

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265833	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Manor Grove, Incorporated		STREET ADDRESS, CITY, STATE, ZIP CODE 711 South Kirkwood Road Kirkwood, MO 63122	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49992</p> <p>Based on observation, interview and record review, the facility failed to ensure residents had complete, accurate and individualized care plans, to address the specific needs of the residents, for three of three sampled residents in certified beds (Residents #2, #3 and #4) who were at increased risk of bleeding due to receiving anticoagulant treatment. The census was 82 with 33 in certified beds.</p> <p>Review of the facility's Care Plan policy, dated 2/20/25, showed it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a residents medical, nursing, mental and psychosocial needs; and all services that are identified in their comprehensive assessment and meet professional standards of quality.</p> <p>1. Review of Resident #2's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/25/24, showed:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Diagnoses of atrial fibrillation (irregular heartbeat), coronary artery disease (blood vessels that supply blood to the heart are narrow or blocked), high blood pressure, high cholesterol, dementia, and Parkinson's disease (a movement disorder of the nervous system); -High-risk drug classes: Is taking anticoagulant (blood thinner) and antiplatelet (blood thinner). <p>Review of the resident's electronic Physician Order Sheet (POS), showed:</p> <ul style="list-style-type: none"> -An order dated 10/19/24 for clopidogrel (antiplatelet) 75 milligrams (mg) one time daily; -An order dated 10/19/24 for Eliquis (blood thinner) 5 mg two times a day. <p>Review of the resident's care plan, dated 1/14/25, showed no problem identified for increased chance of bruising and bleeding, and no intervention to reduce or prevent bruising and bleeding.</p> <p>Observation on 2/20/25 at 1:25 P.M., showed the resident sat in the TV area. There were no visible bruises to his/her hands.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #3's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Diagnoses of high blood pressure, dementia, Parkinson's disease, and history of pulmonary embolus (blood clot in the lungs); -High-risk drug classes: Is taking anticoagulant. <p>Review of the resident's electronic POS, showed an order, dated 7/2/24, for Eliquis 5 mg twice a day after completing 10 mg x 4 days.</p> <p>Review of the resident's care plan, dated 10/24/24 and in use during the survey, showed no problem identified for increased chance of bruising and bleeding, and no intervention to reduce or prevent bruising and bleeding.</p> <p>Observation on 2/20/25 at 1:21 P.M., showed the resident in his/her room. He/She wore a long sleeve shirt. There were no visible bruises to his/her hands.</p> <p>3. Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Diagnoses of stroke, heart failure, high blood pressure, high cholesterol, dementia, and depression; -High-risk drug classes: Is taking anticoagulant. <p>Review of the resident's care plan, dated 1/14/25, showed no problem identified for increased chance of bruising and bleeding, and no intervention to reduce or prevent bruising and bleeding.</p> <p>Observation on 2/20/25 at 1:32 P.M., showed the resident wore a long sleeve shirt, with no bruises visible.</p> <p>4. During an interview on 2/20/25 at 2:10 P.M., Licensed Practical Nurse (LPN) F said all residents in the facility should have a care plan that reflects the resident's needs. He/She did not always create a care plan intervention for those residents who are receiving medications that cause bruising or bleeding. The interventions that could be used for those residents who are at risk of bleeding and bruising include Tubi-grip (sleeves placed on resident's extremities to be reduce and prevent injuries to the residents' skin) and bolsters (elevated bed edges to prevent accidental rolling out of bed).</p> <p>5. During an interview on 2/20/25 at 2:48 P.M., the Director of Nursing said she expected all residents to have a complete, accurate and individualized care plan, to address the specific needs of the residents. The Administrator said he expected the nursing department to follow the facility's care plan policy.</p> <p>MO00249740</p>		