

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

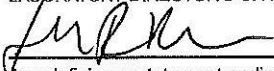
PRINTED: 04/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2025
NAME OF PROVIDER OR SUPPLIER GARDEN VIEW CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 GARDEN PATH O FALLON, MO 63366		
(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) COMPLETION DATE
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to immediately report allegations of physical abuse of one resident (Resident #1), to the state agency in a review of four sampled residents. The facility census was 73.</p> <p>Review of the facility policy for Freedom from</p>	F 609			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

4/4/2025

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.

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F 609	Continued From page 1 Abuse, Neglect and Exploitation - Investigation and Reported dated 11/2024 showed the following: -At the facility all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and /or injuries of unknown source ("abuse") shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported; -The facility will not condone any form of resident abuse or neglect. To aide in abuse prevention, all personnel are to report any signs and symptoms of abuse/neglect to their supervisor or to the Director of Nursing Service immediately; -All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, the following persons or agencies: the State Licensing/certification agency responsible for surveying/licensing the facility; the Resident Representative (Sponsor) of Record; Law Enforcement offices; the resident's Attending Physician; and the facility Medical Director; -Suspected abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported within two hours if the alleged events have resulted in serious bodily injury; -If the events that cause the allegation do not involve abuse of not resulted in serious bodily injury, the report must be made within twenty-four hours; -The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of	F 609			

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F 609	<p>Continued From page 2</p> <p>the investigation within five (5) working days of the occurrence of the incident.</p> <p>1. Review of Resident #1's face sheet showed original admission date of 4/15/24 with a readmission to the facility on 9/5/24.</p> <p>Review of the resident's care plan for safety with a revision dated of 3/2/25, showed the following: -Special Instructions: no (specified gender) caregivers; -The resident was unsafe and unable to care for self out in the community. The resident will remain in the facility for 24 hour supervision and care needs assistance he/she required.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 3/5/25 showed the following: -The resident had the ability to make self understood and able to understand others; -Brief Interview for Mental Status (BIMS-a brief, standardized assessment used to quickly screen for cognitive impairment, focusing on orientation, short-term memory, and attention, often used in long-term care facilities) with a score of 8 (moderate cognitive impairment); -No behaviors; -Supervision with ADLs.</p> <p>During an interview on 3/12/25 at 8:30 A.M. the Administrator said the following: -He had not investigated any allegations of residents being hit; -There was a resident on the facility's locked memory care unit that was having some delusions about having to care for a child that someone had left in his/her room;</p>	F 609			

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F 609	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The administrator identified the memory care resident as Resident #1; -Yesterday, he/she specifically asked Resident #1 if anyone had hit him/her and the resident denied being hit; -He had gotten some strange reports of the resident making the allegations the week before; -He thought these were delusional allegations and no formal investigation was completed. <p>During an interview on 3/12/25 at 9:10 A.M. Resident #1 said the following:</p> <ul style="list-style-type: none"> -There was a young individual (specified gender and race), that had stalked him/her and hit him/her in the back. He/She had not seen this person for a couple of weeks, then in the last couple of days, this person was back. He/She did not know this person's name, but this person would stalk him/her and watch all of his/her movements like they were establishing his/her "pattern". There was a time when this person came up behind him/her, grabbed him/her to take control of him/her and then hit him/her in the back. This person's family member worked at the facility too. He/She did not feel safe at the facility and did not know when he/she would be attacked again; -The resident cried as he/she told the story. <p>During an interview on 3/12/25 at 9:45 A.M. the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> -She and the administrator talked to the resident recently because an Activity staff member said the resident said something to them about being hit; -It had been reported by Activity Assistant C the resident did not like a particular aide (Certified Nurse Aide (CNA) A). CNA A was never investigated as potentially abusing the resident as 	F 609			

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F 609	<p>Continued From page 4</p> <p>she assumed that the resident was having delusions.</p> <p>During an interview on 3/12/25 at 11:00 A.M. Activity Assistant C said the following:</p> <ul style="list-style-type: none"> -Over the weekend of 3/1/25, the resident wrote a note and put it on the door that said "Do not enter, I will call the police" ; -He/She asked the resident about the note and the resident said there was a person (specified gender) that would come and stalk and grab him/her, and then hit him/her; -He/She told the Activity Director and the Social Services Director a couple days later what the resident told him/her. <p>During an interview on 3/12/25 at 11:10 A.M. the Social Services Director said the following:</p> <ul style="list-style-type: none"> -Activity Assistant C came to her and the Activity Director on 3/5/24 and reported the note the resident left on his/her door and what the resident said about being hit; -She talked with Resident #1 and his/her story was consistent about a (specified gender person) hitting him/her on the back; -She reported this to the Administrator on 3/5/25. <p>During an interview on 3/12/25 at 11:10 A.M. the Activity Director said the following:</p> <ul style="list-style-type: none"> -She was with the Social Services Director when Activity Assistant C reported Resident #1 had a note on his/her door and about being hit; -On 3/10/25 as therapy was walking with the resident, the resident was very upset and said the person that hit him/her was back again, but now that person was (identified a different gender); -The DON was aware of this. <p>During an interview on 3/12/25 at 11:50 A.M. the</p>	F 609			

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F 609	Continued From page 5 DON said the following: -She was not told anything about a young person (gender identified) hitting the resident; -She did talk with CNA A on 3/5/25 who told her that the resident thought CNA was (same identified gender young person) and did not like him/her; -CNA A worked on 3/8/25 and 3/9/25. During an interview on 3/12/25 at 12:22 P.M. the Administrator said the following: -He had gotten a lot of conflicting stories regarding the resident; -When he talked with the resident about being hit, the resident denied being hit and he did not notify the state agency due to the conflicting stories he had received; -He did not complete a formal investigation; -He should have investigated the allegation more thoroughly and reported the allegations to the state agency. MO250845	F 609			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all	F 610			

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F 610	<p>Continued From page 6</p> <p>investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct a timely and thorough investigation when one resident (Resident #1), in the review of four sampled residents, made an allegation of physical abuse. The resident said he/she was being hit by a young person (specified gender). The facility identified a staff member, Certified Nurse Aide (CNA) A, who met the general description that the resident provided. The facility failed to protect the resident when CNA A continued to work after the allegation of physical abuse was made. The facility census was 73 .</p> <p>Review of the facility policy for Freedom from Abuse, Neglect and Exploitation - Investigation and Reported dated 11/2024 showed the following:</p> <ul style="list-style-type: none"> -At the facility all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and /or injuries of unknown source ("abuse") shall be thoroughly investigated by facility management; -The facility will protect residents from harm, reprisal, discrimination or coercion during investigations of abuse allegations; -If an incident or suspected incident of resident abuse is reported, the Administrator will assign the investigation to an appropriate individual.; -The Administrator will suspend immediately any employee who has been accused of resident 	F 610			

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F 610	<p>Continued From page 7</p> <p>abuse, pending the outcome of the investigation; -The Administrator will ensure that any further potential abuse, neglect, exploitation or mistreatment is prevented.; -The Administrator will inform the resident and his/her representative of the status of the investigation and measures taken to protect the safety and privacy of the resident. -The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident.</p> <p>1. Review of Resident #1's face sheet showed the resident's original admission date was 4/15/24 with a readmission to the facility on 9/5/24.</p> <p>Review of the resident's care plan for safety with a revision dated of 3/2/25, showed the following: -Special Instructions: no (specified gender) caregivers; -The resident was unsafe and unable to care for self out in the community. The resident will remain in the facility for 24 hour supervision and care needs assistance he/she required.</p> <p>Review of the quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 3/5/25 showed: -The resident has the ability to make self understood and able to understand others; -Brief Interview for Mental Status (BIMS-a brief, standardized assessment used to quickly screen for cognitive impairment, focusing on orientation, short-term memory, and attention, often used in long-term care facilities) with a score of 8 (moderate cognitive impairment);</p>	F 610			

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F 610	<p>Continued From page 8</p> <p>-No behaviors; -Supervision with ADLs.</p> <p>During an interview on 3/12/25 at 9:10 A.M. Resident #1 said the following: -There was a young individual (specified gender and race), that had stalked him/her and hit him/her in the back. He/She had not seen this person for a couple of weeks, then in the last couple of days, this person was back. He/She did not know this person's name, but this person would stalk him/her and watch all of his/her movements like they were establishing his/her "pattern". There was a time when this person came up behind him/her, grabbed him/her to take control of him/her and then hit him/her in the back. This person's family member worked at the facility too. He/She did not feel safe at the facility and did not know when he/she would be attacked again; -The resident cried as he/she told the story.</p> <p>During an interview on 3/12/25 at 11:00 A.M. Activity Assistant C said the following: -Over the weekend of 3/1/25, the resident wrote a note and put it on the door that said "Do not enter, I will call the police" ; -He/She asked the resident about the note and the resident said there was a person (specified gender) that would come and stalk and grab him/her, and then hit him/her; -He/She told the Activity Director and the Social Services Director a couple days later what the resident told him/her.</p> <p>During an interview on 3/12/25 at 11:10 A.M. the Social Services Director said the following: -Activity Assistant C came to her and the Activity Director on 3/5/24 and reported the note the</p>	F 610			

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F 610	<p>Continued From page 9</p> <p>resident left on his/her door and what the resident said about being hit; -She talked with Resident #1 and his/her story was consistent about a (specified gender person) hitting him/her on the back; -She reported this to the Administrator on 3/5/25.</p> <p>During an interview on 3/12/25 at 11:10 A.M. the Activity Director said the following: -She was with the Social Services Director when Activity Assistant C reported Resident #1 had a note on his/her door and about being hit; -On 3/10/25 as therapy was walking with the resident, the resident was very upset and said the person that hit him/her was back again, but now that person was (identified a different gender); -The DON was aware of this.</p> <p>During an interview on 3/12/25 at 9:45 A.M. and 11:50 A.M. the DON said the following: -She and the administrator talked to the resident recently because an Activity staff member said the resident said something to them about being hit; -It had been reported by Activity Assistant C the resident did not like a particular aide (Certified Nurse Aide (CNA) A). CNA A was never investigated as potentially abusing the resident as she assumed that the resident was having delusions. -She did talk with CNA A on 3/5/25 who told her that the resident thought CNA (same identified gender young person) did not like him/her; -CNA A worked on 3/8/25 and 3/9/25.</p> <p>During an interview on 3/12/25 at 1:00 P.M. CNA A said the following: -He/She had worked at the facility for a couple of months on the locked memory care unit;</p>	F 610			

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F 610	Continued From page 10 -Ever since he/she started, Resident #1 has accused him/her of stalking the resident and hitting the resident in the back; -Nurses have told him/her to just stay away from the resident; -He/she will try to stay away from the resident and not provide any care to Resident #1, but recently he/she had to go into Resident #1's room to care for the roommate; -He/She had not worked in a couple of weeks and just came back to work over the weekend; -The DON had talked to him/her about this a couple of days ago, when she got a report that the resident said he/she was hit. During an interview on 3/12/25 at 12:22 P.M. and 3/14/25 at 11:30 A.M., the Administrator said the following: -He had gotten some strange reports of the resident making the allegations the week before; -He thought these were delusional allegations and no formal investigation was done; -When he talked with the resident about being hit, the resident denied being hit so the investigation was not a formal investigation and did not notify the state agency due to the conflicting stories he had received. -He should have investigated the allegation more thoroughly and reported to the state licensing agency the allegations. MO250845	F 610			
F 742 SS=D	Treatment/Srvcs Mental/Psychosocial Concerns CFR(s): 483.40(b)(1) §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that-	F 742			

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F 742	<p>Continued From page 11</p> <p>§483.40(b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being; This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1), with diagnosis of major depressive disorder, recurrent severe without psychotic features, generalized anxiety disorder and panic disorder, in a review of four sampled residents, who had a significant history of past trauma, received care planned interventions to address the resident's trauma to ensure the resident attained the highest practicable mental and psychosocial well-being, when the resident began to exhibit increased paranoia and saying someone had been hitting him/her. The facility census was 73</p> <p>Review of the facility policy for Behavioral Assessment, Intervention and Monitoring with a revision date of 3/2024 showed the following:</p> <ul style="list-style-type: none"> -The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care; -New onset or changes in behavior will be documented regardless of the degree of risk to the resident or others; -The Interdisciplinary team will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan of 	F 742			

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F 742	<p>Continued From page 12</p> <p>care accordingly. Safety strategies will be implemented immediately if necessary to protect the resident and others from harm;</p> <p>-Atypical behavior will be differentiated from behavior that is dangerous or problematic for the resident(s) or staff, or behavior that signals underlying distress;</p> <p>-The resident and family or representative will be involved in the development and implementation of the care plan.</p> <p>Review of the facility policy for Trauma Informed Care with a revision date of 4/2024 showed the following:</p> <p>-Purpose: to guide staff in appropriate and compassionate care specific to individuals who have experienced trauma;</p> <p>-As part of the admission process, identify history of trauma or interpersonal violence when possible. Identifying past trauma or adverse experiences may involve record review or the use of screening tools;</p> <p>-Utilize trained and qualified staff members who have established a rapport with the resident to assess him or her for previous trauma;</p> <p>-Interact with all residents and visitors in a manner that is welcoming and kind, without being intrusive;</p> <p>-Reduce or eliminate unnecessary stimuli (noise, lighting, unwanted or sudden physical contact, etc.)</p> <p>1. Review of Resident #1's undated face sheet showed the following:</p> <p>-An original admission date of 4/15/24 with a readmission to the facility on 9/5/24;</p> <p>-Diagnoses included adjustment disorder with anxiety and depressed mood;</p> <p>-A note made under special instructions to ensure</p>	F 742			

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F 742	<p>Continued From page 13</p> <p>no caregivers of a specified gender.</p> <p>Review of the resident's psychiatric notes dated 6/30/24 showed the following:</p> <ul style="list-style-type: none"> -When the resident was five he/she lived with his/her parent who made friends with a young person (same gender as parent) who came to his/her home, took a gun and woke them up in the middle of the night. The resident said he/she told his/her parent and screamed, his/her parent got up and was shot by the friend, who then took his/her parent's car and left the resident by himself/herself and the floor was red (with blood). The resident's other parent died around the same time as well. Grandparents raised the resident with one grandparent sexually abusing the resident. The resident relayed many stories about how difficult his/her life was. <p>Review of the resident's psychiatric progress notes dated 10/31/24 showed the following:</p> <ul style="list-style-type: none"> -Chief complaint: Not doing well, seen about ten months ago. Resident reports multiple falls over the past ten months, he/she lost his/her significant other. Resident feels that facility was not been giving him/her therapy, feels he/she was on too many medications and had no connections with the people at the facility; -Now on Zoloft (an antidepressant medication), and Namenda (indicated for the treatment of moderate to severe dementia of the Alzheimer's type); -He/She was witness to his/her parent's murder, grandparent sexually abused him/her over the years; -Strong family history of borderline personality disorder (BPD a mental health condition characterized by difficulties regulating emotions, maintaining stable relationships, and having a 	F 742			

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F 742	<p>Continued From page 14</p> <p>stable sense of self). Resident's child killed himself/herself due to BPD;</p> <p>-Resident had paranoia at times, displayed a anxious and sad mood, impaired attention and concentration; oriented to two of three of person, place and time, judgement was fair and thought association was concrete. Depressed affect, anxious and frustrated about being in the nursing home, paranoia noted by friend;</p> <p>-Problem: depression, anxiety and frustration was worsening;</p> <p>-Diagnostic impression: major depressive disorder, recurrent severe without psychotic features, generalized anxiety disorder and panic disorder without agoraphobia (an anxiety disorder characterized by a persistent and intense fear of being in situations where escape may be difficult or help may not be available)</p> <p>-Treatment plan: Continue Zoloft 100 mg two times a day, add Remeron (a medication used for depression and appetite stimulant) 7.5 mg daily for sleep and appetite; Zyprexa (an antipsychotic medication that can treat several mental health conditions like schizophrenia and bipolar disorder) 2.5 mg in the evening.</p> <p>Review of the resident's psychiatric progress notes dated 2/6/25 showed the following:</p> <p>-Chief complaint: disappointment about pain;</p> <p>-New medicine for arthritis, knee was better, careful while walking. Neck pain was present;</p> <p>-Mood was fair, not wonderful, pain affects how he/she felt;</p> <p>-Taking Zoloft for depression and anxiety;</p> <p>-Discussed treatment plan - ongoing depression and anxiety and continue with medication.</p> <p>Review of the resident's care plan for safety with a revision date of 3/2/25 showed the following:</p>	F 742			

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F 742	<p>Continued From page 15</p> <ul style="list-style-type: none"> -Special Instructions: no caregivers of a specified gender; -The resident was unsafe and unable to care for self out in the community. The resident will remain in the facility for 24 hour supervision and care needs assistance he/she requires; -Goal: the resident will express satisfaction with care needs; -Interventions: Social Services offered as needed or requested by the resident. <p>Review of the resident's care plan for Activities of Daily Living (ADLs) with a revision date of 3/2/25 showed the following:</p> <ul style="list-style-type: none"> -The resident has an ADL self-care performance deficit related to history of left hip fracture, cognitive impairment with diagnosis of dementia, anxiety, some behavior issues, refused care, gets agitated and anxious. "Preference of (Specified Gender) Caregiver"; -Goal: Resident's needs will be met with staff assistance; -Interventions in part: assist with ADLs. No interventions to address the behavior issues. <p>Review of the care plan for history/diagnosis of Anxiety and Depression with a revision date of 3/2/25 showed the following:</p> <ul style="list-style-type: none"> -The resident has a diagnosis and history of anxiety and depression. He/She has needs for increased supervision/assistance with inability to return back to the community; he/she is at risk for mood changes; -Goal: the resident will demonstrate no signs or symptoms of depression, anxiety or sadness; -Interventions: administer medications as ordered; give the resident time and encourage him/her to express feelings of down, depressed, hopelessness, sadness or frustrations; 	F 742			

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F 742	<p>Continued From page 16</p> <p>monitor/record/report to nurse/physician as needed acute episodes feelings or sadness, loss of pleasure and interests in activities, feelings of worthlessness or guilt, change in appetite/eating habits, change in sleep patters, diminished ability to concentrate; psychiatric consult as needed.</p> <p>Review of the resident's care plan dated 3/2/25 showed no care plan with interventions to address history of abuse and past trauma experienced by the resident.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 3/5/25 showed the following:</p> <ul style="list-style-type: none"> -The resident had the ability to make self understood and able to understand others; -Brief Interview for Mental Status (BIMS-a brief, standardized assessment used to quickly screen for cognitive impairment, focusing on orientation, short-term memory, and attention, often used in long-term care facilities) with a score of 8 (moderate cognitive impairment); -Mood moderate risk, feeling down, hopeless marked yes nearly every day; trouble falling or staying asleep, no energy, poor appetite marked yes, feeling bad about self marked yes nearly every day; -No behaviors; -Diagnoses of dementia, anxiety, depression; -Takes antipsychotic medications, antianxiety medications and antidepressant medications. <p>During an interview on 3/12/25 at 9:10 A.M. Resident #1 said the following:</p> <ul style="list-style-type: none"> -There was a young person of a specified race that had stalked him/her and hit him/her in the back. He/She had not seen this person for a 	F 742			

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F 742	<p>Continued From page 17</p> <p>couple of weeks, then in the last couple of days, this person was back. He/She did not know this person's name, but this person will stalk him/her, and watch all of his/her movements like they were establishing his/her "pattern". There was a time when this person came up behind him/her and grabbed him/her to take control of him/her and then hit him/her in the back. This person's family member also worked at the facility;</p> <p>-He/She did not feel safe at the facility;</p> <p>-He/She did not know when he/she would be attacked again;</p> <p>-The resident cried and sobbed as he/she told the story.</p> <p>During an interview on 3/12/25 at 1:55 P.M. Family Member (FM) A said the following:</p> <p>-The resident's significant other recently passed away and this has upset the resident tremendously. The resident took care of the significant other right up to his/her death. The resident had a child who committed suicide when the child was a young adult, and the resident had been sexually abused by family members. The resident had suffered a lot of trauma in his/her past and saw a psychiatrist. The facility received the psychiatric notes and should be aware of what the resident's past life was like. The resident had told him/her several months ago that he/she had been hit by a person of a specified gender. He/She reported this to the staff as this was very real to the resident and he/she was hurting from this.</p> <p>During an interview on 3/14/25 at 11:00 A.M. Licensed Practical Nurse/MDS coordinator D said the following:</p> <p>-He/She was responsible for the coordination of the resident assessment and care plans;</p>	F 742			

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F 742	<p>Continued From page 18</p> <p>-He/She was aware of the resident's past and the frequent psychiatric visits, but he/she has not read the psychiatric notes;</p> <p>-There should be a care plan to address the past trauma and interventions to help the resident with the affects of the trauma.</p> <p>During an interview on 3/12/25 at 11:10 A.M. the Social Services Director (SSD) said the following:</p> <p>-The resident has been upset lately and thinking that a person has been hitting him/her, the resident has said this multiple times and it has been reported to the Administrator and investigated;</p> <p>-The resident had experienced some trauma in his/her past life and saw a psychiatrist routinely. She had not read the psychiatric notes and had not thought about how the trauma in the resident's past might be influencing his/her thought process in the present;</p> <p>-The resident was assessed for trauma when he/she was first admitted to the facility over a year ago, and had not been assessed again;</p> <p>-The resident's significant other recently passed away. The resident took care of the significant other for some time and the resident had been more tearful and depressed since the significant other expired;</p> <p>-She has not thought about the possibility of the past trauma affecting the resident's thought process and if these thoughts could be influencing him/her saying that someone was hitting him/her.</p> <p>During an interview on 3/12/25 at 11:38 A.M. the Director of Therapy said the following:</p> <p>-The resident had received therapy in the past and considered the therapy department his/her "safe" place, so when the resident asked or was</p>	F 742			

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F 742	<p>Continued From page 19</p> <p>upset, they let the resident come to the therapy department;</p> <p>-A couple of days ago the resident was very upset and was crying so he/she took the resident to the therapy department which seemed to help him/her;</p> <p>-A couple of months ago, the resident did tell him/her that a person came into his/her room and this frightened the resident.</p> <p>During an interview on 3/12/25 at 9:45 A.M. the Director of Nursing (DON) said the following:</p> <p>-Resident #1 recently told her about a young person that he/she has to baby sit and he/she was tired of babysitting. The resident never said anything about being hit. She and the administrator talked to the resident recently because of a report the resident said something to them about being hit;</p> <p>-The resident always got emotional when you talked with him/her and will cry frequently;</p> <p>-She has been told that the resident had been attacked when he/she was younger;</p> <p>-The resident saw a psychiatrist several times a year for some trauma that occurred in his/her life;</p> <p>-She was not aware of what the trauma was, she has never read the resident's psychiatric notes.</p> <p>During an interview on 3/12/25 at 8:30 A.M. and 3/14/25 at 11:30 A.M. the Administrator said the following:</p> <p>-The resident had some delusions about having to care for a child that someone had left in his/her room;</p> <p>-He would expect staff to be aware of what the psychiatrist has documented in the resident's record and incorporate any interventions into the resident's care plan;</p> <p>-Staff would need to be educated on trauma and</p>	F 742			

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F 742	<p>Continued From page 20</p> <p>the potential for post traumatic stress syndrome (PTSD is a mental health condition that can develop after experiencing or witnessing a traumatic event, leading to persistent symptoms like intrusive memories, avoidance behaviors, and changes in mood and arousal);</p> <p>-He would expect all staff to be aware of the potential for PTSD and what interventions were needed to help the resident or any resident who had PTSD.</p> <p>During an interview on 3/25/25 at 3:30 P.M. Physician A said the following:</p> <p>-The resident has had a lot of trauma in his/her life and now is experiencing some paranoia, this past trauma could be playing a part in the paranoia;</p> <p>-The facility staff should recognize this and put interventions in place to help the resident with the paranoia and trauma.</p> <p>MO250845</p>	F 742			

Missouri Department of Health and Senior Services

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARDEN VIEW CARE CENTER

700 GARDEN PATH
O FALLON, MO 63366

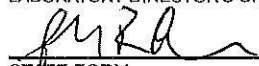
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A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: This deficiency is uncorrected. For previous example, please see the Statement of Deficiencies dated 1/16/25. Class II 1. Refer to F742.	A4075		
A8023	19 CSR 30-88.010(23) Develop/Implement A/N Policies The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of any resident and misappropriation of resident property and funds, and develop and implement policies that require a report to be made to the department for any resident or to both the department and the Department of Mental Health for any vulnerable person whom the administrator or employee has reasonable cause to believe has been abused or neglected. II/III This regulation is not met as evidenced by: Class II* 1. Refer to F610. *Higher classification merited due to the violation's effects on the residents.	A8023		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

4/4/2025

Missouri Department of Health and Senior Services

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

GARDEN VIEW CARE CENTER

**700 GARDEN PATH
O FALLON, MO 63366**

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A8025	Continued From page 1	A8025		
A8025	<p>19 CSR 30-88.010(25) Report A/N to DHSS/DMH When Needed</p> <p>If the administrator or other employee of a long-term care facility has reasonable cause to believe that a resident of the facility has been abused or neglected, the administrator or employee shall immediately report or cause a report to be made to the department. Any administrator or other employee of a long-term care facility having reasonable cause to suspect that a vulnerable person has been subjected to abuse or neglect or observes such a person being subjected to conditions or circumstances that would reasonably result in abuse or neglect shall immediately report or cause a report to be made to the department and to the Department of Mental Health. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>1. Refer to F609.</p>	A8025		

P L A N O F C O R R E C T I O N		
Provider/Supplier Name:	Garden View Care Center of O'Fallon	
Street Address, City, Zip:	700 Garden Path O'Fallon, MO 63366	
Date of Survey:	3-14-2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265321
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	<p>This plan of correction is submitted as required under State and Federal law. The submission of this plan of correction does not constitute an admission on the part of Garden View Care Center of O'Fallon (the facility) to the accuracy of the surveyors' findings nor the conclusions drawn there from. The Agencies submission of this Plan of Correction does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <p>This Plan of Correction is intended to constitute the facilities credible letter alleging compliance. Substantial compliance will be completed no later than April 11, 2025. Compliance will be maintained as provided in the Plan of Corrections.</p>	4/7/25
F609	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>The alleged deficient practice had the potential to affect all residents residing within the community.</p> <p>The following corrective action has been accomplished for Resident #1: Resident's medical record was reviewed, and the history of trauma identified. Trauma informed care plan initiated, and psych updated.</p> <p>The employee identified to be a trigger for resident has been reassigned to a separate unit.</p> <p>Resident will receive care from female caregivers only due to her past trauma.</p> <p>The following corrective actions and systemic changes will be implemented to ensure the alleged deficient practice does not recur:</p>	4/7/25

	<p>CEO A and/or designee will in-service Administrator on investigating and reporting alleged abuse, neglect and exploitation.</p> <p>Administrator and/or designee will in-service staff on investigating and reporting allegations of abuse, neglect and exploitation.</p> <p>Social Services and staff will continue to monitor and support resident's psychosocial well-being.</p> <p>New hires will continue to be orientated on abuse, neglect and exploitation as well as reporting and investigating alleged abuse. Employees will be in-serviced at least annually on investigation and reporting allegations of abuse, neglect or exploitation.</p> <p>The facility will continue to ensure the safety and well-being of all residents by ensuring allegations of abuse or neglect are investigated immediately and in an appropriate manner.</p> <p>The facility will report alleged violations to the Department of Health and Senior Services and/or local law enforcement as deemed appropriate and as per established GVCC policy.</p> <p>Employees will continue to be screened for history of abuse, neglect or mistreatment of residents prior to hire and ongoing thereafter. The Office Manager will keep the results of the background checks, FCSR, and EDL checks in the personnel files of employees.</p> <p>The Administrator and Director of Nursing will report in monthly QAPI meetings the results of any investigations that were completed during the quarter and any investigations requiring a report to DHSS to ensure proper handling and corrective actions.</p>	
F610	<p>Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)</p> <p>The alleged deficient practice had the potential to affect all residents residing in the community.</p> <p>The following corrective action has been accomplished for Resident #1:</p> <p>Resident's medical record was reviewed, and history of trauma identified. Trauma informed care plan initiated, and psych updated.</p> <p>The employee identified to be a trigger for resident has been reassigned to a separate unit.</p> <p>Resident will receive care from female care-givers only due to past trauma.</p>	4/7/25

	<p>The following corrective actions and systemic changes will be implemented to ensure the alleged deficient practice does not recur:</p> <p>Social Services interviewed a random sample of residents to identify comfort at GVCC and potential for alleged violations. (See Exhibit 1- Freedom from Abuse Audits)</p> <p>CEO A and/or designee will in-service Administrator on investigating and reporting alleged abuse, neglect and exploitation.</p> <p>Administrator and/or designee will in-service staff on investigating and reporting allegations of abuse, neglect and exploitation.</p> <p>Social Services and staff will continue to monitor and support resident's psychosocial well-being.</p> <p>New hires will continue to be orientated on abuse, neglect and exploitation as well as reporting and investigating alleged abuse. Employees will be in-serviced at least annually on investigation and reporting allegations of abuse, neglect or exploitation.</p> <p>The facility will continue to ensure the safety and well-being of all residents by ensuring all allegations of abuse or neglect are investigated immediately and in an appropriate manner.</p> <p>The facility will report alleged violations to the Department of Health and Senior Services and/or local law enforcement as deemed appropriate and as per established GVCC policy.</p> <p>Employees will continue to be screened for history of abuse, neglect or mistreatment of residents prior to hire and ongoing thereafter. The Office Manager will keep the results of the background checks, FCSR, and EDL checks in the personnel files of employees.</p> <p>The facility plans to monitor its performance and ensure solutions are sustained by:</p> <p>The Director of Nursing and Administrator will monitor any reports of suspected abuse and neglect and will follow the policy of Garden View Care Centers in the investigative process.</p> <p>The Administrator and DON will report in the monthly QAPI meetings the results of any investigations that were completed during the quarter and any investigations requiring a report to DHSS</p>	
F742	<p>Treatment/Srvcs Mental/Psychosocial Concerns CFR(s): 483.40(b)(1)</p> <p>The alleged deficient practice had the potential to affect all residents residing within the community.</p>	4/7/25

	<p>The following corrective actions have been accomplished for Resident #1:</p> <p>Resident's medical record was reviewed, and history of trauma identified. Trauma informed care plan initiated, and psych updated.</p> <p>The employee identified to be a trigger for resident has been reassigned to a separate unit.</p> <p>Resident will receive care from female care-givers only due to her past trauma.</p> <p>The following corrective actions and systemic changes will be implemented to ensure the alleged deficient practice does not recur:</p> <p>The Director of Social Services and/or designee will complete a Trauma Informed Care Assessment on every new admission to assess for past trauma and develop an appropriate plan of care. (See Exhibit 4-Trauma Informed care Assessment)</p> <p>Current residents previously received trauma informed care assessment after admission.</p> <p>The Director of Social Services and/or designee will in-service staff on trauma informed care.</p> <p>The Director of Social Services and/or designee will audit all resident care plans to ensure residents with reported trauma have an appropriate plan of care in place. (See Exhibit 2-Trauma Informed Care Plan Whole House Audit)</p> <p>The facility plans to monitor its performance and ensure solutions are sustained by:</p> <p>The Director of Social Services and/or designee will perform a monthly audit of new admits to ensure any reported trauma is identified in residents plan of care for 3 months. (See Exhibit 3-Trauma Informed Care Plan Monthly Audits)</p> <p>The Director of Social Services will report the findings of monthly audits to QAPI.</p>	
A4075	<p>19 CSR 30-85.042(66) Nursing Care per Res Condition</p> <p>Refer to POC for F742.</p>	4/7/25
A8023	<p>19 CSR 30-88.010(23) Develop/Implement A/N Policies</p> <p>Refer to POC for F610.</p>	4/7/25
A8025	<p>19 CSR 30-88.010(25) Report A/N to DHSS/DMH When Needed</p> <p>Refer to POC for F609.</p>	4/7/25