

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 03/07/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30687</p> <p>Based on interview and record review, the facility staff failed to supervise residents while smoking in the designated smoke room (Resident #3, Resident #6, Resident #7, Resident #8, Resident #9 and Resident #10). In addition, the facility failed to conduct a thorough investigation in a timely manner on how the residents were able to light the cigarette and smoke unsupervised. The sample was 10. The census was 145.</p> <p>Review of the facility's Smoking Safety Regulations, dated 6/29/23, showed the following:</p> <p>-Purpose: The purpose of this policy is to ensure that all staff and residents are following the safety regulations for smoking as outlined by the Life Safety Code of the National Fire Protection Association and State and Federal Regulations;</p> <p>-Procedure:</p> <p>-The facility will follow all smoking regulations;</p> <p>-The facility will ensure that all designated smoking areas will utilize a non-combustible, self closing container for the residents smoking to ensure cigarette and ashes are disposed of properly;</p> <p>-The facility will provide direct supervision for smoking by patients classified as not responsible.</p> <p>Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/13/24, showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-No moods or behaviors;</p> <p>-No impairment to extremities;</p> <p>-Set up with activities of daily living (ADLs)</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnoses of high blood pressure, end stage renal disease (ESRD, the final stage of chronic kidney disease (CKD), where the kidneys have permanently lost most of their ability to function), dementia and seizure disorder.</p> <p>Review of the resident's care plan, showed no documentation regarding a smoking assessment.</p> <p>Review of the resident's smoking assessment, dated 12/23/24, showed the following;</p> <p>-Smoking and Safety:</p> <ol style="list-style-type: none"> 1. Supervision, designated smoking location, and smoking times are determined by facility policy. This evaluation will be utilized for the resident's smoking care plan on admission and as indicated; 2. Which of the following products does the resident use? Tobacco; 3. Does the resident display any of the following? Follows the facility policy on location and time of smoking. <p>Review of the resident nurse's note, dated 3/1/25 at 5:29 P.M., showed Certified Nurse Aide (CNA) came to this writer and informed me of multiple residents found in the dayroom smoking unattended, this resident included. The management was notified.</p> <p>During an interview on 3/3/25 at 11:00 A.M., the resident said he/she is not supposed to smoke unsupervised but feels he/she should be able to smoke whenever he/she wants. The resident said a staff member lit the cigarette, but did not know the staff member's name.</p> <p>Review of the facility's investigation, dated 3/3/25, showed five additional residents were in the dayroom smoking with the resident.</p> <p>Review of Resident #6's quarterly MDS, dated [DATE], showed the following:</p> <p>-Brief Interview for Mental Status (BIMS): Not completed;</p> <p>-Physical and verbal behaviors;</p> <p>-Independent with ADLs;</p> <p>-Diagnoses of cancer, high blood pressure, anxiety, depression and schizophrenia (a chronic mental illness characterized by disruptions in thought processes, perceptions, emotions, and social interactions).</p> <p>Review of the resident's care plan, showed no documentation regarding a smoking assessment.</p> <p>Review of the resident's smoking assessment, dated 12/21/24, showed the following;</p> <p>-Smoking and Safety:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Supervision, designated smoking location, and smoking times are determined by facility policy. This evaluation will be utilized for the resident's smoking care plan on admission and as indicated;</p> <p>2. Which of the following products does the resident use? Tobacco;</p> <p>3. Does the resident display any of the following? Follows the facility policy on location and time of smoking.</p> <p>Review of Resident #7's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -No cognitive impairment; -No moods or behaviors; -Supervision and verbal cues with ADLs; -Diagnoses of high blood pressure, diabetes and schizophrenia. <p>Review of the resident's care plan, showed no documentation regarding a smoking assessment.</p> <p>Review of the resident's smoking assessment, dated 12/18/24, showed the following:</p> <p>-Smoking and Safety:</p> <p>1. Supervision, designated smoking location, and smoking times are determined by facility policy. This evaluation will be utilized for the resident's smoking care plan on admission and as indicated;</p> <p>2. Which of the following products does the resident use? Tobacco;</p> <p>3. Does the resident display any of the following? Follows the facility policy on location and time of smoking.</p> <p>Review of Resident #8's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -No cognitive impairment; -No moods or behaviors; -Independent with ADLs; -Diagnoses of schizophrenia and psychotic disorder. <p>Review of the resident's care plan, showed no documentation regarding a smoking assessment.</p> <p>Review of the resident's smoking assessment, dated 12/22/24, showed the following:</p> <p>-Smoking and Safety:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Supervision, designated smoking location, and smoking times are determined by facility policy. This evaluation will be utilized for the resident's smoking care plan on admission and as indicated;</p> <p>2. Which of the following products does the resident use? Tobacco;</p> <p>3. Does the resident display any of the following? Follows the facility policy on location and time of smoking.</p> <p>Review of Resident #9'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; -Diagnoses of schizophrenia and anxiety disorder. <p>Review of the resident's care plan, showed no documentation regarding a smoking assessment.</p> <p>Review of the resident's smoking assessment, dated 12/19/24, showed the following:</p> <p>-Smoking and Safety:</p> <p>1. Supervision, designated smoking location, and smoking times are determined by facility policy. This evaluation will be utilized for the resident's smoking care plan on admission and as indicated;</p> <p>2. Which of the following products does the resident use? Tobacco;</p> <p>3. Does the resident display any of the following? Follows the facility policy on location and time of smoking.</p> <p>Review of Resident #10's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -No cognitive impairment; -No mood or behaviors; -Supervision with ADLs; -Diagnoses of high blood pressure, ESRD, diabetes and schizophrenia. <p>Review of the resident's care plan, showed no documentation regarding a smoking assessment.</p> <p>Review of the resident's smoking assessment, dated 1/8/25, showed the following:</p> <p>-Smoking and Safety:</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Supervision, designated smoking location, and smoking times are determined by facility policy. This evaluation will be utilized for the resident's smoking care plan on admission and as indicated;</p> <p>2. Which of the following products does the resident use? Tobacco;</p> <p>3. Does the resident display any of the following? Follows the facility policy on location and time of smoking.</p> <p>During an interview on 3/4/25 at 1:14 P.M., CNA A said he/she went to the smoke room on the 600 hall and found six residents, Residents #3, #6, #7, #8, #9 and #10 smoking a cigarette and passing the cigarette around unsupervised. CNA A said he/she told them to put the cigarette out and leave the smoke room. CNA A did not ask who lit the cigarette for the residents. He/She reported the incident to the charge nurse. CNA A said the residents should not be smoking unsupervised.</p> <p>During an interview on 3/6/25 at 7:44 A.M., Hall Monitor (HM) B said he/she lit the cigarette for Resident #3. HM B said there is usually someone near the smoking room monitoring the room. He/She thought someone was near the smoking room. The residents should not be smoking unsupervised for safety precautions.</p> <p>During an interview on 3/7/25 at 11:38 A.M., Licensed Practical Nurse (LPN) C said CNA A made him/her aware of the incident and CNA A called the Assistant Director of Nursing (ADON) about the incident. According to CNA A, the ADON said the residents were to be put on hall restriction. LPN C called the ADON to confirm this information. LPN C said by the time he/she got to the smoke room, the room was empty. The Administrator was in the building the next day (3/2/25), and he/she asked the Administrator was she aware of the incident and she said no. The residents should not be smoking unsupervised.</p> <p>During an interview on 3/7/25 at 12:00 P.M., the ADON said CNA A did call and make him/her aware of the incident and to put the residents on hall restriction, but did not ask who lit the cigarette for the residents. An investigation should have been started immediately.</p> <p>During an interview on 3/7/25 at 12:10 P.M., the Administrator said LPN C made her aware of the incident on 3/2/25. The Administrator did not start an investigation because she was investigating a resident to resident altercation. The Administrator said she should have started the investigation immediately. The residents should not be smoking unsupervised.</p> <p>MO00249857</p>		