STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265831	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monarch Springs Wellness & Rehabilitation	894 Leland Avenue University City, MO 63130

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interview and record review, the facility failed to follow appropriate discharge procedures for one resident when staff failed to re-admit the resident after returning from the hospital following an immediate discharge (Resident #50). The sample size was 16. The census was 53.Review of the facility's transfer and discharge policy, revised June 2020, showed:-The Facility may transfer or discharge a resident for the following reasons:--The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;--The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;--The safety of individuals in the Facility is endangered by the resident's presence;--The health of individuals in the Facility would otherwise be endangered by the resident's presence;--The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomeseligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid;--The facility ceases to operate;-The facility may not transfer or discharge a resident while the appeal to the notice oftransfer/discharge is pending, unless it is documented that failure to transfer or discharge the resident would endanger the health or safety of the resident or other individuals;-Facility staff will provide the resident with reasonable advance notice of the transfer or discharge before it occurs. Unless exigent circumstances exist, the notice should be provided 30 days prior to the proposed date of transfer/discharge. Situations that may prevent 30 days' notice include:--The resident poses a threat to the health or safety of other individuals at the facility;--The resident's health improves sufficiently to allow for more immediate transfer/discharge;--The resident is experiencing urgent medical needs;--The resident has not resided in the Facility for 30 days;-Cases in which 30 days' notice is not possible, notice of transfer or discharge should be provided to the resident of his/her responsible party as soon as practicable;-Documentation of written or telephone acknowledgement of the resident's transfer by theresident's personal representative may occur after the transfer in an emergency situation;-Documentation relating to resident's transfer/discharge will be maintained in the resident's medical record;-The Facility may use Notice of Transfer/Discharge or another comparable form to provide the resident of his/her personal representative with advance notice of the transfer or discharge. The notice will include the following information: The reason the resident is being transferred/discharged ;-The effective date of the transfer/discharge;-The name, complete address and telephone number to which the resident is beingtransferred;-A statement that the resident has the right to appeal the action to the state, contactinformation for the state entity which receives appeal hearing requests, and information for how to request an appeal;-The name, address, and telephone number of the State Long Term Care Ombudsman;-For residents with intellectual or developmental disabilities, the mailing address andtelephone number of the agency responsible for the protection and advocacy ofdevelopmentally disabled individuals;-For residents with a mental disorder, the mailing address and telephone number of the agency responsible for the protection and advocacy for individuals with mental disorders. Review of the facility's Resident drug and alcohol abuse policy, revised August 2020, showed:-The Facility will admit a resident who has a (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265831	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monarch Springs Wellness & Rehabilitation	894 Leland Avenue University City, MO 63130

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	history of drug and alcohol abuse as long as their primary diagnosis is suitable for skilled care at this Facility;-The Facility has a zero-tolerance policy for the use or possession of illegal drugs (includingmarijuana) or any type of drug apparatus in the Facility or on the grounds of the Facility. All illegal drugs and/or drug paraphernalia will be confiscated from the resident and /or their room;-For the purpose of this policy alcohol is not considered to be an illegal drug;-The only drugs permissible at the Facility and/or on Facility grounds are those for which there is an Attending Physician order. Any alcohol served on Facility grounds will only be provided with Administration's approval and in accordance with an approved activity plan with the resident;-The facility has zero-tolerance policy for abuse of alcohol in the facility or grounds of the facility;-Any resident found in violation of this policy will be discharged to a more appropriate setting for care;-Violations: Any drugs, drug paraphernalia, or alcohol will be destroyed or handed over to the authorities as required;-If a resident violates this policy, the resident will also be subject to drug screening to test for the presence of any illegal substances in their body;-If the drug screening is positive, the resident will be discharged according to Facility discharge procedures;-If the resident refuses the drug screening, they could be discharged according to the Facility discharge procedures. Review of Resident #50's quarterly Minimum Data Set (MDS, a federally mandated assessment tool completed by facility staff), dated 2/21/26, showed:-Diagnoses included anemia, neurogenic bladder, wound infection, malnutrition and asthma;-Cognitively intact;-Uses wheelchair. Review of the resident's care plan, in use during survey, showed:-Focus: Resident has tested positive for illicit substances Phencyclidine (PCP or angel dust, hallucinogenic drug) while in the facility;-Interventions: Complete a room search for unauthorized or illicit items per facility policy and as indicated;-Encourage resident to participate in counseling or support groups related to substance use;-Resident and belongings will be searched upon returning from leave of absence (LOA) related to history of and current use of PCP use;-Monitor him/her for signs and symptoms of substance use or intoxication;-Perform random urine drug screen as ordered or per facility protocol;-Provide education to him/her regarding the health risks associated with illicit substance use and the potential for discharge if facility policies are not followed;-Focus: Resident has an extensive history of substance use leading to altered mental status, impaired judgement, and safety risks following LOA. Resident will refuse to be sent out to emergency room (ER) and have urine drug screen (UDS) done;-On 3/17/26, ER visit for altered mental status (AMS). UDS positive for PCP;-On 4/3/26, ER visit for AMS. Refused to have UDS done;-On 4/11/26, admitted for AMS. UDS positive for marijuana and PCP. Review of the resident's progress notes, showed:-On 4/14/26 at 1:59 P.M., Administrator, Director of Nursing (DON), and Social Services (SS) had a private discussion with this resident regarding his drug abuse problem. Resident stated he/she was sent out to the hospital most recently for being unresponsive because of the heat. Resident denies taking illicit drugs and stated that no one in the facility is supplying him with illicit drugs. Resident stated that the nurse from the hospital is lying and that he/she did not say that. Resident was informed about having an emergency discharge if he/she is to go out LOA again and return altered and/or suspected to be under the influence of illicit drugs. Resident eventually agreed that he/she has a drug problem and that he/she needs help. Resident is agreeable to receiving help from an alternative detox facility. When asked how PCP is getting in his/her system, resident states that he/she does not know how and suggested that maybe it is because of the cigarettes he/she smokes. Resident denies his/her sibling supplying him/her with PCP and denies mother supplying him/her with PCP. Resident was given opportunity to ask questions or voice concerns to us about his/her plan of care. Resident did not have any further questions and is agreeable to everything stated as far as care planning;-On 4/14/26 4:09 P.M., this resident returned from hospital by emergency medical service (EMS) transferred into bed by EMS staff. Resident able to make all needs known call placed to physician to make aware of resident's return, voicemail box is full at this time. Resident alert and oriented times three, call light in reach. No signs and symptoms of pain or discomfort. Orders being placed in electronic medical record by Assistant Director of Nursing (ADON);-On 4/15/26 at 3:51 P.M., the DON (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265831	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monarch Springs Wellness & Rehabilitation	894 Leland Avenue University City, MO 63130

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and I went into resident's room and re-educated him/her on the drug and alcohol policy here at the facility. In the acknowledgement form, it states that anymore drug use will result in an immediate discharge with no 30-day notice given. Resident agreed and DON signed the document for him/her. Review of the resident's drug and alcohol abuse policy acknowledgement form, dated 4/15/26, showed:-Statement of Acknowledgement: I acknowledge that I have received and understand the facility Drug and Alcohol Abuse policy, and I agree to abide by the terms of the policy throughout my stay at the facility. You are also agreeing to the understanding that anymore drug use will result in an immediate discharge from facility and you will be not be given a 30-day notice;-Resident's signature line was blank, but dated 4/15/26;-Handwritten note, resident is unable to sign, but agrees to acknowledgement form;-Signed by DON as witness. Review of the resident's care plan, showed:Focus:-On 4/17/26, behavior discussed with resident and Durable Power of Attorney (DPOA) that if resident leaves this facility and returns under the influence again, or if he/she somehow obtains drugs while in this facility, he/she will be sent out to the hospital with an emergency discharge and will not be able to return;-Interventions: On 4/22/25, may not go on LOA with meds without proper authorization from POA;-On 4/22/26, POA also does not want friend at facility around resident and wants to be notified;-Assess resident immediately upon return from LOA;-Fall precautions will be initiated if altered;-Resident and belongings will be searched for any substance that may have been brought into the facility;-Resident is to be send to the ER for any noted changes in consciousness after returning from LOA;-UDS test upon return back to the facility will be performed for every LOA. Review of the resident's notice of transfer or discharge notice, dated 4/22/26, showed:-You have the right to appeal this proposed transfer or discharge. If you believe you should not have to leave the facility, you may request a hearing with the Missouri Department of Health and Senior Services;-Deadline to appeal: You must submit your request within 30 days of receiving this notice;-If you submit a timely appeal, you will not be transferred or discharged until a hearing is held and a decision is made, unless an emergency transfer is authorized under applicable law;-Reason for transfer or discharge: On 1/15/26, resident read and agreed to the drug and alcohol policy. A staff member signed as witness for him/her;-Resident continues to leave the facility and go into the community;-Resident has returned from the community intoxicated and needs EMS called;-On 3/17/26, resident tested positive for PCP;-Resident received Narcan (lifesaving medication that reverses opioid overdoses) on 4/6/26 after returning to the facility from out in the community;-On 4/10/26, resident left to go to his/her mom's house. On 4/11/26, resident tested positive for PCP while at the hospital;-The resident is a danger to him/herself;-The resident presents a danger to others with drug use at the facility;-Resident's safety cannot be met when he/she leaves the facility and goes into the community;-Based on the details listed above, an immediate and emergent discharge is necessary. Review of the resident's progress notes, showed:-On 4/25/26 at 2:40 P.M., resident requesting to go out of the facility for a couple of hours to get some air. Resident's DPOA contacted. He/She spoke with resident and this nurse and gave permission for resident to leave the facility. DPOA requested facility contact him/her when resident returns;-On 4/25/26 at 7:30 P.M., resident has not returned back to facility. Called placed to DPOA to inform him/her. DPOA thanked this nurse for updating him/her and stated he/she is going to go out and look for the resident. Director of Nursing (DON) updated and informed this nurse if resident does not return to the facility or DPOA has not located him/her by 10:00 P.M., to contact 911. Night nurse here and updated on the above;-On 4/26/26 at 7:00 A.M., upon wound change of resident, resident eyes where noted to be dilated +6 (healthy adult pupils range from 4 to 8mm (millimeter), if pupils remain dilated 6mm+ in bright light or do not respond to light, it may indicate medication side effect, trauma, or neurological issues), resident was originally searched when coming back to the facility due to previous episodes of being positive for illegal substances. Resident belongings were once again searched due to change in condition where it was discovered that resident has in his/her bag in the bottom of the inner lining were four cigars dipped in a wet unknown substance (Fry or PCP, cigarette or cigar dipped in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265831	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monarch Springs Wellness & Rehabilitation	894 Leland Avenue University City, MO 63130

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	embalming fluid which contains formaldehyde, methanol, and ethanol) with a pungent smell. Vital signs were taken resident blood pressure: 113/66 (normal range 120/80), pulse 88 (normal range 60 to 100), oxygen 98% room air (normal 95 to 100%), temp 98.7 Fahrenheit (F) (97 degrees F to 99 degrees F), resident remained alert and oriented times four, wound change on resident was completed. Resident's Power of Attorney (POA) was contacted. OK to send him/her out for further evaluation. Resident's physician was made aware. Administrator was made aware. Emergency medical services (EMS) and police was contacted and resident was taken to hospital for further evaluation. Police report was given for the illegal substance with the police department. Given previous acts of using substance, immediate discharge paper work was given to resident;-On 4/26/26 at 10:27 A.M., the social worker from hospital reached out to inform me that this resident will be returning to the facility despite being issued immediate discharge that they never received. It was documented that this resident received immediate discharge paperwork upon departure. This social worker claims that resident has the right to appeal for a 30-day discharge appeal, however he/she was informed that this resident signed immediate discharge paperwork stating if this resident was to leave the facility and return with altered mental status (AMS), he/she will be served an immediate discharge effective immediately and cannot return to this facility. This writer is a witness to this consent issued by this resident as well as the administrator. Another copy of the immediate discharge paperwork has been faxed to the number the social worker has provided me. Social worker stated he/she is still going to try to appeal and send the resident back to the facility anyway, and that he/she doesn't know why the Ombudsman we consulted would tell us this was okay because what we are doing is illegal. Nurse on duty notified that this resident is not to be accepted back to the facility. Administrator notified;-On 4/26/26 at 2:48 P.M., Received update from social worker from hospital and confirmed that they have received the immediate discharge paperwork;-On 4/27/26 at 8:31 A.M., Social Services Designee (SSD) & the Administrator met with DPOA this morning regarding the incident that occurred over the weekend with this resident. Resident remains at hospital at this time. Resident was issued an Emergency Discharge related to violating the Behavioral Contract issued, waiving the right to appeal. (See Administrator's Progress Note of 4/15). The Administrator did advise DPOA that he/she is not willing to except resident back and that he/she has been working with Department of Health and Senior Services (DHSS) and the Ombudsman for guidance to manage this situation resident's behavior continued without regard. DPOA voiced an understanding of this entire situation, stating; I just want to choke him/her. This is the same stuff that caused him/her to be in this wheelchair. DPOA left with the understanding that facility not be accepting resident back and that the hospital social worker is responsible for finding an accepting facility. During an interview on 5/6/26 at 5:34 P.M., Certified Nurse Aide (CNA) C said he/she was familiar with the resident. He/She had a drug problem. He/She went outside the facility and would get high. He/She returned and would run into things with his/her wheelchair. He/She would ride the elevator, attempting to get off the elevator, but would just ride up and down. CNA knew the resident at a prior facility. The resident did the same thing and got kicked out. During an interview on 5/6/26 at 4:54 P.M., the Social Worker (SW) said the resident signed him/herself out and returned high. He/She was sent to the hospital and tested positive for PCP. It happened more than once. His/Her sibling became the resident's DPOA. The resident was not allowed to leave without the DPOA, and the resident's friend was not allowed in the facility because that friend got the resident high. When he/she returned with PCP in his/her system, he/she fell out of the chair, his/her eyes were wide opened, and he/she could not respond to anything. His/Her friend was the one that brought the resident back to the facility by using the resident's joystick on the wheelchair. There were room searches as well. They once found cigars dipped in a substance, which was PCP. The SW tried to find a rehab facility, but the resident required too much care. At one point the resident told the SW that he/she did not know how he/she tested positive for PCP. Toward the end, he/she owned up to drug use. During an interview on 5/7/26 at 8:17 A.M., the Administrator said back in January, the resident went to the hospital for altered mental status and a drug test showed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265831	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monarch Springs Wellness & Rehabilitation	894 Leland Avenue University City, MO 63130

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	he/she had PCP in his/her system. He/She signed him/herself out and came back under the influence. A week later, there was a facility wide search with police for drugs, and they also went around with a drug and alcohol acknowledgement that was signed by the resident. They sent a referral that month, but no facility would accept him/her. In March 2026, he/she had another AMS and PCP was in his/her system. Early April, it was the same situation. He/She had another AMS and returned to the facility. The Administrator contacted the Ombudsman and DHSS, and they believed there was enough to issue an emergency discharge. The Administrator did not issue the notice on that day, but he contacted the physician and discussed emergency discharge in the future. The resident came back around April 11th after being discharged from the hospital. The Administrator, DON, and SW, who was on the phone, spoke to the resident. The resident was informed if he/she went out again and came back under the influence, he/she would receive an emergency discharge. The Administrator re-educated him/her on the drug and alcohol policy. If he/she violated that, he would then forego the appeals process. That was just for this resident. They asked if he/she wanted help and he/she agreed to get help, but no one would accept him/her because of his/her condition. He/She required more care than what they would have provided. On April 25th or 26th, the resident wanted some fresh air, and his/her DPOA said it was okay. The next morning, he/she had AMS. He/She obtained three cigarettes that were dipped in a wet liquid. The police was notified. The resident admitted that he/she dipped it and smoked it. The Administrator said he was out of town on the last day the resident was at the facility, but he made sure the final education and discharge notice was given to the resident. He was also in contact with facility, hospital, and attorney. The Administrator said he stood firm that the resident was a danger to himself. The Administrator said he had not received information regarding the appeal and/or if the hospital filed an appeal. The hospital said they did not have paperwork, so the administrator provided the paperwork to the hospital. The hospital said they would appeal the discharge, and the attorney advised to accept the resident back if he/she returned. During an interview on 5/7/26 at 1:30 P.M., the DON said she spoke to the hospital social worker regarding the emergency discharge. The resident was given the immediate discharge but may not have had it in the hospital. The DON was not aware of the resident's right to return and appeal the discharge until the hospital told her. Intake: 2994401