

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265883	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2025
NAME OF PROVIDER OR SUPPLIER  Arbor Hills Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Chambers Road Ferguson, MO 63135	

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 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  (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:  265883	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2025
NAME OF PROVIDER OR SUPPLIER  Arbor Hills Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Chambers Road Ferguson, MO 63135	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review,, the facility failed to ensure one resident's (Resident #2) change in condition was appropriately documented and treated after the resident missed multiple doses of medication. The facility also failed to follow physician orders to order pain medication for one resident (Resident #6). The sample size was eight. The census was 73. Review of the facility's Change in Condition or Status policy, dated 12/2016, showed:-Policy Statement: Our facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status;-Policy implementation: The nurse will notify the resident's Attending Physician or physician on call when there has been a(an): accident or incident involving the resident, discovery of injuries of an unknown source, adverse reaction to medication, significant change in the resident's physical/emotional/mental condition, need to alter the resident's medical treatment significantly, refusal of treatment or medications two or more consecutive times, need to transfer the resident to a hospital/treatment center;-The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. Review of the facility's Administering Medications policy, dated 4/2019, showed:-Medications are administered in a safe and timely manner, and as prescribed;-Policy implementation: medications are administered in accordance with prescriber orders, including any required time frames.Review of the facility's Physician and Non-Practitioner Orders policy, dated 1/1/22, showed:-With changing ways in communication, it will be the practice of this facility to honor physician's/Licensed Independent Practitioner (LIP) orders in the following ways; -Verbal orders; -Electronic orders, including, but not limited to direct entry into the clinical recorder electronic order system or entered in the clinical record by nurse after acknowledged from written order. 1. Review of Resident #2's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated, 8/6/25, showed:-Moderately impaired cognition;-Diagnoses included dementia, generalized anxiety disorder, and cognitive communication deficit. Review of the resident's Physician's Orders Summary (POS), dated for 9/11/25, showed:-An order, dated 12/24/25, for Lorazepam (Ativan) Oral Tablet 1 milligram (mg). Give one tablet by mouth every 12 hours for anxiety. Review of the Resident's Medication Administration Record (MAR), dated 8/2025, showed:-On 8/24/25 the resident did not receive his/her second dose of Ativan;-On 8/25/25 the resident did not receive the first or second dose of Ativan;-On 8/26/25 the resident did not receive the first dose of Ativan. Review of the resident's individual resident's controlled substance record, dated 7/22/25, showed:-60 Ativan 1 mg tablets were ordered by the resident's psychiatrist and received by the facility on 7/22/25;-The first dose was administered to the resident on 7/23/25;-The last dose was administered to the resident on 8/24/25. Review of the resident's progress notes, dated 8/26/25, showed the resident was giving his/her lorazepam after 48 hours without. The resident went kind of unresponsive to questions. His/Her blood pressure was taken and was 98/53 (normal 90/60-120/80) . His/Her pulse was 54 beats per minute (normal 60-100). The Physician was called with no answer, so this writer (LPN B) sent the resident out to the hospital. During an interview on 9/11/25 at 1:25 P.M., Licensed Practical Nurse (LPN) B said on 8/26/25 the resident took his/her Ativan for the first time after missing four doses. The resident had a change in condition and became a bit unresponsive. LPN B reached out to the nurse manager who told him/her to call emergency services. Emergency services came and evaluated the resident, but his/her shift ended before the emergency services had left the facility. LPN B was under the impression that the resident was going to be transported to the hospital and documented that before his/her shift was over. LPN B was not aware the resident did not end up being transported to the hospital. LPN B expected resident medication to be reordered at least 10 days before the medication runs out. He/She was in a hurry and did not pass on the information about the resident's change of condition to the oncoming nurse. During an interview on 9/11/24 at 10:06 A.M., LPN A said new scripts should be obtained for resident medication at least 14 days before the medication is due to run out. He/She expected medication to be ordered in a timely manner, so residents do not have to go without medication. Changes in conditions should be reported to the Director of Nursing (DON) and the oncoming shift for continuity of care. During an interview on 9/11/25 at 11:31 A.M., the resident's Psychiatrist said he expected the facility to obtain orders for the resident's Ativan before the medication runs out to prevent the resident from going without his/her medication. He expected the facility to have an emergency supply of Ativan at the facility. He said the new script for Ativan was sent to the facility on 8/26/25 after the facility reached out to his office. During an interview on 9/11/25 at 1:51 P.M. the DON</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265883	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2025
NAME OF PROVIDER OR SUPPLIER  Arbor Hills Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Chambers Road Ferguson, MO 63135	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265883	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2025
NAME OF PROVIDER OR SUPPLIER  Arbor Hills Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Chambers Road Ferguson, MO 63135	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to provide services to identify and treat pressure ulcers (injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure or friction) when staff failed to complete daily wound care as ordered for one resident (Resident #6). In addition, the facility also failed to ensure four residents, identified as at risk for development of pressure ulcers, received weekly skin assessments as ordered (Residents #6, #2, #3, and #7). The sample was 8. The census was 73. Review of the facility's Wound Care policy, dated October 2010, showed: -The purpose of this procedure is to provide guidelines for the care of wound to promote healing; -Verify that there is a physician's order for this procedure; -Review the resident's care plan to assess for any special needs of the resident. Review of the facility's Physician and Non-Physician Practitioner Orders policy, dated 1/1/22, showed with changing ways in communication it will be the practice of this facility to honor physician's/licensed independent practitioners orders in the following ways: Electronic Orders, including, but not limited to , direct entry into the clinical record electronic order system or entered in the clinical record by the nurse after acknowledged from written order. 1. Review of Resident #6's entry Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/1/25, showed -Two Stage 4 pressure ulcers (full thickness tissue loss with exposed bone, tendon or muscle); -Diagnoses included peripheral vascular disease (poor blood flow in the extremities), hemiplegia (paralysis on one side of the body) affecting left dominant side, pressure ulcer sacral (part of lower back that sits between the lower spin and buttocks) region, pressure ulcer to left leg, and cognitive communication deficit (difficulty with communication skills). Review of the resident's care plan, showed: -Focus initiated 8/28/25: The resident has a pressure ulcer Stage 4 to sacrum, Stage 4 to left leg; -Goal: Pressure ulcer will show signs of healing and remain free from infection; -Interventions included: Administer treatments as ordered and monitor for effectiveness. Review of the resident's electronic Physician Order Sheet (ePOS), showed an order, dated 3/19/25, for weekly skin assessments on every Tuesday. Review of the resident's Wound Physician visits for evaluation and treatment, showed: -Visit, dated 6/16/25: --Sacrum pressure ulcer Stage 3 (full thickness tissue loss. Fat may be visible but bone, tendon or muscle is not exposed). Condition, stable. Measurements Length (L) 10.0 centimeters (cm), width (W) 8.0 cm, depth (D) 1.0 cm; --Left leg Stage 2 (partial thickness loss of dermis presenting as an intact blister or shallow open ulcer with a red-pink wound bed pressure ulcer). Condition, deteriorating. Measurements L 9.5 cm by W 5.0 cm by D 0.5 cm. -Visit dated 7/17/25: --Sacrum pressure ulcer Stage 3. Condition, improving. Measurements L 8.5 cm by W. 3.0 cm by D 0.5 cm; --Left leg Stage 2 pressure ulcer. Condition, improving. Measurements L 8.6 cm by W 7.0 cm by D 1.0 cm. Review of the resident's July 2025 Treatment Administration Record (TAR), showed: -Left lower extremity treatment orders: --An order dated 6/21/25 and discontinued on 7/3/25, for wound care. Cleanse left lower extremity with normal saline/wound cleanser. Apply Flagyl (antibiotic) to wound bed. Apply calcium alginate (wound dressing used to manage moderate to heavy drainage and promote a moist healing wound environment) to wound bed. Cover with dry dressing every day and as need for wound care: ---Treatment not documented as administered as ordered 3 out of 3 days; --An order dated 7/4/25, for wound care. Cleanse left lower extremity with normal saline/wound cleanser. Apply non-adhesive dressing to wound bed. Cover with kerlix (gauze wrap) daily and as needed every dayshift for wound care: ---Treatment not documented as administered as ordered 19 out of 28 days; -Sacral treatment orders: --An order dated 6/21/25 and discontinued 7/3/25, for wound care. Cleanse sacrum with normal saline/wound cleanser. Apply Flagyl to wound bed. Apply calcium alginate to wound bed Cover with dry dressing every day and as needed. Every dayshift for wound care: ---Treatment not documented as administered as ordered 3 out of 3 days; --An order dated 7/4/25, for wound care. Cleans sacrum with normal saline/wound cleanser. Lightly pack wound bed with 4x4 gauze. Cover with ABD dressing (absorbent dressing) every day and as needed. Every dayshift for wound care: ---Treatment not documented as administered as ordered 19 out of 28 days; -No documentation any as needed wound care treatments were provided. Review of resident's weekly skin assessments reviewed for the dates of 7/1/25 through 9/1/25, showed weekly skin assessments not completed on 8/6/25, 8/13/25 and 8/27/25. Review of resident's weekly wound assessment reviewed for the dates of 7/1/25 through 9/1/25, showed weekly wound assessments not completed on 7/31/25, 8/14/25 and 8/21/25. Review of the resident's August 2025 TAR showed: -Left lower extremity treatment orders: --An order, dated 7/4/25</p>		