

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2024
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NAME OF PROVIDER OR SUPPLIER CLARENDALE OF ST PETERS	STREET ADDRESS, CITY, STATE, ZIP CODE 10 DUBRAY DRIVE SAINT PETERS, MO 63376
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A3224	<p>19 CSR 30-86.032(23) Rooms Neat, Orderly, Cleaned Daily</p> <p>Rooms shall be neat, orderly and cleaned daily. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and interview the facility failed to ensure resident rooms were neat, clean, and orderly. The facility census on 3/25/24 was 103. This affected 103 of 103 residents.</p> <p>Observation showed Resident Room #2221 having several card board boxes full of personal property and papers laying on the floor and furniture throughout the living room and bed room. There was personal property such as clothing and boxes on the floor piled up in and in front of the closet. these item were causing a trip hazard.</p> <p>During an interview on 3/25/24 at 1:00 P.M., the maintenance director said they will contact the family to help them clean, organize, and remove some of the property.</p>	A3224		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Heather Funk

TITLE

Executive Director

(X6) DATE

4/19/2024

