

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

PRINTED: 05/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265841	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER ABERDEEN HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 505 COUCH AVENUE KIRKWOOD, MO 63122		
(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 558 SS=D	<p>Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)</p> <p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide reasonable accommodation of individual needs and preferences by failing to ensure call lights were in reach or a call light pendant was worn for one resident (Resident #31). The sample was 13. The census was 35.</p> <p>Review of the facility's Resident Call System policy, revised 5/3/19, showed: -Policy: The community strives to provide an environment to promote resident safety, dignity, and a sense of well-being; The community will be equipped and maintained to protect the health and safety of the residents; -Procedure: The community shall have a call button or pull cord located next to each bed and in each resident bathroom.</p> <p>Review of Resident #31's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/23/25, showed: -Cognitively intact; -Dependent on staff for toileting, bathing, upper and lower body dressing; -Required maximum assist from staff for personal hygiene; -Frequently incontinent or bowel and bladder.</p>	F 558			

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

TITLE

(X6) DATE

[Signature]

Administrator

5/28/2025

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 participation.

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F 558	<p>Continued From page 1</p> <p>Review of the resident's medical record, showed his/her diagnoses included a history of falling, urinary tract infections, macular degeneration (an eye disease that may cause distortion of vision or vision loss), anxiety, benign brain neoplasm (a non-cancerous growth) and muscle weakness.</p> <p>Review of the resident's care plan, in use at the time of survey, showed: -Focus: The resident at risk of falls due to a history of falling and currently has a fear of falling; -Interventions: Make sure the resident's call light/pendant is within reach when leaving the resident alone.</p> <p>Observation and interview on 5/5/25 at 8:31 A.M., showed the resident lay in bed. The resident's call light in his/her room was attached to the wall and positioned on the floor under the resident's recliner. The resident did not have his/her call light pendant on. The resident said he/she received a shower recently and the staff did not reapply the resident's call light pendant. The resident said he/she could not reach the call light that lay on the floor because he/she cannot get out of bed by him/herself.</p> <p>Observation on 5/5/25 at 9:35 A.M., showed the resident lay in bed, eating breakfast. The resident's call light in his/her room was attached to the wall and positioned on the floor under the resident's recliner. The resident was not wearing his/her call light pendant.</p> <p>Observation and interview on 5/5/25 at 10:19 A.M., showed Certified Medication Technician (CMT) H entered the resident room and provided the resident with a nutritional shake. After the</p>	F 558			

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F 558	<p>Continued From page 2</p> <p>resident consumed the shake, CMT H left the resident's room. The resident's call light was attached to the wall and positioned on the floor under the resident's recliner. The resident was not wearing his/her call light pendant.</p> <p>Observation on 5/5/25 at 11:00 A.M., and at 12:07 P.M., showed the resident lay in bed. The resident's call light in his/her room was attached to the wall and positioned on the floor under the resident's recliner. The resident was not wearing his/her call light pendant.</p> <p>Observation on 5/5/25 at 12:37 P.M., showed the resident lay in bed and CMT I delivered the resident's lunch tray to the resident's room. CMT I assisted the resident with his/her lunch tray by opening packages and drink lids. CMT I left the resident's room after assisting the resident with his/her lunch tray. The resident's call light was attached to the wall and positioned on the floor under the resident's recliner. The resident was not wearing his/her call light pendant.</p> <p>Observation and interview on 5/5/25 at 2:40 P.M., showed the resident lay in bed. The resident said he/she had just received a bed bath. The resident's call light was attached to the wall and positioned on the floor under the resident's recliner. The resident was not wearing his/her call light pendant.</p> <p>Observation on 5/5/25 at approximately 5:00 P.M., showed the resident lay in bed. The resident's call light was attached to the wall and positioned on the floor under the resident's recliner. The resident was not wearing his/her call light pendant.</p>	F 558			

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F 558	Continued From page 3 During an interview on 5/7/25 at 8:30 A.M., Licensed Practical Nurse C said the residents should always wear the call light pendant. If the call light pendant is not available or the resident is unable to use it, the call light in the resident's room should be placed within the resident's reach. Staff should make sure the resident has their call light within reach or is wearing their call light pendant each time they leave the resident's room. During an interview on 5/7/25 at 8:35 A.M., Certified Nursing Assistant G said the residents should always wear the call light pendant or have the room call light positioned to wear the resident could reach it. Staff should make sure the resident has their call light or call light pendant each time they leave the resident's room. During an interview on 5/7/24 at 12:41 P.M., the Director of Nursing said she expected staff to ensure the residents are wearing their call light pendant or the call light in their room is within the resident's reach each time staff leave the resident's room. All staff members are responsible to ensure all the residents have their call light.	F 558			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents who	F 677			

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F 677	<p>Continued From page 4</p> <p>required activities of daily living (ADLs, bathing, dressing and toileting) assistance received necessary services to maintain adequate personal hygiene when staff left one resident soiled for an extended period (Resident #2). The sample size was 13. The census was 35.</p> <p>Review of the facility's Standards of Practice-Clinical Services policy, revised 2/3/25, showed:</p> <p>-Clinical Services policy and procedure preface:</p> <p>-The Clinical Services policies and procedures described in the manual should be used as guidelines for the nursing staff of the facility; Individual resident care decisions should be based on scientific principals in accordance with the skill an training of the caregiver; Additional clinical resources available from other sources or created in collaboration with the facility;</p> <p>-Philosophy:</p> <p>-Nursing is a process that includes assessment of the resident's state of being, determining a nursing diagnosis, planning and developing short and long-term goals; Implementing appropriate nursing interventions to assist the resident to reach their goals, and evaluation of the effectiveness of the nursing measures against established expected outcomes; The nursing interventions will promote positive functional consequences and outcomes for residents;</p> <p>-Residents have the right to nursing care based on this nursing assessment, and provided by the appropriate skill level, as predicted by acuity.</p> <p>-Nursing must work in an organized framework, providing an organized approach to practice that is responsive to the needs of</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>residents, families, community, system and employees;</p> <p>-Purpose: Diagnose and treat responses to actual and potential adverse outcomes;</p> <p>-Goal: Promote each resident at his her maximum level of health functions; Health implies attaining, maintaining, restoring balance, living with chronic illness or disability;</p> <p>-Objective to meet goal:</p> <p>-Provide nursing care to residents on a continuum in a safe therapeutic environment;</p> <p>-Utilize a holistic (physician, emotional, spiritual, environmental, rehabilitative, preventative approach) to nursing practice.</p> <p>Review of Resident #2's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/4/25, showed:</p> <p>-Moderate cognitive impairment;</p> <p>-No rejection of care;</p> <p>-Required maximum assist from the staff for toilet hygiene and toilet transfers;</p> <p>-The resident is frequently incontinent;</p> <p>-Diagnoses included dementia, kidney disease and depression.</p> <p>Review of the resident's medical record, showed his/her diagnosis also included a history of urinary tract infections (UTI).</p> <p>Review of the resident's care plan, in use at the time of survey showed:</p> <p>-Focus: The resident has impaired physical function related to dementia and recent hospitalization;</p> <p>-Interventions: The resident requires assistance for toilet hygiene; The resident wears incontinent products for minimal bladder incontinence and</p>	F 677			

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F 677	<p>Continued From page 6 needs assistance changing them.</p> <p>During observation and interview on 5/5/25 at 9:15 A.M., the resident said he/she requires assistance from the staff to use the bathroom. He/She wears incontinent briefs in case he/she has an "accident". Posted above the resident's bed in his/her room was a sign, undated, that showed: Toileting Program Recommendations: Assist the resident to the bathroom and change his/her brief as per the following: Before or after getting up in the A.M.; Before or after breakfast; Before or after lunch; Before or after dinner; Before and after going to bed for the evening; Please contact the therapy department with questions.</p> <p>During observation and interview on 5/5/25 at 10:27 A.M., the resident was in his/her room, in his/her wheelchair and said he/she has not been assisted to the bathroom since before breakfast. The resident said he/she is unable to propel him/herself to the bathroom.</p> <p>During an interview on 5/5/25 at 2:52 P.M., the resident was in his/her room, in his/her wheelchair, and said he/she was soiled and needed to use the bathroom. He/She said he/she has not gone into the bathroom since before breakfast.</p> <p>During observation and interview on 5/5/25 at 4:47 P.M., Certified Nursing Assistant (CNA) A propelled the resident in his/her wheelchair to the bathroom. CNA A assisted the resident with standing up, by pulling on the resident's waistband and without the use of a gait belt. CNA A instructed the resident to hold onto the grab bars located near the toilet. When the resident</p>	F 677			

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F 677	<p>Continued From page 7</p> <p>stood up, the resident's wheelchair cushion appeared very wet with a small puddle of liquid in the center that had an odor of urine. The resident's pants had a large area of wetness that covered the resident's buttocks and the back of his/her thighs. While the resident stood, CNA A pulled the resident's pants down and removed the resident's brief. The brief was entirely saturated with urine and liquid brown stool. Dried brown stool was located on the resident's upper buttocks and lower back. CNA A said, "This is not a good look." CNA A used multiple incontinence wipes and applied pressure while removing the dried stool from the resident's skin.</p> <p>During an interview on 5/5/25 at 4:55 P.M., CNA A said he/she was not aware the last time the resident was taken to the bathroom or checked for incontinence and said he/she was relieved that the resident did not have any open wounds to his/her bottom. The facility has been using some agency nursing staff and CNA A didn't think the agency staff know the protocol on how often to check on the residents. All residents are to be checked for incontinence and/or encouraged to use the bathroom every two hours.</p> <p>During an interview on 5/7/25 at 8:30 A.M., Licensed Practical Nurse C said staff should check all residents, ask residents if they need anything or require assistance with care every two hours.</p> <p>During an interview on 5/7/25 at 12:51 P.M., the Director of Nursing (DON) said she expected staff to check on all residents to determine their care needs every two hours and as needed. The DON was not aware of the Toilet Recommendations sign in the resident's room but expected staff to</p>	F 677			

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F 677	Continued From page 8	F 677			
F 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure physician orders for oxygen usage were revised and current, which resulted in contradictory orders, with staff documenting both as completed for one resident(Resident #30). The facility also listed outdated information in the resident's care plan regarding the oxygen settings. The sample was 13. The census was 35.</p> <p>Review of the facility's oxygen therapy policy, dated 2/3/25, showed:</p> <p>-Policy: Oxygen is treated as a medication ordered by the physician. The order includes the amount per minute to be delivered, the device used for delivery, and during what times to deliver oxygen therapy;</p> <p>-Procedure: These delivery devices will be maintained in a sanitary manner. Change disposable prefilled humidifier bottle every 30 days. Non-disposable refillable humidifier bottles are changed every seven days. Change tubing once a week or when soiled. Label with resident</p>	F 695			

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F 695	<p>Continued From page 9</p> <p>name, date, time, staff initial tubing when changed. Document on the treatment administration record (TAR). When device is not in use, store in plastic or other bag to keep tubing and device off floor. Label bag with resident name, date, time, and staff initial.</p> <p>1. Review of Resident #30's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/18/25, showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -Diagnoses included acute respiratory failure, muscle weakness, and congestive heart failure. <p>Review of the resident's care plan, in use at the time of the survey, showed:</p> <ul style="list-style-type: none"> -Focus: Resident uses oxygen therapy; -Goal: Resident will have no symptoms of poor oxygen absorption or signs of dehydration through the review date; -Interventions: Give medications as ordered by physician. Monitor/document side effects and effectiveness. Monitor for symptoms of respiratory distress and report to medical director (MD). <p>Oxygen setting for oxygen via nasal canula at 2 Liters (L) continuously. Promote lung expansion and improve air exchange by positioning with proper body alignment. If tolerated, head of bed elevated to 30 degrees. Provide reassurance and allay anxiety: have an agreed-on method for the resident to call for assistance (e.g., call light, bell). Stay with the resident during episodes of respiratory distress.</p> <p>Review of the resident's physician's orders, dated 5/25, showed:</p> <ul style="list-style-type: none"> -An order, dated 4/11/25, to titrate oxygen to keep 	F 695			

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F 695	<p>Continued From page 10</p> <p> saturations above 92 percent; -An order, dated 3/17/25, continuous oxygen at 2 L via nasal canula.</p> <p>Review of the resident's May 2025 TAR, showed: -On 5/1/25, 5/2/25, 5/3/25, 5/4/25, 5/5/25, 5/6/25, and 5/7/25, staff signed off that the resident received continuous oxygen via nasal canula at 2 L during the day shift. On 5/1/25, 5/2/25, 5/3/25, 5/4/25 and 5/5/25 staff signed off that the resident received continuous oxygen via nasal canula at 2 L during the evening shift. On 5/3/25 and 5/4/25 staff signed off that the resident received continuous oxygen via nasal canula at 2 L during the night shift; -On 5/1/25, 5/2/25, 5/3/25, 5/4/25, 5/5/25, 5/6/25, and 5/7/25, staff signed off that the resident's supplemental oxygen rate was titrated to keep the resident's oxygen saturations above 92 percent on day, evening, and night shifts.</p> <p>Observations on 5/5/25 at 10:18 A.M. and 2:56 P.M., showed the resident in his/her room in his/her chair. The resident's concentrator oxygen rate was set to 1 L.</p> <p>Observation on 5/6/25 at 6:34 A.M., showed the resident awake in his/her bed. The resident's concentrator oxygen rate was set to 1 L.</p> <p>Observation on 5/6/25 at 12:28 P.M., showed the resident in the dining room eating lunch. The resident was not using supplemental oxygen.</p> <p>Observation on 5/6/25 at 10:34 A.M., showed the resident in his/her room in his/her chair. The resident was not using supplemental oxygen.</p> <p>During an interview on 5/7/25 at 8:01 A.M.,</p>	F 695			

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F 695	<p>Continued From page 11</p> <p>Licensed Practical Nurse (LPN) B said staff should follow the physician's orders for oxygen usage and rates. If a physician order is changed, the old order should be removed from the medication administration record (MAR). He/She said the resident does not require continuous oxygen and that the original order should have been removed.</p> <p>During an interview on 5/7/25 at 8:37 A.M., the Director of Nursing (DON) said she would expect staff to follow physician's orders for oxygen rates. If a physician order is changed, the old order should be removed from the MAR. Staff should be documenting on the current order and ensure they are only documenting treatments that have been done.</p> <p>During an interview on 5/7/25 at 1:04 P.M., the Administrator said he would expect staff to follow physician's orders for oxygen rates. If a physician order is changed, the old order should be removed from the MAR. Staff should be documenting on the current order and not the old order.</p>	F 695			
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 12</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow acceptable infection control standards by not implementing Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce the transmission of multidrug-resistant organisms (MDROs) that employs targeted gown and glove use during high contact resident care activities) as recommended by the Centers for Disease Control and Prevention (CDC) and required by the Centers for Medicare and Medicaid Services (CMS) for residents with wounds requiring treatments and the facility failed to ensure staff used good infection control practices for one resident when providing perineum care (peri-care, cleansing of the genitals and anal area) (Resident #4). The sample was 13. The census was 35.</p> <p>Review of the facility's EBP policy, revised 1/9/24, showed: -EBP, refer to an infection control intervention designed to reduce transmission or MDRO that</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>employs targeted gown and glove use during high contact resident care activities;</p> <p>-EBP are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) of applying of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing;</p> <p>-EBP are indicated for residents with any of the following:</p> <p>-Infections or colonization with a CDC-targeted MDRO with contact precautions do not otherwise apply;</p> <p>-Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized (presence of bacteria in the body that is not causing symptoms) with MDRO;</p> <p>-Wounds generally include chronic (long term) wounds such as a pressure ulcer (a wound that develops with prolonged pressure), unhealed surgical wounds, diabetic foot ulcers and venous stasis ulcers (a wound on the legs that develops from damaged veins);</p> <p>-Wound care: Any skin opening requiring a dressing;</p> <p>-Use of EBP include gown and gloves;</p> <p>-Examples of high contact resident care activities requiring gown and glove use for EBP include: dressing, bathing or showering, transferring providing hygiene, changing lines, changing briefs or toileting, and wound care that requires a dressing.</p> <p>Review of the facility's Standards of Practice-Clinical Services policy, revised 2/3/25, showed:</p> <p>-Clinical Services policy and procedure preface:</p> <p>-The Clinical Services policies and procedures described in the manual should be</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>used as guidelines for the nursing staff of the facility: Individual resident care decisions should be based on scientific principals in accordance with the skill and training of the caregiver; Additional clinical resources available from other sources or created in collaboration with the facility include, Mosby's Textbook for Long Term Care Assistants;</p> <p>-Philosophy:</p> <p>-Nursing is a process that includes assessment of the resident's state of being, determining a nursing diagnosis, planning and developing short and long-term goals; Implementing appropriate nursing interventions to assist the resident to reach theirs goals, and evaluation the effectiveness of the nursing measures against established expected outcomes; The nursing interventions will promote positive functional consequences and outcomes for residents;</p> <p>-Residents have the right to nursing care based on this nursing assessment, and provided by the appropriate skill level, as predicted by acuity;</p> <p>-Nursing must work in an organized framework, providing an organized approach to practice that is responsive to the needs of residents, families, community, system and employees;</p> <p>-Purpose: diagnose and treat responses to actual and potential adverse outcomes;</p> <p>-Goal: Promote each resident at his or her maximum level of health functions; Health implies attaining, maintaining, restoring balance, living with chronic illness or disability;</p> <p>-Objective to meet goal:</p> <p>-Provide nursing care to residents on a continuum in a safe therapeutic environment;</p> <p>-Utilize a holistic (physician, emotional,</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>spiritual, environmental, rehabilitative, preventative approach) to nursing practice.</p> <p>Review of Mosby's Textbook for Long Term Care Assistants, Chapter: Perineal Care, undated, showed:</p> <ul style="list-style-type: none"> -Peri-care involves cleaning the genital and anal area; These areas provide a warm, moist, and dark places for microbes (organisms of microscopic size); Cleaning prevents infections and odor and promotes comfort; Work from front to back or top to bottom; The urethral area (a tube in the body that carries urine to the outside of the body) or front area is the cleanest; The anal area (back or bottom) is the dirtiest; Therefore, clean from the urethra to the anal area; This prevents spreading bacteria from the anal area to the vagina and urinary system. <p>Review of Resident #4's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/8/25, showed:</p> <ul style="list-style-type: none"> -The resident has severe cognitive impairment; -Diagnoses included stroke, hemiplegia (weakness to one side of the body) and dementia; -Dependent on staff for toileting and personal hygiene; -Always incontinent of bowel and bladder; -The resident has one Stage 4 pressure ulcer (loss of skin and tissue, exposed bones, cartilage or tendon). <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <ul style="list-style-type: none"> -Focus: The resident is on EBP for a chronic wound to his/her buttocks; -Interventions: The EBP guidelines are hanging in 	F 880			

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F 880	<p>Continued From page 17</p> <p>the resident's bathroom closet along with PPE needed;</p> <p>-Focus: The resident is at risk for all falls and requires a Hoyer lift (a specialized lift to transfer residents);</p> <p>-Intervention: Use lift for all transfers;</p> <p>-Focus: The resident has impaired physical function related to hemiplegia;</p> <p>-Interventions: Bathing and hygiene with max assist of one.</p> <p>Review of the resident's medical record, showed his/her diagnoses also included a history of urinary tract infections (UTI).</p> <p>Review of a list of residents who required EBP, showed the resident listed.</p> <p>Review of the resident's Physician Order Sheet (POS), showed an order, dated 3/19/25, EBP for wound.</p> <p>Observation and interview on 5/5/25 at 10:48 A.M., showed a small white sign at the top right side of the resident's door which read "EBP". The resident's bathroom had a sign on the outside of the closet door indicating the resident required EBP. The resident was in his/her room sitting in his/her wheelchair. Certified Nursing Assistant (CNA) D and Certified Medication Technician (CMT) E wore gloves and attached the resident to the Hoyer (mechanical lift) lift pad. The resident was transferred with the use of the Hoyer lift by CNA D and CMT E into the resident's bed. The resident's pants were removed by CNA D and the resident's brief was soiled with urine. The resident turned side to side with the assistance of CNA D and CMT E to remove the Hoyer pad underneath the resident. The resident's knees and arms</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>touched CNA D's and CMT E's uniform tops. The resident was positioned on his/her back. CNA D rolled the front part of the soiled brief between the resident's legs. The resident was then turned to his/her left side and the soiled brief was pulled through the resident's legs towards his/her backside. A dressing, dated 5/5/25, was located on the resident's right buttock. CNA D cleaned the resident's anal area with wet wipes. A clean brief was not applied. CNA D said it was so the resident could "air out". With the same gloved hands, CNA D positioned the resident on his/her back, applied an offloading wedge under the resident and pulled the sheet and blanket over the resident. Peri-care was not provided to the resident's genitals. CNA D did not change gloves or perform hand hygiene after cleansing the resident's anal area. CNA D and CMT E did not wear an isolation gown during direct care of the resident.</p> <p>Observation on 5/5/25 at 2:55 P.M., showed Assistant Director of Nursing (ADON) and CNA F entered the resident's room and applied gloves and an isolation gown. The ADON and CNA F placed the resident into bed by using the Hoyer lift. The resident's pants were removed by the ADON and CNA F. The resident's brief was soiled with urine. The ADON and CNA F assisted the resident by turning him/her side to side to remove the Hoyer pad underneath the resident. A dressing, dated 5/5/25, was located on the resident's right buttock. The resident was turned to his/her back. The ADON rolled the front part of the resident's soiled brief between the resident's legs. The ADON and CNA F turned the resident to his/her left side. The ADON removed the soiled brief by pulling the brief through the resident's legs towards his/her backside. The ADON</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>cleansed the resident's anal area with wet wipes. The ADON removed his/her gloves, removed the isolation gown, performed hand hygiene and applied clean gloves and a clean isolation gown. The ADON and CNA F applied a clean brief to the resident. Peri-care was not provided to the resident's genitals.</p> <p>During an interview on 5/7/25 at 8:30 A.M., Licensed Practical Nurse (LPN) C said the resident requires EBP during direct care due to the resident having a chronic wound. The staff should wear gloves and isolation gowns for residents who require EBP. When a resident is incontinent, the staff should clean the resident's genital area and the resident's bottom and buttocks. Staff should change gloves and perform hand hygiene after providing peri-care to the resident. Staff should not touch the resident or any items in the room with soiled gloves.</p> <p>During an interview on 5/7/25 at approximately 8:35 A.M., CNA G said he/she did not know what EBPs were. Staff should clean the resident's genitals and bottom area when the residents are incontinent. Rolling the brief between the resident's legs with a soiled brief does not count for cleaning the resident's genitals. Gloves need to be changed when going from a dirty area of the resident to a clean area of the resident. Staff should not touch the resident or items in the room with soiled gloves.</p> <p>During an interview on 5/7/25 at 12:51 P.M., the Director of Nursing said she expected staff to use EBP on residents who require the precautions. She expected staff to complete peri-care in its entirety by cleaning the resident's genitals. She expected staff to change gloves and perform</p>	F 880			

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F 880	Continued From page 20 hand hygiene after peri-care is completed.	F 880			

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 27570	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/07/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ABERDEEN HEIGHTS

505 COUCH AVENUE
KIRKWOOD, MO 63122

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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: Class II See the deficiencies cited at F558, F677, and F695.	A4075		
A4076	19 CSR 30-85.042(67) Clean, Dry, Odor Free Each resident shall be clean, dry, and free of body and mouth odor that is offensive to others. I/II This regulation is not met as evidenced by: Class II See the deficiency cited at F677.	A4076		
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II This regulation is not met as evidenced by:	A4086		

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

[Signature]

TITLE

Administrator

(X6) DATE

5/28/2025

Missouri Department of Health and Senior Services

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ABERDEEN HEIGHTS

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A4086	Continued From page 1 Class II See the deficiency cited at F880.	A4086		

PLAN OF CORRECTION

Provider/Supplier Name:	Aberdeen Heights	
Street Address, City, Zip:	505 Couch Avenue, Kirkwood 63122	
Date of Survey:	05/07/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265841
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal or state law. This provider maintains that the alleged deficiencies do not jeopardize the health and safety of residents nor are they of such character as to limit the provider's capacity to render adequate care.</p> <p>This plan of correction constitutes a written allegation of substantial compliance with State, Federal Medicare and Medicaid requirements.</p> <p>Without waiving the foregoing statement, the provider states the following: The alleged deficiencies and the plan of correction will be provided to the provider's Quality Assurance Performance Improvement Committee for review and action on May 30, 2025.</p>	
F558	<p>F558 No residents were negatively impacted by the alleged deficiency. Resident 31's call light/pendant was put within reach upon identification of the issue on 5/5/2025.</p> <p>During rounding on 5/5/2025, all other residents were noted to have their call lights/pendants within reach. No other residents were impacted. Each resident had the potential to be impacted by the alleged deficiency.</p> <p>Staff will be inserviced on call light/pendant placement by the DON or designee by 6/4/2025. The facility will implement a charge nurse rounding checklist to be completed each shift daily for 90 days to ensure ongoing compliance to the call</p>	6/10/2025

	<p>light/pendant being within reach. Instances of noncompliance will be addressed in a timely manner.</p> <p>Results of the rounding checklist will be presented by the DON or designee at the QA Committee meetings monthly for three months for determination of sustained compliance.</p>	
F677	<p>F677 No residents exhibited a change of condition as a result of the alleged deficiency. Resident #2 was provided with toileting and hygiene care upon identification of the issue on 5/5/2025.</p> <p>During rounding on 5/5/2025, no other residents were noted to require immediate toileting or hygiene assistance. No other residents were impacted. Each resident receiving ADL toileting and transfer care had the potential to be impacted by the alleged deficiency.</p> <p>Resident individualized transfer and toileting care communication cards will be reviewed and updated as needed by Nursing Leadership by 5/30/2025. Nursing staff will be inserviced on facility Standards of Practice, including individual toileting recommendations, toileting hygiene, transfers and rounding, and care communication cards by the DON, Rehab Director or designee by 6/4/2025.</p> <p>The facility will implement a charge nurse rounding checklist to be completed each shift daily for 90 days to ensure ongoing compliance to the toileting needs of residents. Instances of noncompliance will be addressed in a timely manner. Five random resident/random shift transfer audits will be completed weekly by Nursing Leadership/Rehab for 12 weeks to ensure ongoing compliance to proper transfer technique. Instances of noncompliance will be addressed in a timely manner.</p> <p>Results of the rounding checklist and transfer audits will be presented by the DON or designee at the QA Committee meetings monthly for three months for determination of sustained compliance.</p>	6/10/2025
F695	<p>F695 No residents exhibited a change of condition as a result of the alleged deficiency. Resident #30's oxygen orders and Treatment Administration Record (TAR) were clarified on 5/7/2025. Resident #30's care plan was updated on 5/7/2025. Resident #30s care communication card was updated on 5/7/2025.</p>	6/10/2025

	<p>In order to identify any other residents impacted by the alleged deficiency, each applicable resident's oxygen orders will be reviewed/updated against the TAR, the care plan, and the care communication card by 5/30/2025 to ensure accuracy. No other residents were noted to be impacted.</p> <p>Nursing staff will be inserviced on the facility's oxygen therapy policy, care plans and care communication cards by the DON or designee by 6/4/2025. Licensed nurses will be inserviced on the policy for following physician orders and TARs by the DON or designee by 6/4/2025.</p> <p>The facility will implement a charge nurse rounding checklist to be completed each shift daily for 90 days to ensure ongoing compliance to physician orders for oxygen use. Instances of noncompliance will be addressed in a timely manner. Five random resident/random shift oxygen use audits will be completed weekly by Nursing Leadership for 12 weeks to ensure ongoing compliance to the oxygen therapy policy. Instances of noncompliance will be addressed in a timely manner.</p> <p>Results of the rounding checklist and oxygen use audits will be presented by the DON or designee at the QA Committee meetings monthly for three months for determination of sustained compliance.</p>	
F880	<p>F880 No residents exhibited a change of condition as a result of the alleged deficiency. Resident #4 was screened for signs and symptoms of infection on 5/7/2025.</p> <p>All other residents with Enhanced Barrier Precautions and/or receiving peri-care assistance had the potential to be impacted by the alleged deficient practice. These residents were identified and screened for signs and symptoms of infection on 5/7/2025.</p> <p>Nursing staff will be inserviced on the facility's Enhanced Barrier Precautions policy, PPE use, proper peri-care process, glove use and hand hygiene by the DON or designee by 6/4/2025.</p> <p>Ten random resident on EBP/random shift Infection Control observation audits will be completed weekly by Nursing Leadership for 12 weeks to ensure ongoing compliance to use of PPE, proper peri-care, proper glove use and proper hand hygiene. Instances of non-compliance will be addressed in a timely manner.</p>	6/10/2025

PLAN OF CORRECTION

[illegible]

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.