CNA J said he/she would expect resident's nails to be clean. If the resident refuses help, CNAs are to document this and tell the nurse.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/11/24 at 9:31 A.M., LPN B said he/she would expect residents' nails to be clean. If a resident refuses help with ADL care, staff should attempt to ask the resident at a later time.</p> <p>During an interview on 12/11/24 at 12:36 P.M., the DON said she would expect staff to ensure residents' hands are clean to prevent spread of germs. She would expect staff to document if a resident refuses to be helped.</p> <p>MO00244882</p> <p>MO00245183</p> <p>49992</p>

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 12/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44950 49992</p> <p>Based on observation, interview and record review, the facility failed to ensure residents receive care consistent with professional standards. One resident had physician's orders for blood sugar checks and the orders were not followed (Resident #62). One resident had a wound on the right lower leg with no documentation of assessment (Resident #23). The sample size was 19. The census was 72.</p> <p>Review of the facility's policy for Physicians Orders, reviewed 5/22/2023, showed:</p> <p>-At the time each resident is admitted , the facility will have physician orders for their immediate care. Physician's orders will be verified by the attending physician at the facility. All physician's orders will be dated and signed according to state and federal regulations.</p> <p>1. Review of Resident #62's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/15/24, showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses include a recent amputation, anemia (low iron in the blood), coronary artery disease (CAD, hardening of the blood vessels around the heart), high blood pressure, peripheral vascular disease (PVD, decreased or blocked blood flow to the arms and legs), diabetes and high cholesterol.</p> <p>Review of the resident's Medication Administration Record (MAR), dated December 2024, showed:</p> <p>-A physicians order, dated 11/20/24 to check blood glucose (sugar) daily, alternate between A.M. and P.M., every Monday, Wednesday, Friday, and Sunday;</p> <p>-Blood glucose level checks were only scheduled to be done in the A.M.</p> <p>Review of the resident's MAR, dated November 2024, showed:</p> <p>-A physicians order, dated 11/20/24 to check blood glucose one daily, alternate between A.M. and P.M., every Monday, Wednesday, Friday, and Sunday;</p> <p>-Blood glucose level checks was only scheduled to be done in the A.M.</p> <p>During an interview on 12/11/24 at 9:47 A.M., Licensed Practical Nurse (LPN) B said blood glucose levels should be performed as ordered. If the orders are unclear, the nurse should get the order clarified.</p> <p>During an interview on 12/11/23 at 12:03 P.M., the Director of Nursing (DON) said the expectation is for Certified Medication Technicians (CMT) and the nurse to follow physician's orders as written.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 12:03 P.M., the Administrator said she expected the nursing staff to follow the facility's policy on physician's orders.</p> <p>2. Review of the facility's Skin Program policy and procedure, revised December 2024, showed:</p> <p>-Purpose: The purpose of the skin program is to ensure that every resident skin condition is observed/evaluated on admission and a comprehensive and interdisciplinary care plan is developed and maintained to treat actual and/or prevent potential skin problems;</p> <p>-Policy: All residents are observed/evaluated upon admission and as needed for actual and/or potential skin problems. All residents will receive individualized preventative skin plan of care at the time of admission. Skin care team meetings will be held weekly to address all ulcers and any other pertinent skin problems. Performance improvement/quality assurance (QA) tracking and monitoring are done according to the performance improvement/QA schedule. The nurse will notify the resident's responsible party if the resident is admitted /readmitted from the hospital or another health care facility where the skin ulcer is located and document notification in the clinical record.</p> <p>Review of the facility's accident and incident protocol, reviewed 8/2024, showed:</p> <p>-The facility strives to maintain a safe, clean, and comfortable home like environment to ensure that residents and/or patients, visitors, or volunteers will not experience undue discomfort and/or have their health and safety placed in jeopardy due to an unusual occurrence (accident/ incident). Staff are to document the occurrence in the nurse's note of the resident record. Document only objective facts such as 1. date 2. time 3. person involved 4. where the accident or incident occurred 5. when first noticed 6. the accident or incident 7. where involved person was positioned i.e. sitting on the floor, lying on the bed 8. assistance given 9. objective findings of physician's examination 9. name of persons notified 10. document the response of the family or significant other at the time of notification.</p> <p>Review of Resident #23's quarterly MDS, dated [DATE], showed:</p> <p>-admitted [DATE];</p> <p>-Makes self understood;</p> <p>-Ability to Understand Others: Understands, clear comprehension;</p> <p>-Cognitively intact;</p> <p>-Diagnoses included anemia, irregular heartbeat and PVD.</p> <p>Review of the resident's Treatment Administration Record (TAR), date December 2024, showed a physician order, dated 12/4/24 to cleanse right shin with wound cleanser, apply alginate (absorbent dressing), and island border gauze dressing daily.</p> <p>Review of the resident's care plan, revised 11/22/24, showed:</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Focus: Actual impairment to skin integrity. Left distal dorsal (side facing up), medial foot. Left plantar heel. Right foot distal. Right lower leg front:</p> <p>-Goal: Residents risk for complications related to skin status will be minimized through next review date;</p> <p>-Interventions: Medications and treatments as ordered;</p> <p>-No entry for a skin tear to the right shin.</p> <p>Observation on 12/5/24 at 11:43 A.M., showed the resident lay in bed, both legs elevated, and an approximate 4 inch dressing to the right shin, dated 12/4/24. The resident said he/she caught his/her leg on the bed frame during a self-transfer.</p> <p>Review of the resident's nurse's notes, from 12/1/24 through 12/9/24, showed no note regarding how the skin tear happened or location and description of the skin tear.</p> <p>Review of the resident's medical record, reviewed on 12/9/24, showed no skin assessment completed for the the skin tear.</p> <p>Observation on 12/9/24 at 7:22 A.M., showed Wound Nurse A performed dressing changes to the resident's left plantar heel, left distal, dorsal medial foot, right distal foot, left plantar heel, and the right shin. She said there should be documentation in the nurse's note when the skin tear occurred.</p> <p>During an interview on 12/9/24 at 9:47 A.M., LPN B said when a skin tear is found, the nurse should investigate how the skin tear happened, assess the skin tear, complete a skin assessment, notify the doctor and responsible party, and document results in the nurse's notes.</p> <p>During an interview on 12/9/24 at 12:03 P.M., the DON said she expected the nurses to investigate, assess, contact the physician and get a treatment order. There should be a skin assessment completed and findings noted in the nurse's notes.</p> <p>During an interview on 12/9/24 at 12:03 P.M., the Administrator said the expectation is for staff to follow the facility's policy on skin assessments.</p> <p>MO00245183</p>		

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 12/11/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>46888</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident who is incontinent of bowel and bladder received appropriate treatment and services after an incontinence episode, when staff placed two briefs on a resident. The resident's briefs became very saturated with urine and uncomfortable. Staff also failed to cleanse all areas of the skin potentially contaminated by urine for the same resident (Resident #21). The sample was 19. The census was 72.</p> <p>Review of the facility's Care of Incontinent Resident Policy and Procedure Policy, revised 1/2022, included:</p> <ul style="list-style-type: none"> -Purpose: To have residents clean and dry; -Policy: All resident who are identified as being incontinent will have incontinence care provided every two hours and as needed. Note: There is a half hour leeway to round times; -Procedure: <ul style="list-style-type: none"> -Explain procedure; -Wash hands and put on gloves; -Remove excess feces and urine; -Remove gloves and wash hands. Apply clean gloves; -Spray peri-wash on wet washcloth and cleanse with wet washcloth; -Rinse washcloth and wipe the area clean, if cleaning feces, use a second washcloth; -Make resident is comfortable. Call light within reach; -Report any skin problems to the treatment or charge nurse. <p>Review of Resident #21's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/24/24, showed:</p> <ul style="list-style-type: none"> -Cognitive impairment; -Dependent, helper does all the effort and resident does none of the effort to complete the activity for toileting, shower/bathing, upper and lower body dressing, and personal hygiene; -Substantial/Maximum assistance for resident to roll left and right; -Incontinent of bowel and bladder; <p>(continued on next page)</p>		

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 12/11/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included diabetes, aphasia (inability to understand or express speech), stroke, anxiety and depression.</p> <p>Review of the resident's care plan, revised 11/15/22, showed:</p> <p>-Focus: Resident is incontinent;</p> <p>-Goal: Resident will remain free from skin breakdown due to incontinence and brief use through the review date;</p> <p>-Interventions: Check for incontinence at least every two hours and as needed. Providing extensive assistance with personal care promptly as needed. Clean perineal area (the surface area to include the buttocks and genitals) with each incontinence episode. Report any skin concern noticed while providing personal care to nursing immediately.</p> <p>Observation on 12/9/24, showed:</p> <p>-At 9:27 A.M., the call light above the resident's door was activated. Certified Medication Technician (CMT) stood in the hallway with the medication cart. The Nurse Manager stood at the other end of the hallway and yelled to the CMT to check on the resident. The CMT entered the resident's room and returned. He/She told the Nurse Manager the resident wanted the nurse;</p> <p>-At 9:35 A.M., Licensed Practical Nurse (LPN) C entered the resident's room. LPN C asked the resident what was wrong. The resident pointed to his/her groin area by his/her brief. LPN C pulled back the brief and said the resident is really wet and that is why he/she hurts. When LPN C pulled back the brief, he/she had to unfasten two briefs, one placed on top of the other. LPN C said they double briefed the resident. The resident wore two briefs. LPN C said the aide needs to change the resident because he/she is really wet and moist and due to his/her mobility and size, it will take two staff to assist. LPN C said he/she was not sure when the Certified Nursing Assistant (CNA) last did rounds or if the CNA provided care. LPN C asked the resident if he/she was provided care this morning. The resident could not answer. LPN C said the CNA is supposed to do rounds and provide care when they first come on shift. LPN C said so many skin issues are caused from being left wet. LPN C exited the room and told the resident that he/she will have the aide provide care and then he/she will return to reassess and apply cream;</p> <p>-At 9:50 A.M., LPN C requested CNA E and CNA L to go check on the resident and provide care. The CNAs obtained supplies and walked towards the resident's room.</p> <p>During an interview on 12/9/24 at 9:52 A.M., CNA T said he/she is assigned to the resident and last checked on the resident after the resident finished eating breakfast. CNA T said he/she did not place two briefs on the resident.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 12/9/24 at 9:55 A.M., showed CNA E and CNA L entered the resident's room. CNA E and CNA L washed their hands and put on gloves. CNA L used a wipe to clean under the resident's abdomen and groin area. CNA E assisted CNA L to roll the resident to his/her right side. CNA L wiped one side of the resident's buttock area. CNA E handed CNA L a trash bag. CNA L placed the dirty wipes in the bag and removed his/her gloves. CNA L put on new gloves and placed a brief under the resident. CNA E and CNA L assisted the resident to his/her back. The resident was rolled to his/her left side so CNA L could pull the soiled briefs from under the resident. CNA L did not wipe the resident's other side of the buttock area which was in contact with the soiled brief. CNA E and CNA L fastened both sides of the resident's brief. CNA E and CNA L cleaned up the trash and left the room.</p> <p>During an interview on 12/9/24 at 10:10 A.M., LPN C said he/she was not aware the resident was double briefed. LPN C expected the CNA to provide incontinence care at the start of his/her shift. LPN C also expected the CNA to tell him/her if the CNA discovered the resident was double briefed.</p> <p>During observation and interview on 12/9/24 at 10:20 A.M., showed LPN C entered the resident's room to reassess the resident's inner groin area. LPN C put on gloves and asked the resident if he/she felt better. The resident gives a thumbs up. LPN C cleaned under the resident's abdominal folds and applied barrier cream. He/She removed his/her gloves and exited the room. LPN C said he/she assumed the resident had not been changed all shift but cannot say for sure.</p> <p>During an interview on 12/9/24 at 11:10 A.M., the Director of Nursing (DON) said it is never ok to double brief a resident because of the skin issues it can cause for that resident. Residents should be checked at least every two hours unless otherwise specified. The CMT comes onto shift at 6:30 A.M. and the CNA at 7:00 A.M. for day shift. She expected staff to check on residents and start providing incontinence care within 30 minutes of start of the shift. On 12/11/24 at 12:03 P.M., the DON said when providing incontinence care, both sides of the resident's buttock area should be cleaned.</p> <p>MO00244882</p>		

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 12/11/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>49992</p> <p>Based on observation, interview and record review, the facility failed to ensure respiratory services provided were consistent with professional standards of practice for one resident (Resident #37) when staff failed to follow the physician orders for the rate of the oxygen, and to change and date the oxygen tubing. The sample size was 19. The census was 72.</p> <p>Review of the facility's Oxygen Safety Precautions policy, revised 8/29/22, showed:</p> <ul style="list-style-type: none"> -Oxygen is very safe when you use it properly. Oxygen will not explode or burn. Oxygen will cause anything that is burning to burn faster and hotter. By following these safety rules, you will create a safe environment for the use of oxygen; -Administer oxygen per physician orders. <p>Review of the facility's Cleaning and Disinfection of Environmental Surfaces and Equipment, reviewed 7/2024, showed:</p> <ul style="list-style-type: none"> -Environmental surfaces will be clean and disinfected according to the current Centers for Disease Control (CDC) recommendations for disinfection of health care facilities and the Occupational Safety and Health Administration (OSHA) bloodborne pathogen standard. -Oxygen tubing is to be dated, changed out weekly and as needed and placed in a plastic bag when not in use. <p>Review of the Resident #37's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 11/13/24, showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -Requires oxygen therapy; -Diagnoses include anemia (low iron in the blood), coronary artery disease (CAD, thickening or blockage of the blood vessels of the heart), congestive heart failure (CHF, the heart is too weak or stiff to pump blood properly), high blood pressure, peripheral vascular disease (PVD, thickening or blockage of the blood vessels to the arms and legs), pneumonia and high cholesterol. <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <ul style="list-style-type: none"> -Focus: The resident has recent pneumonia and respiratory failure; -Goal: The resident will be free of signs and symptoms of respiratory infections through next review. The resident will display optimal breathing patterns without shortness of breath interfering with daily activities through review date; -Interventions: Oxygen, administer supplemental oxygen as ordered. <p>(continued on next page)</p>		

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 12/11/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's physician orders, dated December 2024, showed:</p> <ul style="list-style-type: none"> -An order, dated 11/7/24 for oxygen at 2 liters (L) per nasal cannula (NC, flexible tube with two prongs placed in the resident's nose) continuously; -An order, dated 11/8/24 to change and date oxygen tubing night shift every Sunday for weekly cleaning. <p>Review of the resident's Medication Administration Record (MAR), dated December 2024, showed:</p> <ul style="list-style-type: none"> -The oxygen tubing schedule to be replaced on 12/8/24. <p>Observation of the resident, showed:</p> <ul style="list-style-type: none"> -On 12/5/24 at 11:50 A.M., the resident wore oxygen at 3L/NC. The oxygen tubing was not dated; -On 12/6/24 at 7:00 A.M., the resident wore oxygen at 5L/NC. The oxygen tubing was dated 12/5; -On 12/9/24 at 7:03 A.M., the resident wore oxygen at 2L/NC. The oxygen tubing was dated 12/5. <p>Review of the resident's MAR, reviewed on 12/9/24 at 2:05 P.M., showed nursing staff did not initial the tubing was changed on 12/8/24 as ordered.</p> <p>Observation on 12/11/24 at 7:36 A.M., showed the resident wore oxygen at 2.5L/NC. The oxygen tubing was dated 12/5.</p> <p>During an interview on 12/11/24 at 9:47 A.M., Licensed Practical Nurse (LPN) B said the resident should receive the oxygen as ordered. The oxygen tubing is changed weekly per the physician orders.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Director of Nursing (DON) said the expectation of the nurses is to follow physician orders for oxygen and to change the tubing as ordered.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Administrator said she expected the nursing staff to follow the policies for physician orders and oxygen therapy.</p>		

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 12/11/2024
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>44950</p> <p>Post nurse staffing information every day.</p> <p>Based on interview and record review, the facility failed to post the correct date for staffing information on a daily basis for 4 out of 5 days. The daily staffing sheet includes the total number of hours worked by categories of licensed staff, identifying Registered Nurse (RN) hours and Licensed Practical Nurse (LPN), directly responsible for resident care per shift. The census was 72.</p> <p>Review of the nurse staffing information, posted at the front entrance of the facility, showed:</p> <ul style="list-style-type: none"> -On 12/5/24 at 10:30 A.M., the staffing sheet was dated 11/27/24; -On 12/6/24 at 10:15 A.M., the staffing sheet was dated 11/27/24; -On 12/9/24 at 8:30 A.M., the staffing sheet was dated 12/6/24; -On 12/10/24 at 9:15 A.M., the staffing sheet was dated 12/6/24. At 11:45 A.M., the staffing sheet was dated 12/10/24; -On 12/11/24 at 9:25 A.M., there was no staffing sheet posted at the front desk. At 9:45 A.M., the staffing sheet was dated 12/11/24. <p>During an interview on 12/11/24 at 12:03 P.M., the Director of Nursing (DON) said the nurse staffing should be updated daily and should be accurate.</p>		

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 12/11/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49992</p> <p>85.042 (14) cl. II*</p> <p>Resident #20</p> <p>Resident #278</p> <p>Resident #30</p> <p>Resident #32</p> <p>Not priming needle, walking away from resident with medications, and eye was not pulled down for eye drops.</p> <p>[NAME] will organize</p> <p>Resident #20</p> <p>FTag Initiation</p> <p>12/10/24 10:09 AM CMT was placing the box of eye drops under her arm, and did not pull the left eye lid down.</p> <p>Resident #30</p> <p>FTag Initiation</p> <p>12/10/24 10:13 AM Nurse did not prime insulin pen</p> <p>Resident #32</p> <p>FTag Initiation</p> <p>12/10/24 10:11 AM Nurse did not prime the insulin pen.</p> <p>Resident #278</p> <p>FTag Initiation</p> <p>12/10/24 10:24 AM CMT left resident with medications in the therapy gym and went to get resident water bottle.</p>

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 12/11/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49992</p> <p>Based on observation, interview and record review, the facility failed to ensure a medication error rate of less than 5%. Out of 28 opportunities observed, four errors occurred, resulting in a 14.28% error rate when the insulin pens were not primed prior to administering to residents, medication was not given in the form as ordered by the physician, and eye medication was not administered properly (Residents #32, #30, #21 and #20). The sample was 19. The census was 72.</p> <p>Review of the facility's Medication Administration-Insulin policy, undated, showed:</p> <p>-Standard of Practice: the nurse will ensure prior to administering each dose of insulin that the correct type and dose of insulin and number of units ordered are checked against the physician's order, the insulin vial, and syringe before the patient receives the insulin;</p> <p>-Standard of care: the resident who has been prescribed insulin can expect that the medication be administered in the correct form and dosage, at the correct time, with the correct injection technique with concurrent observation of benefit and potential side effects or drug interactions;</p> <p>-Policy: residents who are prescribed insulin receive the medication by injection after a nurse checks the type of insulin and units drawn in the syringe so as to reduce potential errors in the administration of insulin;</p> <p>-Insulin pen procedure: 1. Dial up two units on the pen 2. point the pen needle up towards the ceiling, taping gently 3. press the button on the bottom of the pen all the way 4. if necessary, repeat steps 1-3.</p> <p>Review of the facility's Medication Administration policy, dated 7/17/24, showed:</p> <p>-Purpose: To administer the following: right medication, right dose, right dosage form, right route, right resident/patient, and right time;</p> <p>-Procedure: Read the Medication Administration Record (MAR) for the ordered medication, dose, dosage form, route, and time.</p> <p>Review of the Humalog KwikPen, insulin lispro solution (generic for Humalog, short acting insulin), manufacturer instructions, showed:</p> <p>-Prime before each injection;</p> <p>-Priming your pen means removing the air from the needle and cartridge that may collect during normal use and ensure that the pen is working correctly;</p> <p>-If you do not prime before each injection, you may give too much or too little insulin.</p> <p>1. Review of the Resident #32's medical record, showed:</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included diabetes;</p> <p>-An order, dated 10/24/24, for Humalog Insulin (insulin lispro) 100 units/milliliter (ml), inject subcutaneous (under the skin) per sliding scale before meals. If blood sugar is 251-300, give 6 units;</p> <p>During a medication administration observation, on 12/9/24 at 11:38 A.M., showed the resident's blood sugar measured 276. Licensed Practical Nurse (LPN) C applied the needle tip to the insulin pen, dialed the resident's insulin lispro pen to 6 units/ml and injected the insulin into the resident's right arm. He/She did not prime the insulin pen.</p> <p>2. Review of the Resident #30's medical record, showed:</p> <p>-Diagnoses included diabetes, heart failure, anemia, chronic kidney disease, high cholesterol and high blood pressure;</p> <p>-An order, dated 10/30/24, for Humalog KwikPen insulin 100 units/ml, inject 5 units subcutaneously with meals;</p> <p>-An order, dated 10/30/24, for Humalog KwikPen insulin 100 units/ml, inject subcutaneous, per sliding scale with meals. If blood sugar is 251-300, give 6 units.</p> <p>During a medication administration observation, on 12/9/24 at 11:55 A.M., showed the resident's blood sugar measured 255. LPN C applied the needle tip to the insulin pen, dialed the Humalog insulin pen to 5 units/ml, then added the additional 6 units/ml, for a total of 11 units/ml and injected the insulin into the resident stomach. He/She did not prime the pen.</p> <p>During an interview on 12/9/24 at 11:55 A.M., LPN C said that he/she did not need to prime the pen because there was no bubble of air at the top of the insulin cartridge.</p> <p>During an interview on 12/11/24 at 9:47 A.M., LPN B said insulin pens have to be primed to make sure the pen is working properly.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Director of Nursing (DON) said that insulin pens have to be primed before dialing up the dosage to be administered so the resident will get the right amount of insulin.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Administrator said the nursing staff should follow the policies on insulin administration.</p> <p>3. Review of the Resident #21's medical record, showed:</p> <p>-Diagnosis included vitamin D deficiency (lack of vitamin D can cause bone weakness and increased risk of fractures);</p> <p>-An order, dated 5/30/22, for Vitamin D Tablet, give 50,000 units by mouth every Monday.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a medication administration observation, on 12/9/24 at 12:15 P.M., showed Certified Medication Technician (CMT) R removed a Vitamin D 50,000 capsule from a stock bottle. The CMT opened the capsule and poured it into a medicine cup, added chocolate pudding, and mixed the medication. The CMT administered medication to the resident.</p> <p>During an interview on 12/11/24 at 9:47 A.M., LPN B said medications should be given in the form as ordered by the physician. Staff should not substitute without an order from the physician.</p> <p>During an interview on 12/11/24 at 9:57 A.M., CMT R said that medication should be given as ordered. The staff should not substitute the medication without a physician's order.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the DON said that medications should be administered as ordered.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Administrator said that the nursing staff should follow the policies on medication administration.</p> <p>4. Review of the facility's Medication Administration Procedures-Eye Medication, dated November 2021, showed:</p> <p>-Purpose: To administer ophthalmic (medication that is administered into the eye) solution/suspension into the eye in a safe, accurate, and effective manner;</p> <p>-Procedure: Tilt resident's head back slightly. With a gloved finger, gently pull down the lower eyelid to form a pouch, while instructing the resident to look up. Place other hand against the resident's forehead to steady. Hold inverted medication bottle between the thumb and index finger and press gently to instill prescribed number of drops into the pouch near the outer corner of the eye. Do not let the tip of the dropper touch the eye or any other surface. If the resident blinks or the drops land on the cheek repeat administration.</p> <p>Review of the Resident #20's medical record, showed:</p> <p>-Diagnoses included encephalopathy (brain disease), stroke with right sided weakness, high cholesterol, depression and high blood pressure;</p> <p>-An order, dated 7/27/24, showed Artificial Tears ophthalmic solution, instill one drop in both eyes in the morning.</p> <p>During a medication administration observation, on 12/9/24 at 8:40 A.M., showed CMT U instructed the resident to lean back, and held the bottle of eye medication approximately three inches from the resident's right eye and administered one drop of medication directly onto the resident's eyeball. The CMT did not pull the lower eye lid down to ensure eye drop absorption.</p> <p>During an interview on 12/11/24 at 9:47 A.M., LPN B said when eye medications are given, the lower lid should be pulled down and the drops placed to the inside lid of the eye.</p> <p>During an interview on 12/11/24 at 9:57 A.M., CMT R said when administering eye medication, the lower lid of the eye is to be pulled down.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 12:03 P.M., the DON said eye medication should be administered as ordered by the physicians and per the facility policy on medication administration.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the Administrator said the nursing staff should follow the policies on medication administration.</p>		

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 12/11/2024
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 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>44950</p> <p>Based on observation, interview and record review, the facility failed to ensure drugs and biologicals were labeled and stored per acceptable standards of practice when the facility failed to store medications, located in the Assistant Director of Nursing's (ADON) office, locked, and not accessible to individuals without authority to access the medications. The facility identified four medication carts, two treatment carts, and two medication rooms. The ADON's office was not identified as a medication storage room. The ADON failed to ensure it was secured when she left her office. The office had several shelves on the back wall that contained multiple bottles of over-the-counter medications and vitamins. An open bottle of medication was also found in the ADON's office that was not labeled. The sample was 19. The census was 72.</p> <p>Review of the facility's Medication Administration Policy, revised 7/17/24, included:</p> <ul style="list-style-type: none"> -Lock medication cart before entering resident/patient room. Never leave the medication cart open and unattended; -Lock the cart and store in a secure, locked location; -Keep medication room locked at all times; -Maintain medication key with licensed nurse at all times. <p>During an interview on 12/05/24 at 12:32 P.M., Licensed Practical Nurse (LPN) N said there are two medication rooms that are located behind the nurses station, two wound carts, two nurse carts, and two Certified Medication Technician (CMT) carts in the facility.</p> <p>Observation on 12/6/24 at 8:30 A.M., showed the ADON's office open with no one in the office. Located on the shelf on the back wall were multiple over-the-counter (OTC) medications visible from the hallway. At 10:00 A.M., the ADON's office door was open with the light off and no one in the office. At 10:15 A.M., the back wall of the office had shelves with multiple OTC medications such as liquid ibuprofen, acetaminophen, Imodium (used to treat diarrhea), hydrogen peroxide, and a bottle of magnesium citrate (liquid laxative used for constipation) on the second shelf. The bottle of magnesium citrate appeared to have been opened with approximately one fourth liquid missing. No date it was opened was identified on the bottle. At 11:19 A.M., the ADON was not in her office. The office door was opened and the light was on. The medications located on the back shelf were visible from the hallway.</p> <p>During an interview on 12/6/24 at 11:34 A.M., the Director of Nursing (DON) said there are only two medication rooms in the facility. They are both located directly across from the nurse's station.</p> <p>Observation on 12/9/24 at 9:14 A.M., showed the ADON out of her office. The door was opened and the medications were visible from the hallway.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 12/10/24 at approximately 10:45 A.M., showed the ADON's office door was opened and the light was on in the office. No staff were in the office.</p> <p>Observation on 12/11/24 at 9:14 A.M., showed the ADON out of her office. The office door was opened and medications were visible from the hall.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the DON and ADON said a room that contains medications should be locked. The DON said the ADON's office should be considered a medication room if medications are stored in the room. They said the ADON's office should be shut and locked. It should not be left open. The ADON said she does lock the door at night when she leaves for the day. The night shift does not have access to that room. The DON would have to allow them access.</p> <p>Observation on 12/11/24 at approximately 2:00 P.M., showed the ADON was out of her office with the light turned off. The door was open.</p>

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 12/11/2024
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44950</p> <p>Based on observation, interview and record review, the facility failed to obtain laboratory services to meet the needs of the residents by failing to ensure the quality of the labs obtained when they used expired Covid tests to test employees and residents for Covid-19. The facility failed to check with the manufacturer to see if the expiration date waiver was extended. The waiver was not extended. The census was 72.</p> <p>Review of the facility's Response to Covid-19 protocol, last reviewed ,d+[DATE], showed Covid-19 testing: Covid-19 testing will be conducted in accordance with current Centers for Medicare and Medicaid Services (CMS) and Department of Health and Senior Services (DHSS) requirements, utilizing Point of Care and polymerase chain reaction (PCR) testing as appropriate.</p> <p>During interview on [DATE] at approximately 11:00 A.M., the Assistant Director of Nursing said the facility had one case of Covid-19 due to an employee testing positive. The facility began testing staff and residents. The last test was done today to see if the Covid-19 precautions could be removed. The facility completed the testing and the facility did not currently have any Covid-19 in the facility.</p> <p>Observation and interview on [DATE] at approximately 8:40 A.M., showed the 200 and 300 hall nurse medication cart had 7 boxes of Access Bio Covid-19 Antigen tests with a lot number of CP23B69. The expiration date showed [DATE]. Licensed Practical Nurse (LPN) B verified the expiration date and said he/she would throw these away. LPN B removed them from the cart and took them to the Director of Nursing's (DON) office.</p> <p>Observation and interview on [DATE] at approximately 8:45 A.M., showed the 100, 400, and 500 hall nurse medication cart had 8 boxes of Access Bio Covid-19 Antigen tests with a lot number of CP23B69. The expiration date showed [DATE]. LPN C verified the expiration date. LPN C removed them from the cart and said he/she would take them to the DON's office.</p> <p>Observation and interview on [DATE] at approximately 9:00 A.M., showed the boxes of expired tests sat on the Nurse Manager's desk. The DON said those are the tests the facility used on [DATE] to test employees for Covid-19. She said they have a waiver for the tests, allowing them to be used past the expiration date. The waiver extends the expiration date by 6 months so the tests would not be considered expired. She will provide the waiver.</p> <p>Review of the Access Bio, Inc.: CareStart COVID-19 Antigen Home Test and On/go Antigen Self-Test 15-month to 21-month self-life extension, granted by the Food and Drug Administration (FDA) on February 1, 2023, showed the last numbers for the waiver as CP23A25, CP23A26, CP23A27 with the extended expiration date [DATE] from [DATE].</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 10:02 A.M., the Quality Control (QC) Lab Manager from Access Bio responded to an email to clarify the expiration dates for this control number and the waiver. The QC Lab Manager wrote, Thank you for reaching out regarding the expiration date for the COVID-19 Antigen Home Test. Starting with the B lots, the product was printed with an extended shelf life of 21 months. Therefore, the lot you have-CP23B69 - has the expiration date of [DATE]. Since this date has already passed, please discard the product from the mentioned lot. Additionally, there is no further extension of expiration beyond this 21-month period.</p> <p>During an interview on [DATE] at 12:03 P.M., the Administrator and DON said the facility should have checked with the manufacturer regarding expiration dates to see if the waiver had expired prior to using the Covid tests.</p>		

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 12/11/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>46888</p> <p>Based on observation, interview and record review, the facility failed to ensure recipes were followed while preparing meals, for one of two meal services observed. The sample was 19. The census was 72.</p> <p>Observation on 12/9/24 at 8:54 A.M., of the lunch meal service prep, showed [NAME] H removed steak patties from a box and place them on the skillet top. After the steaks were cooked, [NAME] H placed the steak patties into a tin and placed the tin on the steam cart for meal service.</p> <p>Review on 12/10/24 at 8:20 A.M., of the Swiss steak recipe, showed:</p> <p>-Ingredients: beef cutlets, salt, black pepper, vegetable oil, onions, celery, and diced tomatoes;</p> <p>-Method of preparation: season cutlets with salt and pepper. [NAME] in hot oil. Place on baking pans. Saute onions and celery in same fat. Place over meat. Pour tomatoes over cutlets. Cover baking pan with foil. Bake for 2 to 2 1/2 hours.</p> <p>Observation on 12/9/24 at 9:17 A.M., of the lunch meal service prep, showed [NAME] H placed three slices of bread into the blender with three, 1 cup scoops of stewed tomatoes to prepare the pureed stewed tomatoes. [NAME] H said he/she was making three portions of the stewed tomatoes. [NAME] H did not use a recipe and no recipes were observed in the food preparation area.</p> <p>Review on 12/10/24 at 8:20 A.M., of the recipe for pureed stewed tomatoes, showed a half slice of bread and half cup of stewed tomatoes should be placed in the blender for each portion of pureed stewed tomatoes being made.</p> <p>Observation on 12/9/24 at 9:21 A.M., showed [NAME] H place three cooked steak patties into a blender with three slices of bread. [NAME] H then poured an unmeasured amount of steak base into the blender. [NAME] H did not use a recipe for pureed Swiss steak.</p> <p>Review on 12/10/24 at 8:20 A.M., of the recipe for pureed Swiss steak, showed a half slice of bread and 1 steak patty should be placed into the blender for each portion of pureed Swiss steak being made.</p> <p>During an interview on 12/9/24 at 9:40 A.M., [NAME] H said he/she was not following any recipes. He/She looked at the menu and from there decided how to cook the food. The Swiss steaks are preseasoned so he/she is only cooking them and nothing else will be done with them. On 12/11/24 at 9:50 A.M., [NAME] H said cooks should use a recipe when cooking but that each cook should be able to deviate from the recipe to add their own flavor. It is not important for cooks to know where recipes are because cooks need to learn how to cook on their own.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 12/10/24 at 8:37 A.M., [NAME] I said he/she did not know where to find the recipes for the meals most of the time and just cooks what he/she knows. He/She will look at the directions on the packages of the food to try and determine how to cook it. On 12/11/24 at 9:48 A.M., [NAME] I said he/she expected cooks to follow recipes when preparing food for the residents. This is important to know what diet each resident eats. He/She expected cooks to know where to find the recipes.</p> <p>During an interview on 12/11/24 at 12:38 P.M., the Administrator said cooks should be using recipes when preparing meals. She expected the cooks to know where the recipes are and how to use them.</p>

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 12/11/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44950</p> <p>46888</p> <p>49992</p> <p>Based on observation, interview and record review, the facility failed to follow acceptable standards of practice for infection prevention and control when staff failed use enhanced barrier precautions while providing care for a resident who had an indwelling catheter and a feeding tube and failed to prevent infection by leaving a gravity bag (urinary collection device) lay on the ground (Resident #3) and failed to change gloves while providing care (Resident #21). In addition, staff placed medication under their arm while administering medications (Residents #10 and #20). The sample was 19. The census was 72.</p> <p>Review of the facility's Infection Control policy, dated 7/2022, showed:</p> <p>-Policy Statement: The Blue Circle Rehab and Nursing infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>Review of the facility's Enhanced Barrier Precautions, revised March 24, 2024, showed:</p> <p>-Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multi drug resistant organisms (MDROs) that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to putting on a gown and gloves during high contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing;</p> <p>-EBP are indicated for residents with any of the following: infection or colonization with a Centers for Disease Control (CDC) targeted MDROs when contact precautions do not otherwise apply or wounds and or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. Wounds generally include chronic wounds, not shorter lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP;</p> <p>-EBP should be used for any residents who meet the above criteria, whenever they reside in the facility. The facility has discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDROs that is not currently targeted by the CDC;</p> <p>-Examples of high contact resident care activities requiring gown and glove use for EBP include dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care such as central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care any skin opening requiring addressing.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #3's medical record, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Diagnoses included aphasia (language disorder that affects a person's ability to communicate), dementia and major depressive disorder. <p>Review of the resident's care plan, dated 11/11/24, showed:</p> <ul style="list-style-type: none"> -Focus: resident requires EBP due to a gastric tube (g-tube, a tube surgically inserted into the stomach to provide hydration, nutrition, and medications) and urinary catheter (tube inserted into the bladder to drain urine); -Goal: minimize/prevent the spread of infectious microorganisms; -Interventions: utilize gown and gloves during high-contact resident care activities that provide opportunities for transfer of multi-drug resistant bacteria to staff hands and clothing. Examples of high-contact interactions include dressing, bathing, showering, shaving, some types of transfers (based on amount of prolonged contact), providing hygiene, changing linens, changing briefs/toileting, device care or use (urinary catheter and feeding tube). <p>Observation on 12/6/24 at 1:58 P.M., showed Certified Nursing Assistant (CNA) F entered the resident's room and put on gloves. He/She pulled the resident's blanket down to expose the resident's hospital gown and brief. He/She leaned against the resident while repositioning the resident's brief to expose the resident's g-tube site. He/She wore no gown.</p> <p>Observations on 12/9/24 at 6:40 A.M., 6:58 A.M., 7:09 A.M., 7:37 A.M., 7:51 A.M., 8:00 A.M., and 8:09 A.M., showed the resident asleep in his/her bed. The resident's catheter lay on the ground next to the resident's bed, directly on the floor.</p> <p>Observation on 12/10/24 at 6:47 A.M., showed CNA D and Licensed Practical Nurse (LPN) B repositioned the resident in his/her bed. Both CNA D and LPN B leaned up against the resident with their scrubs touching the resident's upper body. Neither CNA D or LPN B wore a gown.</p> <p>During an interview on 12/11/24 at 7:52 A.M., CNA J said he/she expected the resident's catheter bag be hung so it is not on the ground. It is important to keep catheter bags off the ground to prevent the spread of germs. He/She expected staff to wear EBP when caring for the resident.</p> <p>During an interview on 12/11/24 at 9:31 A.M., LPN B said he/she expected the resident's catheter bag to be hung and not on the ground. It is important to keep catheter bags off the ground to avoid contamination. He/She expected staff to wear EBP when caring for the resident.</p> <p>During an interview on 12/11/24 at 12:36 P.M., the Director of Nursing (DON) said she expected staff to ensure the resident's catheter bag is off the ground to prevent infection. The resident has a catheter and a g-tube and staff are required to wear EBP when patient care is provided.</p> <p>2. Review of Resident #21's quarterly MDS, dated [DATE], showed:</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Cognitive impairment;</p> <p>-Dependent, helper does all the effort and resident does none of the effort to complete the activity for toileting, shower/bathing, upper and lower body dressing, and personal hygiene;</p> <p>-Substantial/Maximum assistance for resident to roll left and right;</p> <p>-Setup or clean up assistance for eating;</p> <p>-Incontinent of bowel and bladder;</p> <p>-Diagnoses included diabetes, aphasia (inability to understand or express speech), stroke, anxiety and depression.</p> <p>Observation on 12/10/24 at 10:55 A.M., showed CNA M entered the resident's room. CNA M put on gloves and then put a washcloth directly in the resident's sink. He/She added soap and turned on the water. After a few minutes, CNA M grabbed a basin from under the sink and placed water and the washcloth in the basin. He/She used the washcloth to clean the resident's face and under arms then emptied the water in the sink and refilled the basin. CNA M threw the dirty towels and washcloths on the floor by the trash can after he/she used them to clean the resident. After the bed bath and personal care were completed, CNA M put on new gloves and placed the dirty linen from the floor into a trash bag then exited the room.</p> <p>Observation on 12/11/24 at 9:55 A.M., showed two staff in the resident's room. Dirty linen was visible from the hallway on the resident's floor. The resident was up in his/her chair.</p> <p>During an interview on 12/11/24 at 12:03 P.M., the DON said linen should not be thrown on the floor during a bed bath or providing care. The dirty linen should be placed in a laundry hamper or an empty trash bag. A clean washcloth should not be put in the sink prior to cleaning the resident with that washcloth. The staff should use the basin that is the room or go get one.</p> <p>3. Review of the Resident #10's medical record, showed his/her diagnoses included diabetes, glaucoma (condition that damage the eye), heart failure, peripheral vascular disease (PVD, blockage or hardening of the blood vessels that limit blood flow to the arm and legs), coronary artery disease (CAD, blockage or hardening of the blood vessels around the heart), anemia (lack of iron in the blood), kidney disease, high cholesterol and high blood pressure.</p> <p>Review of the resident's Medication Administration Record (MAR), dated December 2024, showed:</p> <p>-A physician's order dated 7/1/24, for Combigan Ophthalmic 0.2-0.5% (medication to treat glaucoma). Install 1 drop in both eyes every 12 hours.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 12/10/24 at 8:05 A.M., showed Certified Medication Technician (CMT) U approached the resident with a medication cup that contained multiple medications and a blood pressure machine in one hand and a box of eye drops in the other. The CMT handed the resident the medication cup, put the box of eye drops under his/her arm, between his/her elbow and armpit. After putting on gloves, the CMT reached under his/her arm, removed the bottle of eye medication, and administered the eye medication. Once removing the box of eye medication from under his/her arm, he/she did not follow hand hygiene before administering the eye medication.</p> <p>4. Review of the Resident #20's medical record, showed:</p> <p>-Diagnoses included encephalopathy (brain disease), stroke with right sided weakness, high cholesterol, depression and high blood pressure;</p> <p>-An order, dated 7/27/24, for Artificial Tears ophthalmic solution, instill one drop in both eyes in the morning.</p> <p>During an observation on 12/10/24 at 8:40 A.M., CMT U approached the resident with a medication cup that contained multiple medications and a cup of water in one hand and a box of eye drops in the other. The CMT handed the resident the medication cup, put the box of eye drops under his/her arm, between his/her elbow and armpit. After putting on gloves, the CMT reached under his/her arm, removed the bottle of eye medication, and administered the eye medication. Once removing the box of eye medication from under his/her arm, he/she did not follow hand hygiene before administering the eye medication.</p> <p>5. During an interview on 12/11/24 at 9:47 A.M., LPN B said medications should not be placed under the staff's arm at any time.</p> <p>6. During an interview on 12/11/24 at 9:57 A.M., CMT R said staff should never use the underarm to hold medications. The medication cart should be nearby and staff should use a clean surface to hold medications.</p> <p>7. During an interview on 12/11/24 at 12:03 P.M., the DON said staff should not put medications under their arm to hold and staff should use hand hygiene while administering medications.</p> <p>8. During an interview on 12/11/24 at 12:03 P.M., the Administrator said the nursing staff should follow the policies on medication administration and infection control.</p> <p>MO00237698</p> <p>MO00244882</p>		

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 12/11/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394</p> <p>Based on observation, interview and record review, the facility failed to ensure call lights were in working order for two sampled residents (Residents #24 and #29). In addition, the facility found issues with call lights in 24 additional resident bedrooms. This had a potential to affect all residents who resided in rooms with non-functioning call lights. The sample was 19. The census was 72.</p> <p>Review of the facility's undated call light policy, showed:</p> <ul style="list-style-type: none"> -Purpose: To respond to resident/patient's request and needs; -Procedure: <ul style="list-style-type: none"> -Answer call lights in a reasonable amount of time; -Determine resident/patient's request; -Turn off call light; -Listen to resident/patient for further requests or needs; -Respond to request. If unable to meet request obtain assistance from caregiver that can meet request; -Assist resident/patient as needed to a comfortable position with call light within reach. <p>1. Review of the facility's nurse call system report, dated 11/19/24, showed:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER]: Does not announce right console; -room [ROOM NUMBER]: Does not announce right console; -room [ROOM NUMBER]: Does not announce both consoles -room [ROOM NUMBER]: Does not announce right consoles; -room [ROOM NUMBER]: Does not announce right console; -room [ROOM NUMBER]: Does not light up corridor light; -room [ROOM NUMBER]: Comes in as 203 and does not light hall light; -room [ROOM NUMBER]: Does not announce either console; -room [ROOM NUMBER]: Comes in as 205 on both consoles; <p>(continued on next page)</p>		

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 12/11/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER]: Comes in as 207 on both consoles;</p> <p>-room [ROOM NUMBER]: Does not light up left console;</p> <p>-room [ROOM NUMBER]: No annunciation on either console;</p> <p>-room [ROOM NUMBER]: No annunciation on either console;</p> <p>-room [ROOM NUMBER]: No annunciation on left console;</p> <p>-room [ROOM NUMBER]: No annunciation on either console;</p> <p>-room [ROOM NUMBER]: No annunciation on left console;</p> <p>-room [ROOM NUMBER]: No annunciation on left console;</p> <p>-room [ROOM NUMBER]: No annunciation on left console;</p> <p>-room [ROOM NUMBER]: No annunciation on left console;</p> <p>-room [ROOM NUMBER]: Does not annunciate left console;</p> <p>-room [ROOM NUMBER]: Does not annunciate either console;</p> <p>-room [ROOM NUMBER]: Does not light corridor light;</p> <p>-room [ROOM NUMBER]: Does not annunciate left console;</p> <p>-room [ROOM NUMBER]: Does not annunciate either console;</p> <p>-room [ROOM NUMBER]: Does not annunciate either console;</p> <p>-room [ROOM NUMBER]: Does not annunciate left console;</p> <p>-room [ROOM NUMBER]: Does not annunciate right console;</p> <p>-Problems noted/plan of correction: Yes we are in the process with electronic company per their assessment.</p> <p>2. Review of Resident #24's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/9/24, showed:</p> <p>-Diagnoses included dementia, anxiety and major depressive disorder;</p> <p>-Cognitively intact.</p> <p>Review of the resident census, dated 12/5/24, showed the resident located in a room that does not light up a corridor light.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/5/24 at 12:27 P.M., the resident said it sometimes takes a long time for staff to answer his/her call light.</p> <p>Observation on 12/10/24 of the resident's call light, showed:</p> <p>-At 6:53 A.M., the call light panel at the nurse's station indicated that the resident's call light was activated. The call light above the resident's bedroom door was off. Certified Nursing Assistant (CNA) D sat at the nurse's station and said the resident's call light was broken and that the indication on the call light panel was a ghost light;</p> <p>-At 6:59 A.M., the Wound Nurse walked up to the nurse's station. He/She noticed the call light panel indicated the call light for the resident's was activated. He/She said phantom light and walked away to assist a different resident;</p> <p>-At 7:01 A.M., the Wound Nurse walked past the nurse's station and said he/she was going to find the Maintenance Director to tell him the resident's call light was broken;</p> <p>-At 7:05 A.M., Licensed Practical Nurse (LPN) B walked into a different resident's room and the call light indicator at the nurse's station turned off for Resident #24's room.</p> <p>3. Review of Resident #29's annual MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included high blood pressure and schizophrenia (a serious mental health condition that affects how people think, feel and behave).</p> <p>Review of the facility's resident census, dated 12/5/24, showed the resident was located in a room that the call system comes on at the nurse's station as the call light for a different resident's room, and does not light up at the hall light.</p> <p>Observation and interview on 12/6/24 at 11:40 A.M., showed the call light to a different resident's room activated on the console at the nurses station. The light above the indicated room was not on. The resident said he/she was the one who activated his/her call light. CNA E entered the room. The resident said he/she wanted water. CNA E grabbed the resident's cup and left the room.</p> <p>During an interview on 12/6/24 at 11:45 A.M., CNA E said the light outside the resident's room does not light up, but it will at the nurse's station.</p> <p>Observation and interview 12/6/24 at 11:50 A.M., showed the resident's call light was activated, however, a different resident's room was indicated on the console at the nurse's station. The resident said he/she was unaware there were issues with the call light. He/She believed it was fixed. He/She also held up a bell and said staff gave him/her a bell to ring.</p> <p>(continued on next page)</p>		

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 12/11/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During an interview on 12/10/24 at 12:12 P.M., LPN B said there is a ghost light. When call lights are indicated in rooms 203, 204 or 205, staff check all the rooms to see who needed assistance. On 12/11/24 at 9:35 A.M., LPN B said he/she was aware the call lights for Residents' #24 and #29 were not working. If Resident #29 pushes his/her call light, the call light panel at the nurse's station lights up, indicating that a different room's call light is going off. He/She expected the residents' call light to be in working order.</p> <p>5. Observation on 12/6/24 at 11:58 A.M., showed the call light was activated by the surveyor in room [ROOM NUMBER]. The light above the entrance to the room turned on, but room [ROOM NUMBER] not on the console at the nurse's station.</p> <p>6. During an interview on 12/11/24 at 8:27 A.M. and 10:50 A.M., the Maintenance Director said he was aware of the call light issue. The system needed repair and a tech came out. On the 200 hall, there are several rooms that register room [ROOM NUMBER] at the nurse's station. The company was out a few weeks ago and each resident is to have a bell in the room if the call light is malfunctioning. He was going to get more bells today for any room affected by call lights. They did in-service staff on what was going on and to do 15-minute checks on the room without working call lights. He expected call lights to be in working order. It is important for call lights to work so residents can get help.</p> <p>7. During an interview on 12/11/24 at 10:55 A.M., LPN P said he/she was agency staff and it was his/her first day at the facility. He/She knew to check the call light when they go off but was not in-serviced on the call lights not working. He/She was not aware some rooms on the 200 unit show up as 203 on the console. He/She was assigned to the 500 unit, and he/she was not informed some rooms on 500 unit did not show at the nurse's station. He/She was not aware residents were given bells.</p> <p>8. During an interview on 12/11/24 at 12:00 P.M., the Administrator said she expected the call lights to be in working order. Staff should be informed on the current call light system, which resident has bells, and which rooms did not have a working light. They currently have a proposal to fix the lights and they are waiting for another one. She expected agency staff to be verbally educated with the policy at the nurse's station and on the 24 hour report.</p> <p>46888</p>		