

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 19968C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/16/2025
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NAME OF PROVIDER OR SUPPLIER BRENTMOOR RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8600 DELMAR BOULEVARD SAINT LOUIS, MO 63124
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A4506	<p>19 CSR 30-86.045(3)(A)(6)(A) Individual Evacuation Plan-Staff Requirements</p> <p>General Requirements.</p> <p>(A) If the facility admits or retains any individual needing more than minimal assistance due to having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility, the facility shall:</p> <p>6. At a minimum the evacuation plan shall include the following components:</p> <p>A. The responsibilities of specific staff positions in an emergency specific to the individual; II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide the responsibilities of specific staff members in an emergency on the Individual Evacuation Plan (IEP), for one of one resident who required an IEP (Resident #2). The census was 15.</p> <p>Review of Resident #2's medical record, showed the facility admitted the resident on 5/3/23, with diagnoses which included cervical spondylosis (a degenerative disease that causes wear and tear on the bones and cartilage in your neck), lumbar spinal stenosis (a narrowing of the spinal canal in the lower back that occurs over time) and high blood pressure.</p> <p>Review of the resident's IEP dated 11/11/24, showed the resident required staff assistance of one person with opening the fire door and propelling his/her wheelchair. The IEP indicated medication technician or floor staff would need to assist, but did not indicate the specific staff position responsible for the resident in the event of total evacuation.</p>	A4506		

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

TITLE

(X6) DATE

STATE FORM

6899

LJKK11

If continuation sheet 1 of 13

Executive Director 2/4/25

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A4506	<p>Continued From page 1</p> <p>During an interview on 1/16/25 at 2:48 P.M., the Memory Care Director said she was responsible for creating the resident's IEPs. She said she thought it would be important to designate a specific person to provide the evacuation of the resident so there is no confusion on who is responsible. She was not aware the IEP did not specify a specific person with as much detail was needed.</p> <p>During an interview on 1/16/25 at 3:15 P.M., the Executive Director said the nurse is responsible for creating the IEPs. She said she thought the IEP document specified which person would be responsible and did not know their form was not specific. She said it would be important to identify which specific staff would be responsible.</p>	A4506		
A4749	<p>19 CSR 30-86.047(28)(F)(1)(A) Community Based Assessment-Time Period, 5 day</p> <p>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:</p> <p>(F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule:</p> <p>1. Time frame requirements for assessment shall be:</p> <p>A. Within five (5) calendar days of admission; II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to complete a community based assessment (CBA) for each resident within five calendar days of admission, for two of two</p>	A4749		

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A4749	<p>Continued From page 2</p> <p>sampled residents (Residents #1 and #2). The census was 15.</p> <p>1. Review of Resident #1's medical record, showed the following: -Admit date 9/19/22; -Diagnoses included congestive heart failure, diabetes, and chronic kidney disease; -No documented CBA within five days of admission.</p> <p>2. Review of Resident #2's medical record, showed the following: -Admit date 5/3/23; -Diagnoses included cervical spondylosis (age-related wear and tear of the spinal disks), lumbar spinal stenosis (narrowing of the open spaces in the lower spine), and high blood pressure.</p> <p>Review of the resident's CBA dated 5/3/23, showed the following: -The "prescription meds, dosage and Physician/pharmacy" section was blank; -The "home health agency, condition, frequency and procedure" section was blank.</p> <p>3. During an interview on 1/16/25 at 2:48 P.M., the Memory Care Director said the nurse is responsible for completing the CBAs. She said she expected them to be filled out completely and was not aware some were not complete and some did not have all the information required.</p> <p>4. During an interview on 1/16/25 at 3:17 P.M., the Administrator said the nurse is responsible for filling out the CBAs, and she expected them to be filled out completely. She was not aware some of the CBAs were not completed and missing information.</p>	A4749		

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A4750	<p>19 CSR 30-86.047(28)(F)(1)(B) Community Based Assessment - Semi-Annually</p> <p>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:</p> <p>(F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule:</p> <p>1. Time frame requirements for assessment shall be:</p> <p>B. At least semiannually; II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to complete community based assessments (CBA) semi-annually for two of two sampled residents (Residents #1 and #2). The census was 15.</p> <p>1. Review of Resident #1's medical record, showed the following: -Admit date facility 9/19/22; -Diagnoses included congestive heart failure, diabetes, and chronic kidney disease; -One CBA dated 10/13/23; -No documented semi-annual CBA review dated 4/2024 or 10/2024.</p> <p>2. Review of Resident #2's medical record, showed the following: -Admit date 5/3/23; -Diagnoses included cervical spondylosis (age-related wear and tear of the spinal disks), lumbar spinal stenosis (narrowing of the open spaces in the lower spine), and high blood pressure;</p>	A4750		

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A4750	<p>Continued From page 4</p> <p>-Initial CBA dated 5/23/23; -No documented semi-annual CBA review dated 11/2023, 5/2024, or 11/2024.</p> <p>3. During an interview on 1/16/25 at 2:48 P.M., the Memory Care Director said the nurse is responsible for completing the CBAs and she was not aware the CBAs were to be completed semi-annually or at change of condition. She said she knew they needed to be completed in the first five days of admission.</p> <p>4. During an interview on 1/16/25 at 3:17 P.M., the Executive Director said that the nurse is responsible for completing the CBAs. She said she was aware they were to be completed semi-annually and at change of condition but she was not aware they were not being completed.</p>	A4750		
A4754	<p>19 CSR 30-86.047(28)(G) Individual Service Plan - Develop</p> <p>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</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to develop individualized service plans which included resident needs, services to be</p>	A4754		

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A4754	<p>Continued From page 5</p> <p>provided by staff and goals expected by the resident or the resident's legal representative for one of two sampled residents (Residents #2). The census was 15.</p> <p>Review of Resident #2's medical record, showed the facility admitted the resident on 5/3/23, with diagnoses which included cervical spondylosis (age-related wear and tear of the spinal disks), lumbar spinal stenosis (narrowing of the open spaces in the lower spine), and high blood pressure.</p> <p>Review of the resident's progress notes showed the following:</p> <ul style="list-style-type: none"> -On 10/22/24 at 6:51 A.M., the resident is having more difficulty in transferring from both bed to chair and chair to toilet. The resident didn't have strength and wanted the staff to do it for him/her and would get frustrated when encouraged to try to do it on his/her own; -On 10/28/24 at 6:39 A.M., the resident was having a difficult time transferring him/herself, was not able to keep his/her head up as if he/she were freezing where he/she couldn't move his/her lower extremities. The resident was assisted by two staff and a sliding board; -On 11/15/24 at 10:57 A.M., the resident was losing muscle mass and strength to assist with transfers; -On 11/16/24 at 2:10 P.M., the resident needed extra help and was unable to lift his/her left arm or move his/her legs. Staff used a slide board for transfer but it was difficult; -On 11/21/24 at 2:04 P.M., it was getting harder for the resident to transfer and two staff had to be utilized. They used a slide board to get him/her from the toilet to the chair; -On 12/5/24 at 10:44 A.M., the resident required two staff during transfers and his/her muscle 	A4754		

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A4754	<p>Continued From page 6</p> <p>mass was progressively deteriorating. The resident could not hold the weight of his/her head and the strength in his/her arms was becoming weaker;</p> <p>-On 12/22/24 at 9:43 A.M., staff had a difficult time transferring the resident and he/she said he/she was feeling weaker;</p> <p>-On 12/23/24 9:46 A.M., the resident was unable to slide him/herself on the slide board and two person staff assistance was required;</p> <p>-On 12/26/24 at 10:48 A.M., the resident needed two staff person assistance on the sliding board and was unable to help with the transfer;</p> <p>-On 1/3/25 at 2:05 A.M., the resident was difficult to transfer and needed two person assist;</p> <p>-On 1/7/25, at 8:06 P.M. the resident met with the nurse and conversed about his/her physical strength and transfers while performing side board transfer to toilet. The resident said he/she needed more help in the mornings and at night.</p> <p>Review of the resident's ISP dated 10/16/24, showed the following:</p> <p>-Need: Toileting Assistance. The resident required moderate assistance times one with slide board for all transfers;</p> <p>-Need: Mobility. The resident had limited use of his/her lower extremities, and required staff assistance for use of sliding board for all transfers;</p> <p>-The ISP did not indicate preferences and goals;</p> <p>-The ISP did not identify two person staff assistance was required;</p> <p>-The ISP did not give specific instructions on how to assist the resident to use the slide board.</p> <p>During an interview on 1/16/25 at 3:15 P.M., Medication Technician A said the staff needed to use a gait belt and a slide board and it required two people, to transfer the resident. He/she said</p>	A4754		

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A4754	<p>Continued From page 7</p> <p>the resident required the additional assistance for about six months. He/she said he/she did not have additional instructions on how to assist the resident.</p> <p>During an interview on 1/16/25 at 2:48 P.M., the Memory Care Director said notes had been made about his/her care needing to increase but the ISP had not been updated with those details. She said she could understand why the details would be important instructions for the staff and should have been included for them in the ISP.</p> <p>During an interview on 1/16/25 at 3:17 P.M., the Executive Director said she expected all details of a resident's care to be included in the ISP. She was not aware the ISP had not been updated with the details of additional support needed for the resident during transfers and the information should have been included in the plan.</p>	A4754		
A4836	<p>19 CSR 30-86.047(58)(A) Resident Record Admission Info</p> <p>The facility shall maintain a record in the facility for each resident, which shall include the following: (A) Admission information including the resident ' s name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid numbers (if applicable); name, address and telephone number of the resident ' s physician and alternate; diagnosis, name, address and telephone number of the resident ' s legally authorized representative or designee to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; III</p>	A4836		

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A4836	<p>Continued From page 8</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to maintain a record for each resident that included contact information of the resident's preferred dentist and funeral director, for two of two sampled residents (Residents #1 and #2). The census was 15.</p> <p>1. Review of Resident #1's medical record, showed the following: -Admit date 9/19/22; -Diagnoses included congestive heart failure, diabetes, and chronic kidney disease; -No documentation of preferred dentist or funeral home.</p> <p>2. Review of Resident #2's medical record, showed the following: -Admit date 5/3/23; -Diagnoses included cervical spondylosis (age-related wear and tear of the spinal disks), lumbar spinal stenosis (narrowing of the open spaces in the lower spine), and high blood pressure; -No documentation of preferred dentist or funeral home.</p> <p>3. During an interview on 1/16/25 at 2:28 P.M., the Memory Care Director said she was aware the dentist and funeral homes were not listed in some of the resident's charts. She said she did not know it was required to be a part of the resident record.</p> <p>4. During an interview on 1/16/25 at 3:17 P.M., the Executive Director said she was aware the dentist and funeral home were required to be in the resident's record. She said she was not aware those items were not in the record.</p>	A4836		

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A8004	Continued From page 9	A8004		
A8004	<p>19 CSR 30-88.010(4) Resident Rights-Admission/Annual Review</p> <p>Each resident admitted to the facility, or his or her next of kin, legally authorized representative or designee, shall be fully informed of the individual's rights and responsibilities as a resident. These rights shall be reviewed annually with each resident, and/or his or her next of kin, legally authorized representative or designee, either in a group session or individually. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on interview and record review, the facility failed to review resident rights with residents or their representative annually, for two of two sampled residents (Residents #1 and #2). The census was 15.</p> <p>1. Review of Resident #1's medical record, showed the following: -Admit date 9/19/22; -Diagnoses included congestive heart failure, diabetes, and chronic kidney disease; -A documented review of resident rights dated 9/23/23; -No documented annual review of resident rights for 9/2024.</p> <p>2. Review of Resident #2's medical record, showed the following: -Admit date 5/3/23; -Diagnoses included cervical spondylosis (age-related wear and tear of the spinal disks), lumbar spinal stenosis (narrowing of the open spaces in the lower spine), and high blood pressure;</p>	A8004		

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A8004	<p>Continued From page 10</p> <p>-A documented review of resident rights dated 9/27/23; -No documented annual review of resident rights for 9/2024.</p> <p>3. During an interview on 1/16/25 at 2:28 P.M., the Memory Care Director said she knew the resident rights had to be reviewed with them upon move in. She said she was not aware they needed to be completed annually.</p> <p>4. During an interview on 1/16/25 at 3:17 P.M., the Administrator said she was aware resident rights needed to be reviewed upon admission and annually. She said she was not aware they were not being completed.</p>	A8004		
A8010	<p>19 CSR 30-88.010(10) Advance Directive Requirements</p> <p>Prior to or upon admission and at least annually after that, each resident or his or her next of kin, legally authorized representatives or designees shall be informed of facility policies regarding provision of emergency and life-sustaining care, of an individual's right to make treatment decisions for himself or herself and of state laws related to advance directives for health-care decision making. The annual discussion may be handled either on a group or on an individual basis. Residents' next of kin, legally authorized representatives or designees shall be informed, upon request, regarding state laws related to advance directives for health-care decision making as well as the facility's policies regarding the provision of emergency or life-sustaining medical care or treatment. If a resident has a written advance health-care directive, a copy shall be placed in the resident's medical record</p>	A8010		

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A8010	<p>Continued From page 11</p> <p>and reviewed annually with the resident unless, in the interval, he or she has been determined incapacitated, in accordance with section 475.075 or 404.825, RSMo. Residents' next of kin, legally authorized representatives or designees shall be contacted annually to assure their accessibility and understanding of the facility policies regarding emergency and life-sustaining care. II/III</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on interview and record review, the facility failed to review advanced directives with residents or their representative annually, for two of two sampled residents (Residents #1 and #2). The census was 15.</p> <p>1. Review of Resident #1's medical record, showed the following: -Admit date 9/19/22; -Diagnoses included congestive heart failure, diabetes, and chronic kidney disease; -A documented review of resident rights dated 9/23/23; -No documented annual review of advanced directives for 9/2024.</p> <p>2. Review of Resident #2's medical record, showed the following: -Admit date 5/3/23; -Diagnoses included cervical spondylosis (age-related wear and tear of the spinal disks), lumbar spinal stenosis (narrowing of the open spaces in the lower spine), and high blood pressure; -A documented review of resident rights dated 9/27/23; -No documented annual review of advanced</p>	A8010		

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A8010	<p>Continued From page 12</p> <p>directives for 9/2024.</p> <p>3. During an interview on 1/16/25 at 2:28 P.M., the Memory Care Director said she knew the advanced directives had to be reviewed with the residents and/or their responsible party upon move in. She said she was not aware they needed to be completed annually.</p> <p>4. During an interview on 1/16/25 at 3:17 P.M., the Administrator said she was aware advanced directives needed to be reviewed upon admission and annually. She said she was not aware they were not being completed.</p>	A8010		

PLAN OF CORRECTION

Provider Name:	Brentmoor Retirement Community
Street Address, City, Zip:	8600 Delmar, St Louis, MO 63124
Date of Survey:	1/16/2025
Provider number:	19968C

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
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This serves as the allegation of compliance for Brentmoor Retirement Community. Brentmoor asserts that all corrections described in this plan of correction have been implemented. In regard to the specific deficiencies, we have outlined our corrective action and continued interventions to assure compliance with regulations and our plan of actions. The staff of Brentmoor is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit that Brentmoor is in substantial compliance as set forth below, and we are confident that we will be found in substantial compliance with regulations upon re- survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. Brentmoor has completed the following interventions as a result of the findings from survey exiting on January 16, 2025.

A4506	Corrections for the example cited during the survey will include: <ul style="list-style-type: none"> ● Failed to provide responsibilities of specific staff on Resident #2 IEP- Updated Resident #2 IEP providing specific staff responsibilities. 	2/20/2025
	The facility will identify other situations having the potential to be affected by the same deficient practices as follows: <ul style="list-style-type: none"> ● All residents that require a IEP are considered to be at risk for deficient practice. 	
	The measures that will be put into place or systematic changes to ensure that the deficient practice will not recur are as follows: <ul style="list-style-type: none"> ● Education provided to ALF Manager on IEP requirements and regulation. 	
	The facility will monitor the corrective actions to ensure that the deficient practice will not recur as follows: <ul style="list-style-type: none"> ● Executive Director and/or designee will audit all IEP's quarterly for 2 quarters or until compliance is met. Any and all errors will be corrected immediately. 	

A4754	<p>Corrections for the example cited during the survey will include:</p> <ul style="list-style-type: none"> Failed to develop ISP which includes residents needs and services to be provided by staff and goals expected by the resident and/or legal representative. Resident #2 ISP has been updated to reflect the needs, services and goals required and expected by resident and legal representative. 	2/20/2025
	<p>The facility will identify other situations having the potential to be affected by the same deficient practices as follows:</p> <ul style="list-style-type: none"> All residents are considered to be at risk for deficient practice. 	
	<p>The measures that will be put into place or systematic changes to ensure that the deficient practice will not recur are as follows:</p> <ul style="list-style-type: none"> Education provided to the Memory Care Director on ISP regulations and requirements. 	
	<p>The facility will monitor the corrective actions to ensure that the deficient practice will not recur as follows:</p> <ul style="list-style-type: none"> Memory Care Director and/or designee will audit all patients ISP's. Any and all errors will be corrected immediately. The Executive Director and/or designee will audit 2 randomly selected residents to ensure the ISP is meeting the regulation and requirements. All errors will be corrected immediately and notification/education will be provided to the Memory Care Director. 	
A4836	<p>Corrections for the example cited during the survey will include:</p> <ul style="list-style-type: none"> Failed to obtain record for each resident to include all required information. Resident #1 & 2 records have been updated. 	2/20/2025
	<p>The facility will identify other situations having the potential to be affected by the same deficient practices as follows:</p> <ul style="list-style-type: none"> All residents are considered to be at risk for deficient practice. 	
	<p>The measures that will be put into place or systematic changes to ensure that the deficient practice will not recur are as follows:</p> <ul style="list-style-type: none"> Education provided to the Memory Care Director on ISP regulations and requirements. 	
	<p>The facility will monitor the corrective actions to ensure that the deficient practice will not recur as follows:</p> <ul style="list-style-type: none"> Memory Care Director and/or designee will audit all patients demographics. Any and all errors will be corrected immediately. The Executive Director and/or designee will audit 2 randomly selected residents to ensure the demographics are meeting regulations. All errors will be corrected immediately and notification/education will be provided to the Memory Care Director. 	

A8004	<p>Corrections for the example cited during the survey will include:</p> <ul style="list-style-type: none"> Failed to review resident rights annually. Resident #1 & 2 have been corrected. 	2/20/2025
	<p>The facility will identify other situations having the potential to be affected by the same deficient practices as follows:</p> <ul style="list-style-type: none"> All residents are considered to be at risk for deficient practice. 	
	<p>The measures that will be put into place or systematic changes to ensure that the deficient practice will not recur are as follows:</p> <ul style="list-style-type: none"> Education provided to the Memory Care Director on ISP regulations and requirements. Resident Rights will be reviewed during the semi-annualy ISP meetings. 	
	<p>The facility will monitor the corrective actions to ensure that the deficient practice will not recur as follows:</p> <ul style="list-style-type: none"> Memory Care Director and/or designee will update all residents and legal authorized representatives of resident rights. The Executive Director and/or designee will audit 2 randomly selected residents to ensure the compliance is met. All errors will be corrected immediately and notification/education will be provided to the Memory Care Director. 	
A8010	<p>Corrections for the example cited during the survey will include:</p> <ul style="list-style-type: none"> Failed to review Advance Directive annually. Resident #1 & 2 have been corrected. 	2/20/2025
	<p>The facility will identify other situations having the potential to be affected by the same deficient practices as follows:</p> <ul style="list-style-type: none"> All residents are considered to be at risk for deficient practice. 	
	<p>The measures that will be put into place or systematic changes to ensure that the deficient practice will not recur are as follows:</p> <ul style="list-style-type: none"> Education provided to the Memory Care Director on ISP regulations and requirements. Advance Directives will be reviewed during the semi-annualy ISP meetings. 	
	<p>The facility will monitor the corrective actions to ensure that the deficient practice will not recur as follows:</p> <ul style="list-style-type: none"> Memory Care Director and/or designee will review all residents and legal authorized representatives of Advance Directives. The Executive Director and/or designee will audit 2 randomly selected residents to ensure the compliance is met. All errors will be corrected immediately and notification/education will be provided to the Memory Care Director. 	

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.