

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Crestwood Health Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11400 Mehl Avenue Florissant, MO 63033	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30687</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident's right to be free from physical abuse was not violated when one resident (Resident #4) and another resident (Resident #5) were in a physical altercation. Resident #4 sold a cellular phone to Resident #5. Resident #5 said the cellular phone did not work and Resident #5 tried to attack Resident #4. Resident #4 hit Resident #5 and gave him/her bruising to the right eye and a laceration to the right eyebrow. The sample was five. The census was 144.</p> <p>The Administrator was notified on 2/19/25 at 10:07 A.M., of the past non-compliance, which occurred on 2/1/25. The facility provided training and in-servicing for all staff regarding the facility's Abuse and Neglect Policy. The facility also updated both residents' care plans to ensure they were educated on not to borrow, sell, or trade with other residents. Both residents gave verbal understanding. The deficiency was corrected on 2/5/25.</p> <p>Review of the facility's Abuse and Neglect Policy, dated 6/12/24, showed the following:</p> <p>-Purpose: It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed time frames;</p> <p>-Abuse: Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. This also includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology;</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: 265823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Crestwood Health Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11400 Mehl Avenue Florissant, MO 63033	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Physical Abuse: Purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner. Physical abuse includes handling a resident with any more force than is reasonable for a resident's proper control, treatment or management. Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking. Physical abuse also includes corporal punishment, which is physical punishment used as a means to correct or control behavior.</p> <p>Review of Resident #4's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/24/24, showed the following:</p> <ul style="list-style-type: none"> -No cognitive impairment; -No moods or behaviors -Independent with activities of daily living (ADLs); -Diagnoses of end stage renal disease (a condition where the kidneys have permanently lost their ability to function properly) and schizophrenia (a chronic mental illness characterized by disruptions in thought processes, perceptions, emotions, and social interactions). <p>Review of the resident's nurse's notes, dated 2/1/25 at 4:43 P.M., showed a Certified Nurse Aide (CNA) came to this writer stating that there was a resident to resident altercation between this resident and another resident on the hall. The resident said that another resident was mad about a phone. The resident said the other resident hit me so I hit him/her back. This resident has no noted injuries. Resident is alert and oriented. Resident follows directions without difficulty.</p> <p>Review of the resident's care plan, dated 2/1/25, showed the following:</p> <ul style="list-style-type: none"> -Problem: On 2/1/25 resident was struck by peer. Resident had sold peer a phone that did not work. When peer asked for money back, resident had already spent it. Peer struck resident and resident struck peer back; -Intervention: Resident will meet with social services to ensure there are no negative psychosocial impacts. Resident will attend coping skills group. <p>During observation and interview on 2/10/25 at 11:50 A.M., the resident said he/she sold a cellular phone to his/her peer. The peer said the phone was not working and the peer tried to fight him/her. The resident said he/she was just defending him/herself. The resident said he/she was educated not sell anything to anyone. The resident said he/she and the peer are still on the same hall but they keep their distance. The resident did not have any visual bruising.</p> <p>Review of Resident #5's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -No cognitive impairment; -No moods or behaviors; -Supervision with ADLs; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Crestwood Health Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11400 Mehl Avenue Florissant, MO 63033	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnosis of schizophrenia.</p> <p>Review of the resident's nurse's note, dated 2/1/25 at 4:38 P.M., showed the CNA brought this resident to the nurse's station and informed myself and off going nurse that there had been a resident to resident altercation. This resident was noted to have blood on his/her face, hands, and right ear. The areas were cleansed so that this writer can see. This resident is noted to have swelling and bruising to both his/her eyes. Also noted a laceration to right eyebrow. The resident also noted to have a small cut in his/her right ear. The resident is alert and oriented at this time.</p> <p>Review of the resident's care plan, dated 2/1/25, showed the following:</p> <p>-Problem: On 2/1/25, the resident was involved in a physical altercation with another resident. The resident had bought a cell phone from his/her peer, and it did not work. When he/she asked for his/her money back, the peer had already spent it. He/She then hit his/her peer;</p> <p>-Intervention: The resident was assessed for injuries and sent to the hospital for evaluation. Neurological checks were initiated and were within normal limits. The resident will be placed on one on one monitoring when he/she arrives back to facility until deemed safe to remove. Psych to evaluate medications. Resident will begin one on one counseling. The resident was educated not to borrow, sell, or trade with other residents. The resident gave verbal understanding.</p> <p>During observation and interview on 2/10/25 at 12:37 P.M., the resident said he/she had an altercation with another resident. The resident said he/she felt safe. The resident had a dark brown bruise under his/her right eye. The resident said he/she was not in any pain and the staff told him/her not to buy anything from another resident.</p> <p>During an interview on 2/13/25 at 11:04 A.M., CNA A said there was an altercation about a phone. CNA A said both residents were in the room. CNA A said he/she saw Resident #4 come out of the room and Resident #5 lay on the bed. Resident #4 had a scratch and Resident #5 had some bruising. CNA A took Resident #5 to the nurse's station and reported the incident. The residents had not had any previous altercations. CNA A was asked to write a statement and was educated that residents should not be selling things to each other and was also educated on the abuse/neglect policy.</p> <p>During an interview on 2/19/25 at 10:02 A.M., the Administrator and Director of Nursing (DON) said the allegation was substantiated. Both residents are closely monitored and will have privileges to come off the unit to be in the population as long as there is no aggression. The DON said the psychiatric Nurse Practitioner will continue to evaluate both residents and adjust treatment as needed.</p> <p>MO00248919</p>		