

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265834	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Quarters at Des Peres, The		STREET ADDRESS, CITY, STATE, ZIP CODE  13230 Manchester Road Des Peres, MO 63131	

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 - 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>22409</p> <p>See Event ID OWE512.</p> <p>Based on observation, interview and record review, the facility failed to ensure dependent residents who were unable to carry out activities of daily living, including toileting and incontinence care, received the necessary services to maintain good personal hygiene. This affected four out of four residents who were incontinent of bowel and/or bladder (Resident #33, #34, #45 and #46) when staff failed to provide incontinence care in a timely manner. Two additional residents (Residents #43 and #44) said staff frequently did not check them for incontinence every two hours and failed to answer their call lights timely when they needed to be changed. They were left wet for extended periods of time. The facility also failed to provide fresh ice water to three residents (Resident #31, #46 and #45). The census was 118.</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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F 0684  Level of Harm - Actual harm  Residents Affected - Some	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>22409</p> <p>See Event ID 0WE512.</p> <p>This deficiency is uncorrected. For previous examples, refer to the Statement of Deficiencies dated 9/18/24.</p> <p>Based on interview and record review, the facility failed to ensure staff were readily available to respond to residents' needs as evidenced by not answering call lights timely. One resident, with a history of bypass surgeries (Resident #24) was having chest pains, turned on his/her call light and when staff did not respond in 10 minutes the resident called 911. Emergency Medical Services (EMS) responded but could not find facility staff until they found one staff member curled up on the couch asleep. The resident was admitted to the hospital with atrial fibrillation (a-fib, abnormal heart rhythm characterized by a rapid and irregular heartbeat). Another resident (Resident #25) was returning from the hospital with EMS at the same time that Resident #24 was having chest pains and that EMS crew could not find staff readily available. In addition, another resident's hospital Emergency Department (ED) report showed the resident called 911 and said staff had left him/her on the toilet for three hours, causing stiffness and pain (Resident #20). The sample was 30. The census was 118.</p>

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>22409</p> <p>See Event ID 0WE512.</p> <p>Based on observation, interview and record review, the facility failed to provide sufficient nursing staff to ensure residents received prompt and adequate care. This affected four out of four residents who were incontinent of bowel and/or bladder (Residents #33, #34, #45 and #46), when staff failed to provide incontinence care in a timely manner. Three additional residents (Residents #31, #43 and #44) said staff do not check on them every two hours, leaving them wet for extended periods of time, and it can take hours for staff to answer call lights. In addition, one resident, with a history of bypass surgeries (Resident #24) contacted Emergency Medical Services (EMS) with chest pains after he/she used his/her call light and staff did not respond in 10 minutes. When EMS responded, they were unable to find facility staff, until they found one staff member curled up on the couch asleep. Another resident (Resident #25) returned from the hospital with EMS at the same time Resident #25 was having chest pains and that EMS crew also could not find staff readily available. In addition, another resident's hospital Emergency Department (ED) report showed the resident called 911 and said staff had left him/her on the toilet for three hours, causing stiffness and pain (Resident #20). This had the potential to affect all residents. The census was 118.</p>		

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<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>22409</p> <p>See Event ID 0WE512.</p> <p>Based on observation, interview and record review, the facility failed to ensure a medication error rate of less than 5%. Out of 30 opportunities observed, eight errors occurred resulting in a 26.66% error rate (Residents #41 and #42). The census was 118.</p>