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A4754	19 CSR 30-86.047(28)(G) Individual Service Plan - Develop The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility: (G) Develops an individualized service plan (ISP), which means the planning document prepared by an assisted living facility which outlines a resident ' s needs and preferences, services to be provided, and goals expected by the resident or the resident ' s legal representative in partnership with the facility; II This regulation is not met as evidenced by: Based on interview and record review, the facility failed to develop individualized service plans (ISP) which included all resident conditions, such as skin tears for a resident who had severe skin tears on the tops of both feet and down both legs (Resident #3). The census was 94. Review of Resident #3's medical record, showed the facility admitted the resident on 2/13/23, with diagnoses which included chronic eczema, low oxygen saturation, pain in right knee and xerosis of skin (dry skin). Review of the resident's progress notes, showed on 2/16/25 at 7:05 P.M., the resident had a large, scattered amount of dried up blood and skin on his/her floor. The resident's room also had an odor of flesh/wounds in his/her room. The staff noticed the resident had been picking at his/her skin until it bled. The staff also noticed the resident scratching and complained of itching all over his/her body. Review of the resident's bi-annual community	A4754		

See attached Plan of Correction

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based assessment, dated 7/9/25, showed the skin section "skin intact and clear."

Observation on 8/25/25 at 8:05 A.M., showed the following:
-Dark, dried blood in and all around the resident's cuticles including underneath the nails, on each hand and every finger including the thumbs. The resident's nails were short;
-An area of dried blood on the floor where the resident's feet were, underneath the television tray;
-On both insteps of the resident's feet showed the first layer of skin had been rubbed off exposing a shiny, red area measuring approximately 5 inches in circumference on the left foot and approximately 4 inches in circumference on the right foot. The skin around the irritated area was lifted but dried and crusty. The entire area was pink in color;
-On both of the resident's shins all the way up to the resident's knees, showed several various sizes of opened wounds with red, dried scabs over them. On the resident's right shin, an area measuring approximately 8 millimeters was open without a scab over it but was not bleeding. Both of the resident's shins had scratch marks.

During an interview on 8/25/25 at 8:40 A.M., the resident said he/she had the wounds and open areas on his/her insteps for about two months now. The resident said he/she was surprised the areas had not healed because he/she usually healed "pretty good." The resident thought the instep wounds were caused by the Crocs (foam footwear) he/she wore and said he/she did not wear shoes anymore unless he/she went to the doctor or something in that regard. The resident said he/she was not in pain, but the areas itched terribly. He/She tried to not to scratch the areas

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on his/her legs but sometimes it was too hard not to scratch. The resident said he/she did not scratch the instep wounds but did scratch around the wounds.

During an interview on 8/25/25 at 8:30 A.M., Level One Medication Aide (LIMA) A said the resident had the wounds for about two months. LIMA A said the resident would not stop scratching and that is why the wounds would not heal and close up. Also, the resident did not bathe regularly and that hinders the healing process as well. LIMA A reported the wounds and condition of the legs/feet to LIMA F who was a "lead" at the time.

During an interview on 8/25/25 at 1:00 P.M., LIMA F said he/she did not know about the resident's feet and legs, and it was never reported to him/her.

Review of the resident's ISP, dated 7/9/25, showed no documentation of the resident's skin condition, wounds or habit of scratching his/herself.

During an interview on 8/25/25 at 12:25 P.M., the Director of Nursing (DON) said she did not know about the resident's wounds and condition of his/her skin. She said the staff should have immediately reported the condition to her, but they could also report to a lead who should have reported to her. She said she would rather the staff report things like this to her instead of a lead. She had not seen the resident's legs and the last time she saw the resident was a couple weeks ago, but the resident was in bed with a blanket over her. She said had it been reported, it would have been documented and she could have monitored the healing process. She said if she

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A4754	Continued From page 3 did not know about the condition of the skin, the resident's Physician did not know either. During an interview on 8/26/25 at 3:39 P.M., the Administrator said she had not seen the resident's legs or heard anything about his/her legs and feet. She said the resident has had cellulitis at one point and the wounds were weeping at another point, but she had not heard anything about it recently. Staff should have reported this information to her or the DON and the documentation should have been on the resident's ISP.	A4754		
A4773	19 CSR 30-86.047(34)(A) Disease/Infection Control, Report Category I The facility shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)-(3) according to the specified time frames as follows: (A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication; I/II This regulation is not met as evidenced by: Class II Based on observation, interview and record review, the facility failed to ensure staff followed proper infection control practices by not changing soiled gloves before touching clean items for one	A4773		

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of two sampled residents (Resident #7). The census was 94.

Review of the facility's policy on Bloodborne Pathogens Infection Control, updated February 21, 2013, showed the following:

-Procedure: Universal Precautions: Health Services: Tasks/Procedures: Gloves use: Cleanup of blood spills, daily tasks, blood sugar, daily resident contact;

-Gloves: Wear gloves for all resident contact when body fluids are involved. Change glove between residents and when gloves are soiled or torn. Wash hands thoroughly after removing gloves. Remove gloves before touching clean items.

Review of Resident #7's Individualized Service Plan (ISP), dated 6/28/25, showed the following:

-Diagnoses: Stress incontinence (sudden involuntary leakage of urine), high blood pressure;

-Need: Bladder incontinence- Staff managed: Resident's bladder needs will be known to staff;

-Intervention: Staff to check for incontinence episodes and ensure that the resident remains clean and hygienic as needed.

Observation on 8:25/25 at 9:30 A.M., showed the resident lay in bed. Certified Medication Aide (CMA) B applied gloves and transferred the resident to the wheelchair. He/She pulled down the resident's pants and placed the resident on the toilet. He/She removed the resident's brief and said the resident's brief was wet. After assisting the resident to stand, CMA B washed the resident's perineal area in a back and forth motion several times with a disposable wipe. Without changing his/her gloves, he/she applied a

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A4773	Continued From page 5 clean brief and his/her pants, touching the wheelchair and various items before removing his/her gloves. During an interview on 8/25/25 at 11:05 A.M., CMA B said he/she should have removed the soiled gloves before touching clean items. During an interview on 8/25/25 at 11:56 A.M., the Director of Nurses said she expected staff to change their gloves after providing care and before touching clean items.	A4773		
A4777	19 CSR 30-86.047(36) Proper Care Per Individual Service Plan Residents shall receive proper care as defined in the individualized service plan. I/II This regulation is not met as evidenced by: Class II Based on observation, interview and record review, the facility failed to provide adequate perineal care for two of two residents observed (Residents #5 and #7). The census was 94. Review of the facility's policy, Personal Hygiene, updated 1/1/13, showed the following: -Purpose: To assure appropriate personal hygiene. To prevent an odor problem. To prevent skin breakdown; -Policy: #3. The amount of hygiene assistance provided to a resident will be discussed with the resident and indicated in his/her service plan. The service plan will be reviewed at regular intervals and appropriate changes made on an as needed basis. Independence will be encouraged and supported.	A4777		

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A4777	Continued From page 6 1. Review of Resident #5's Individual Service Plan (ISP), dated 8/12/25, showed the following: -Diagnoses: Dementia and generalized arthritis; -Need: Accident assistance: Resident will remain clean and sanitary by being assisted with any accidents that may occur; -Intervention: Staff to clean resident and take any actions to assist the resident to clean up after the accident. Observation on 8/25/25 at 7:58 A.M., showed the resident lay in bed. Certified Medication Aide (CMA) D assisted the resident to the bathroom. After he/she removed the resident's brief and sat the resident on the toilet, he/she said the resident's brief was wet. CMA D handed the resident toilet paper to wipe him/herself but failed to wash the resident's perineal area or buttocks. He/She applied a clean brief and dressed the resident for breakfast. During an interview on 8/25/25 at 10:30 A.M., CMA D said he/she worked at the facility for two months and received training on perineal care when hired. The facility doesn't expect staff to wash the resident's buttocks if they aren't incontinent. When asked what the staff are to do when the resident has an incontinence episode, CMA D said staff are to only to provide personal care if instructed to do. 2. Review of Resident #7's ISP, dated 6/28/25, showed the following: -Diagnoses: Stress incontinence (sudden involuntary leakage of urine), high blood pressure; -Need: Bladder incontinence- Staff managed: Resident's bladder needs will be	A4777		

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A4777	Continued From page 7 known to staff; -Intervention: Staff to check for incontinence episodes and ensure that the resident remains clean and hygienic as needed. Observation on 8:25/25 at 9:30 A.M., showed the resident lay in bed. CMA B applied gloves and transferred the resident to the wheelchair. He/She pulled down the resident's pants and placed the resident on the toilet. He/She removed the resident's brief and said the resident's brief was wet. After assisting the resident to stand, CMA B washed the resident's perineal area in a back and forth motion several times with a disposable wipe. He/She applied a clean brief and pants. During an interview on 8/25/25 at 11:05 A.M., CMA B said he/she worked at the facility for several years. He/She has not had any recent training on perineal care. He/She should have washed the resident's perineal area from front to back. During an interview on 8/25/25 at 11:56 A.M., the Director of Nurses said she expected staff to wash any resident who was incontinent of urine. In addition, she expected staff to wash female residents' perineal areas from front to back.	A4777		
A4797	19 CSR 30-86.047(46) Safe & Effective Medication System The administrator shall develop and implement a safe and effective system of medication control and use, which assures that all residents ' medications are administered by personnel at least eighteen (18) years of age, in accordance with physicians ' instructions using acceptable nursing techniques. The facility shall employ a	A4797		

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A4797	Continued From page 8 licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident ' s condition and medication. Administration of medication shall mean delivering to a resident his or her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small cup container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident ' s physician so authorizes. All individuals who administer medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II This regulation is not met as evidenced by: Class II Based on observation, interview and record review, the facility failed to provide a safe and effective medication system when a Level One Medication Aide (LIMA) administered medication to residents without watching the residents consume the medication for one observed resident in the morning medication pass (Resident #2). Additionally, a loose pill was observed on top of the medication cart and the LIMA did not know what the pill was and who it belonged to. The census was 94. Review of the facility's "Medication System" policy, dated 12/27/24, showed the following: -Medication storage area, rooms and carts are to be kept locked when not in use; -Only authorized staff is allowed access to the	A4797		

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medication storage areas;
-Medications are stored under proper temperature, light and moisture controls;
-Medication storage areas are kept clean, well lit, and free from clutter;
-Medications may be kept at the resident's bedside only if authorized by a Physician's order;
-Watch the resident swallow the medication and record in the designated area on the medication administration record.

1. Review of Resident #2's medical record, showed the following:
-Admit date 2/20/23;
-Diagnoses included diabetes, depression and benign high blood pressure.

Observation on 8/25/25 at 8:45 A.M., showed LIMA D entered the resident's room and gave the resident his/her medication in a medication cup. LIMA D's blood pressure machine died, and he/she needed to go get batteries. LIMA D left the resident's room with the resident's medication on the side table near the recliner where the resident sat. LIMA D came back shortly after with the blood pressure machine and took the resident's blood pressure. After LIMA D took the resident's blood pressure, he/she told the resident the results and then left the resident's room. The resident had not taken the medication yet.

During an interview on 8/25/25 at 8:55 A.M., the resident said the staff typically left the medication in his/her room on the side table by his/her recliner and the resident would "take it later." The resident said this was a normal thing because the staff know he/she will take the medication and because he/she was a Registered Nurse.

Review of the resident's physician's orders sheet,

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dated 8/25/25, showed the resident did not have a physician's order to self-administer his/her medication.

During an interview on 8/25/25 at 12:23 P.M., LIMA D said he/she normally left the medication on the resident's side table because the resident was "not one we needed to monitor." LIMA D said if the resident dropped the medication or had trouble taking the medication, he/she "guesses (he/she) wouldn't know since (he/she) didn't watch the resident take the medication."

During an interview on 8/25/25 at 2:10 P.M., the Director of Nursing (DON) said staff should watch the resident take their medication entirely and it was not okay to leave the medication with the resident.

During an interview on 8/26/25 at 3:30 P.M., the Administrator said staff should watch the residents take their medication entirely and it was never okay to leave the medication with a resident unless they have an order to do so.

2. Observation on 8/25/25 at 8:15 A.M., showed a loose tiny blue pill with an "L23" was inside a medication cup on top of the medication cart. After Googling, the pill was identified as Levothyroxine Sodium (a medication used for underactive thyroid and other thyroid related conditions) 137 micrograms.

During an interview on 8/25/25 at 8:16 A.M., LIMA A said there was a loose pill on the medication cart when he/she started his/her shift. The previous staff did not tell him/her there was a loose pill on the medication cart. LIMA A found the loose pill when the previous shift had already left. LIMA A said finding loose pills on top of the

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A4797	Continued From page 11 medication cart happened "often." During an interview on 8/25/25 at 2:10 P.M., the DON said it was not okay to leave loose medication on the medication cart and the staff should have reported this to her. During an interview on 8/26/25 at 3:30 P.M., the Administrator said it was never okay to leave a loose pill on top of a medication cart. The Administrator said if the staff found a loose pill, they should take the pill to the Nurse to get help to identify the pill and see where it came from and then follow protocol of destroying it appropriately.	A4797		
A4841	19 CSR 30-86.047(61)(A) Staffing Ration, Resident Care & Fire Safety Staffing Requirements. (A) The facility shall have an adequate number and type of personnel for the proper care of residents, the residents ' social well being, protective oversight of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every twenty (20) residents or major fraction of twenty (20) during the evening shift and one (1) person for every twenty-five (25) residents or major fraction of twenty-five (25) during the night shift. I/II Time Personnel Residents 7 a.m. to 3 p.m. (Day)* 1 3-15 3 p.m. to 9 p.m. (Evening)* 1 3-20 9 p.m. to 7 a.m.	A4841		

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A4841	Continued From page 12 (Night)* 1 3-25 *If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III This regulation is not met as evidenced by: Class II Based on observation, interview and record review, the facility failed to notify the nurse after a fall for Resident #6, who was observed on the floor. The census was 94 . Review of the facility's policy on Fall Recovery, updated 4/30/24, showed the following: -Post Fall Procedure: 3. Check for injuries such as cuts, scrapes, bruises and obvious body deformities. 6. Delegate a staff member to notify the Health Services Director or Health Services Coordinator or designee to report the fall and or provide additional guidance. Review of Resident #6's (Individualized Service Plan) ISP, dated 8/5/25, showed the following: -Diagnoses: Atrial fibrillation (an irregular and often very rapid heart rhythm), urinary tract infection and nephrostomy (drainage tube placed into the kidney to relieve a urinary blockage, protect the kidney and prevent infection; -Need: Fall Risk: Goal: To identify fall risk and add interventions to minimize risk; -Intervention: Encourage resident to wear nonskid footwear. Keep apartment free of obstacles, clutter, rugs. Observe for obstacles before, during transfers. To use assistive devices as ordered. Transfer assist: Staff to provide standby assist for all transfers.	A4841		

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AUTUMN VIEW GARDENS	16219 AUTUMN VIEW TERRACE DRIVE ELLISVILLE, MO 63011

(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
A4841	Continued From page 13 Observation on 8/25/25 at 7:35 A.M., showed the resident on the floor in the hallway outside of his/her room. Certified Medication Aide (CMA) D was with the resident. The resident said he/she tripped over his/her own feet. CMA D called another staff to assist. At 7:40 A.M., CMA B arrived to assist. He/She asked the resident if he/she had any pain anywhere. The resident said no. CMA B applied a gait belt and both CMAs assisted the resident to the wheelchair. Neither CMA called the nurse to assess the resident. During an interview on 8/25/25 at 11:05 A.M., CMA B said it's the facility's policy to call the nurse when residents fall. The nurse would assess the resident via a video call and give directions on what to do. He/She worked at the facility a long time and was used to doing it. When asked did he/she notify the nurse regarding the fall, he/she said he/she did not and assumed CMA D on the hall would notify her. During an interview on 8/25/25 at 11:46 A.M., the Director of Nurses said staff are to call her before moving a resident after a fall. She will assess them via video if she is not in the building and give instructions on what to do. No one called to notify her of the fall.	A4841		
A6005	19 CSR 30-87.020(5) Toxic Material Storage Poisonous or toxic materials consist of the following categories: insecticides and rodenticides; disinfectants, sanitizer and related cleaning or drying agents; and caustics, acids, polishes and other chemicals. Each of these three (3) categories set forth shall be stored and physically located separate from each other. All poisonous or toxic materials shall be stored in	A6005		

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A6005	Continued From page 14	A6005		

locked cabinets or in a similar physically separate place used for no other purpose which is not accessible to residents. II

This regulation is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure poisonous or toxic materials were kept locked up or stored in a place not accessible to residents. The census was 94.

Review of the facility's "Housekeeping Policy Number 6" dated 2/2010, showed the following:
-Policy:
-An adequate amount of supplies shall be kept on hand at all times. They shall be stored appropriately;
-Procedure:
-Upon delivery, supplies shall be stored immediately;
-Storage of supplies shall be in an approved, labeled storage area with a lock;
-Doors to the storage areas shall be kept locked at all times and shall not be propped open.

Review of the facility's "Housekeeping Policy Number 12" dated 2/2010, showed the storage rooms shall remain locked at all times, whether the cart is in there or not.

Review of the facility's undated "Housekeeping Meeting" form, showed when the housekeepers were cleaning resident rooms, they were required to look for chemicals in the room, keep note and let the Administrator or someone else know. The Housekeepers "have to check" these because residents should not have them.

1. Observation on 8/25/25 between 7:00 A.M. and 11:07 A.M., of the first floor housekeeping closet,

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A6005	Continued From page 15 showed the door was not fully latched. A thick piece of cloth was between the door and the latch preventing the door from latching. Inside the closet showed the following: -A sign on the door which read, "For the safety of the residents this door must remain shut and locked at all times!"; -Seven full Hillyard 2.5 liter (L) containers of Super Shine-All. The precautionary statement read, "Serious eye damage/eye irritation. Causes eye irritation. Wash thoroughly after handling. Observe good industrial hygiene practices. If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/attention. Store away from incompatible materials. Do not get in eyes, on skin, or on clothing. Avoid breathing spray mist. Use with adequate ventilation. Wash thoroughly after handling. Do not take internally. Keep container closed when not in use. If prolonged or repeated contact is possible, wear rubber or other impervious gloves and splash goggles. Use only as directed: Improper dilution can lead to adverse health effects. Keep out of reach of children."; -Three full Hillyard 2.5 L containers of Neutralizer. The precautionary statement read, "Warning: Harmful if swallowed - causes skin irritation. Causes serious eye irritation. Keep out of reach of children."; -Fourteen full 12 fluid ounce (oz) containers of Whittaker Crystal oil and grease spot remover. The precautionary statement read, "Test fabric for colorfastness before using. Wear eye protection/face protection. If in eyes, rinse thoroughly. Remove contact lenses. Immediately call a poison control center. Store away from incompatible materials. Cancer and reproductive harm. Keep out of reach of children.";	A6005		

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A6005	Continued From page 16 -Six full 12 fluid oz containers of Whittaker Crystal dry extra premium encapsulation. The precautionary statement read, "Test fabric for colorfastness before using. Wear eye protection/face protection. If in eyes, rinse thoroughly. Remove contact lenses. Immediately call a poison control center. Store away from incompatible materials. Cancer and reproductive harm. Keep out of reach of children."; -Five full 2.5 L containers of Hillyard restroom cleaner. The precautionary statement read, "Danger: May be harmful if swallowed. Causes severe skin burns and eye damage. Causes serious eye damage. Do not breathe mist or vapor. Wash thoroughly after handling. Wear protective clothing. Storage: Store locked up. Keep out of reach of children"; -Three full 2.5 L containers of Hillyard harmony air freshener. The precautionary statement read, "Danger: May be harmful if swallowed. Causes severe skin burns and eye damage. Causes serious eye damage. Do not breathe mist or vapor. Wash thoroughly after handling. Wear protective clothing. Storage: Store locked up. Keep out of reach of children"; -Five full 2.5 L containers of Hillyard glass and floor cleaner. The precautionary statement read, "Danger: May be harmful if swallowed. Causes severe skin burns and eye damage. Causes serious eye damage. Do not breathe mist or vapor. Wash thoroughly after handling. Wear protective clothing. Storage: Store locked up. Keep out of reach of children"; -Five full 32 oz spray bottle of Clorox Fuzion. The precautionary statement read, "Hazards to humans and domestic animals. Causes moderate eye irritation. Avoid contact with eyes or clothing. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco, or using the toilet. If in eyes,	A6005		

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A6005	Continued From page 17 hold eye open and rinse slowly and gently with water for 15-20 minutes. Call poison control. Keep out of reach of children."; -Ten full 32 oz containers of Hillyard Crème Clean. The precautionary statement read, "Always wear rubber gloves. Only use on surfaces not harmed by mild abrasives. Danger: harmful if swallowed. Causes skin irritation. Causes serious eye damage. Wash hands, face and any skin contact thoroughly after handling. Wear protective gloves/eye protection/face protection. Do not eat, drink or smoke when using this product. If swallowed: Rinse mouth. Call poison center/doctor. If on skin: wash with plenty of soap and water. Take off contaminated clothing and wash before reuse. If skin irritation occurs, get medical advice/attention. Keep out of reach of children."; -Six full 32 oz spray can of Hillyard lemon furniture polish. The precautionary statement, "Danger: extremely flammable aerosol. Contains gas under pressure. Will explode if heated. Keep away from heat, hot surfaces, sparks and flames and other ignition sources. No smoking. Do not spray on open flame or other ignition sources. Do not pierce or burn after use. If on skin: wash thoroughly with soap and water. If inhaled: move victim to fresh air. Storage: protect from sunlight. Store in a well-ventilated area. Keep out of reach of children."; -Six full 12 oz container of Hillyard odor-out. The precautionary statement read, "Harmful if swallowed. May cause allergic skin reaction. Keep out of reach of children. Wear suitable gloves. Wash hands thoroughly after handling. Dispose of contents to an approved waste disposal plant. If swallowed, call physician. If on skin, wash with plenty of water. If rash occurs, seek medical attention.	A6005		

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A6005	Continued From page 18 2. Observation on 8/25/25 between 9:00 A.M. and 11:35 A.M., of resident room 321, showed a 21 oz container of Comet with bleach near the toilet in the bathroom. 3. During an interview on 8/25/25 at 3:00 P.M., the Director of Nursing said chemicals should never be kept in resident's rooms without a Physician's order allowing the resident to have the chemicals. She said the chemicals should be stored behind a lock at all times when not in use. 4. During an interview on 8/26/25 at 3:05 P.M., the Administrator said chemicals should be stored in a locked closet or in the cart. If the Housekeeper isn't near the cart, the cart should be locked. The Administrator said it was never okay to keep the door from latching and the door should have been shut and locked at all times.	A6005		
A8030	19 CSR 30-88.010(29) Dignity/Privacy Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and care of his or her personal needs. All persons, other than the attending physician, the facility personnel necessary for any treatment or personal care, or the department or Department of Mental Health staff, as appropriate, shall be excluded from observing the resident during any time of examination, treatment, or care unless consent has been given by the resident. II/III This regulation is not met as evidenced by: Class II* Based on observation interview and record review, the facility failed to ensure facility staff	A8030		

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A8030	Continued From page 19	A8030		

treated residents with consideration, respect and full recognition of their dignity and individuality when kitchen staff yelled, "Everyone needs to be patient!" in an extremely stressed and hateful tone to a resident who asked for service during breakfast (Resident #8). The census was 94.

Review of the facility's undated "Resident Rights" policy, showed the following:
-The resident rights were:
-The right to be accepted and treated with respect and dignity;
-The right to be treated with consideration, respect, and full recognition of his/her dignity and individuality including privacy in treatment and care of his/her person needs.

Review of Kitchen Aide J's personnel file, showed the following:
-Hire date 3/6/25;
-Training included essentials of resident rights, dementia care: managing challenging behaviors, changing the culture to person-centered care, and care of residents with dementia in assisted living;
-A signed copy of resident rights, dated 3/6/25.

Observation on 8/25/25 at 7:00 A.M., showed Kitchen Aide J stood at the entrance of the kitchen with his/her arms spread out at the sides with palms open shouting, "We don't have Servers! Everyone needs to be patient!" and stormed back into the kitchen while Resident #8 shouted, "Your mouth! Your mouth!"

During an interview on 8/25/25 at 7:45 A.M., Resident #8 said Kitchen Aide J kept hollering at us, at all of us and he/she would not stop hollering. The resident said he/she never received treatment like that at the facility before

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A8030	Continued From page 20 and it really bothered him/her that it happened. The resident said Kitchen Aide J should not have done that and "maybe (he/she) will get better." During an interview on 8/25/25 at 11:25 A.M., Kitchen Aide J said there were no Servers in the kitchen at 6:00 A.M., this morning. The kitchen started using a different system to schedule employees and one of the Servers read the schedule wrong. Kitchen Aide J said he/she "just wanted to let them know their breakfast was going to be a little late." Kitchen Aide J said he/she did not yell at the residents, and he/she did not think he/she needed to work on his/her tone. Also, he/she could not see how what he/she said could be "misconstrued" in any way and all he/she said was "Everyone should exercise a little patience." During an interview on 8/26/25 at 3:33 P.M., the Administrator said Kitchen Aide J had been coached once before about his/her tone and said he/she should have had a nicer tone with the residents during the breakfast meal. *The higher the classification merited due to the extent of the violation's effect on the resident.	A8030		

PLAN OF CORRECTION

Provider/Supplier Name:	Autumn View Gardens Ellisville
Street Address, City, Zip:	16219 Autumn View Terrace Drive Ellisville, 63011
Date of Survey:	08/26/25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This Plan of Correction ("POC") is submitted as required under State Law. The submission of this POC does not constitute an admission on the part of Autumn View Gardens (the "Facility", "Community") as to the accuracy of the surveyors' findings written in the Summary Statement of Deficiencies, nor the conclusions drawn therefrom. This POC is intended to constitute the Community's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Corrections on 10.30.25	
A4754	19 CSR 30-86.047(28)(G) ISP Develop	
	All Resident have the potential to be affected.	
	Issue identified here has been corrected ISP was updated	9.15.25
	9/15/25.	
	Staff education on the correct procedure to report any skin integrity concerns both verbally to HSD/Designee in addition to documenting in our EHR ALIS	10.30.25
	HSD/Designee to Audit (5-10) resident care plans a week until all residents have been audited by no later than 10.30.25 to ensure they are accurate and complete.	10.30.25
	HSD/Designee will update resident ISPs at least every six months or upon change of condition/admission/readmission	10.30.25
A4773	19 CSR 30-86.047(A) Disease/Infection Control/ Report Category 1	
	All Resident have the potential to be affected.	
	All health service staff assigned infection control/glove RELIAS training.	10.30.25

	HSD/Designee will conduct a Hand Hygiene and glove use Inservice that will include a return demonstration to be done for all health service staff. .	10.30.25
A4777	19 CSR 30-86.047(36) Proper Care Per ISP	
	All Resident have the potential to be affected.	
	Issue identified here has been corrected ISP was updated 9/15/25.	9.15.25
	HSD/Designee to Audit (5-10) resident care plans a week until all residents have been audited by no later than 10.30.25 to ensure they are accurate and complete.	10.30.25
A4797	19 CSR 30-86.047 (46) Safe & Effective Medication System	
	All Resident have the potential to be affected.	
	HSD/Designee to Inservice all health service staff to ensure our medication administration policy is clear and understood. Then ongoing we will review this policy monthly for (90) days then transition to at least quarterly after.	10.30.25
	HSD/Designee will be responsible for ongoing monitoring and compliance	
A4841	19 CSR 30-86.047(61)(A) Staffing Ratio, Resident Care, Fire Safety	
	All Resident have the potential to be affected.	
	HSD/Designee to Inservice all staff on our fall procedure and how to respond when a resident does fall. We will Inservice staff monthly for (90) days then at least quarterly after.	10.30.25
	HSD/Designee will be responsible for ongoing monitoring and compliance	
A6005	19 CSR 30-87.020(5) Toxic Material Storage	
	All Resident have the potential to be affected.	
	DOF/Designee is to Inservice all staff to ensure we are all keeping all chemicals properly stored and ensuring that housekeeping door is shut and locked when not in use.	10.30.25
	DOF/Designee will be responsible for ongoing monitoring and compliance.	
	Add a checklist item to manager on duty rounding list to check for doors to be shut and locked to areas that chemicals are being stored.	10.30.25

A8030	19CSR 30-88.010(29) Dignity/Privacy	
	All Resident have the potential to be affected.	
	Employees' behavior regarding this situation was addressed immediately, and the employee has since been terminated.	8.26.25
	All staff to complete resident rights RELIAS course by 10.30.25 and annually ongoing.	10.30.25
	ED/Designee will be responsible for ongoing monitoring and compliance	

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.