

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2025
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 785 HENRY AVENUE BALLWIN, MO 63011
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A2228	<p>19 CSR 30-86.022(7)(D)(1 - 8) Area of Refuge Requirements</p> <p>Exits, Stairways, and Fire Escapes. (D) An " area of refuge " shall have-</p> <ol style="list-style-type: none"> 1. An area separated by one- (1-) hour rated smoke walls, from the remainder of the building. This area must have direct access to the exit stairway or access the stair through a section of the corridor that is separated by smoke walls from the remainder of the building. This area may include no more than two (2) resident rooms; 2. A two- (2-) way communication or intercom system with both visible and audible signals between the area of refuge and the bottom landing of the exit stairway, attendants ' work area, or other primary location as designated in the written plan for fire drills and evacuation; 3. Instructions on the use of the area during emergency conditions that are located in the area of refuge and conspicuously posted adjoining the communication or intercom system; 4. A sign at the entrance to the room that states " AREA OF REFUGE IN CASE OF FIRE " and displays the international symbol of accessibility; 5. An entry or exit door that is at least a one and three-fourths inch (1 3/4") solid core wood door or has a fire protection rating of not less than twenty (20) minutes with smoke seals and positive latching hardware. These doors shall not be lockable; 6. A sign conspicuously posted at the bottom of the exit stairway with a diagram showing each location of the areas of refuge; 7. Emergency lighting for the area of refuge; and 8. The total area of the areas of refuge on a floor shall equal at least twenty (20) square feet for each resident who is blind or requires the use of a wheelchair or walker housed on the floor. II 	A2228	<p>"See Attached plan of Correction"</p>	

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

TITLE: *Executive Director* (X6) DATE: *11/3/202*
Administrative

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A2228	<p>Continued From page 1</p> <p>This regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure a sign or diagram depicting the location of the Area of Refuge attached to the stairwell was posted at the bottom of exit stairway. This had the potential to affect all residents. The census was 81.</p> <p>Observation on 10/8/25 between 10:15 A.M. and 2:02 P.M., of the bottom of the exit to stairwell #5, showed no signs or diagrams posted, which depicted the location of the area of refuge.</p> <p>During an interview on 10/8/25 at 2:04 P.M., the Maintenance Director said he did not know a sign was required at the bottom of the stairs, which depicted the location of the area of refuge.</p> <p>During an interview on 10/9/25 at 11:57 A.M., the Administrator said he did not know the sign was missing at the bottom of the stairwell. The Administrator said the sign should have been up.</p>	A2228		
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:</p> <p>(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>	A4754		

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A4754	<p>Continued From page 2</p> <p>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 resident needs and services to be provided by staff, for three of eight sampled residents (Residents #7, #8, and #6). The census was 81.</p> <p>1. Review of Resident #7's medical record, showed the facility admitted the resident on 10/28/23, with diagnoses that included Parkinson's disease, depression, anxiety and high cholesterol.</p> <p>Review of the resident's progress notes dated 8/23/25 at 1:45 P.M., showed Licensed Practical Nurse (LPN) F noted the resident fell in his/her room by his/her recliner. The fall was not witnessed. The resident was sitting in his/her recliner and he/she said he/she forgot he/she could not walk anymore, slipped out of the recliner on the carpet, and crawled to the living room area to call for help. The resident was laying on his/her back with feet in front of his/her torso. Neuro checks, moved all extremities, no injuries were observed and two staff members transferred the resident from the floor to his/her wheelchair with assistance of a gait belt.</p> <p>Review of the resident's ISP dated 5/6/25, showed the following: -Escort and Mobility assistance: Provide physical assistance to and from the dining room and/or community activities as needed; -Memory impairment was one of the reasons for the escort assistance; -Physical impairment was one of the reasons for the escort assistance; -Be alert to heightened risk for falling; -Resident had a fall in the last 12 months;</p>	A4754		

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A4754	<p>Continued From page 3</p> <p>-Resident had fallen with admission to the hospital;</p> <p>-Resident used a manual wheelchair as a mobility aid;</p> <p>-Community evacuation status level IEP. Full escort for services, he/she can propel with upper body strength though his/her upper extremities are starting to contract, utilized a wheelchair and gait belt during transfer and with mobility, cueing to encourage placement of feet with transfers and mobility, cueing with transfers and mobility due to Parkinson's. Contracted and cannot bare weight, two person assist. Staff was to escort resident to and from meals and activities of his/her liking. He/she will not utilize his/her pendant after much encouragement. He/she would sit in his/her apartment and yell for help. History of falls, encourage to use pendent. Encourage to come out for meals versus hall trays. Associates were to assist with activities of daily living. Fall on 1/24/24, associates were to anticipate his/her needs. Fall on 4/11/24, associates were to keep personal items/snacks in reach. Fall on 12/9/23, family asked about a possible low bed. Fall on 2/10/24, associates were to encourage the resident to go to activities and "don't fall" signs placed in his/her apartment;</p> <p>-No intervention documented for fall on 8/23/25.</p> <p>2. Review of Resident #8's medical record showed, the facility admitted the resident on 5/14/25, with diagnoses which included atrial fibrillation (irregular heart rhythm), high blood pressure and hypothyroidism (the thyroid is not making enough thyroid hormone).</p> <p>Review of the resident's progress notes dated 8/24/25 at 7:44 P.M., showed Medication Technician (MT) G, noted the resident had a fall around 4:00 P.M. in his/her apartment doorway,</p>	A4754		

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A4754	<p>Continued From page 4</p> <p>holding a banana and a bottle of ensure. The fall was not witnessed and the resident did not say what he/she was doing when the fall occurred. The resident did say he/she was okay. There were no signs of head injury. The resident was able to move all extremities. The physician and responsible party were notified. Staff was encouraged to check on resident throughout the night.</p> <p>Review of the resident's ISP dated 8/15/25, showed the following:</p> <ul style="list-style-type: none"> -Escort and Mobility Assistance: Provide physical assistance to and from the dining room and/or community activities as needed; -Memory impairment was one of the reasons for the escort assistance; -Physical impairment was one of the reasons for the escort assistance; -The resident had fallen in the past 12 months; -The resident used a walker as a mobility aid; -The resident used a wheelchair as a mobility aid; -The resident was on an exercise program; -Outcome/goals: the resident have escort and mobility needs met during the routine course of care. The resident was an escort to and from dining or activities. He/she was not able to propel self in wheelchair. He/she did not have the upper body strength. Associates and activities were to give reminders and cues during meals and community events. He/she often walked with a walker; -No intervention documented for the fall on 8/24/25. <p>3. Review of Resident #6's medical record, showed the facility admitted the resident on 1/27/25, with diagnoses which included dementia, major depressive disorder, and high blood pressure.</p>	A4754		

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A4754	<p>Continued From page 5</p> <p>Review of the resident's progress dated 10/3/25 at 10:48 P.M., showed MT G noted the resident had a fall right after dinner in the main lobby. The resident crossed his/her legs while he/she was being pushed in his/her wheelchair. The hospice nurse and family were notified. The nurse on call was notified. Range of motion was done before resident was picked up. Hospice nurse came to facility to do a wellness check.</p> <p>Review of the resident's ISP dated 10/8/25, showed the following:</p> <ul style="list-style-type: none"> -Escort and Mobility Assistance: Provide physical assistance to and from the dining room and/or community activities as needed; -Memory impairment was one of the reasons for the escort assistance; -Physical impairment was one of the reasons for the escort assistance; -The resident had fallen in the past 12 months; -The resident has fallen with admission to the hospital; -The resident used a walker as a mobility aid; -The resident used a wheelchair as a mobility aid; -The resident was on an exercise program; -Outcome/goals: the resident will have escort and mobility needs met during the routine course of care. He/she required physical assistance of one with use of a wheelchair. Staff was to assist the resident with use of mobility device to and from destination of his/her request. Fall on 5/28/25, staff was to encourage more involvement with activities. Fall on 6/21/25, staff reminded the resident to utilize his/her pendant before he/she attempted to transfer from his/her recliner. Fall on 6/23/25, staff was to offer frequent checks for positioning while in bed. Fall on 8/8/25, staff referred the resident to hospice services; -No intervention documented for the fall on 	A4754		

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A4754	Continued From page 6 10/3/25. 4. During an interview on 10/9/25 at 8:52 A.M., the Director of Nursing (DON) said her and the Memory Care Director are responsible for completing the ISPs. There used to be an addendum to their ISPs for falls that they no longer use. The facility lost a lot of staff in June and the Memory Care Director was in training. They had talked about doing audits of the ISPs to make sure the falls were on them but they had not yet remedied getting them done. She said the falls, with interventions, should have been included on the ISPs. 5. During an interview on 10/9/25 at 11:57 A.M., the Administrator said the ISPs should have been updated to include the falls and interventions. He said he was transitioning into the community and the community was transitioning into new systems but there was zero excuse and it should have been completed.	A4754		
A4776	19 CSR 30-86.047(35) Protective Oversight Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident ' s guardian of the resident ' s departure, of the resident ' s estimated length of absence from the facility, and of the resident ' s whereabouts while on voluntary leave. I/II This regulation is not met as evidenced by: Class II Based on observation and interview, the facility failed to provide protective oversight, by leaving	A4776		

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A4776	<p>Continued From page 7</p> <p>an oven on and operational to all residents on the first floor of the building, for one of one days of observation. This had the potential to affect all residents. The census was 81.</p> <p>Observation on 10/8/25 between 7:32 A.M. and 3:02 P.M., of the first-floor kitchenette, showed an oven, microwave and refrigerator. The kitchenette was open, which allowed direct access to all items in the kitchenette. The oven was operable. Between 7:32 A.M. and 8:15 A.M., seven unknown residents sat at dining room tables with no staff present. Between 8:25 A.M. and 8:32 A.M., nine unknown residents sat at dining room tables with no staff present. Between 2:10 P.M. and 2:25 P.M., three unknown residents sat at the kitchenette tables with no staff person present.</p> <p>During an interview on 10/8/25 at 2:45 P.M., the Maintenance Director said the oven did have a cut off breaker that was supposed to be turned off when staff were not present but it appeared to have been left on after it was used last</p> <p>During an interview on 10/8/25 at 3:02 P.M. the Director of Nursing said she was unaware the oven was on and power should have been cut off when staff were not present.</p> <p>During an interview on 10/9/25 at 11:57 A.M., the Administrator said he was not aware the oven had been left on. The Administrator said the staff should have used the cut off breaker after they were done using it last.</p>	A4776		

PLAN OF CORRECTION

Provider/Supplier Name:	Brookdale West County	
Street Address, City, Zip:	785 Henry Ave, Ballwin, MO 63011	
Date of Survey:	10/09/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		28149
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A22228	<p>Area of Refuge requires conspicuous signage posted for designated area. A sign conspicuously posted at the bottom of the exit stairway with a diagram showing each location of the areas of refuge; Part I – Complete a community walk through, stairwells, area of refuge, hallways, exit doors, front, back and sides. Locate all signage, identify it is current and accurate for evacuation purpose and Area of Refuge. Identify that it is all in a proper conspicuous location. Diagrams are current and up to date. Part II – We have entered into our TELS system (Monthly Maintenance Task system, tracks and monitors all monthly checks and task for safety.) Added a monthly TELS task to check signage for community diagrams/maps for Area of Refuge and evacuation’s purpose.</p> <p>Director of Maintenance, Administrator and Health and Wellness Director (DON) to complete Part I. Maintenance Director and Administrator to complete PART II and check off monthly task in TELS that this is complete.</p>	10/10/2025
A4754	<p>Individual Service Plan - the facility failed to develop individualized service plans (ISP) which included resident needs and services to be provided by staff, for three of eight sampled residents (Residents #7, #8, and #6). The census was 81</p> <p>Part I – Residents #7, #8 and #6 Care plan/ISP’s have been reviewed and updated to reflect needs and services provided by staff. Falls and interventions updated on resident care plan/ISP. Part II – Health and Wellness Director (DON) and Health and Wellness Coordinator (ADON) have completed and audit and review of other resident’ charting. Care plan/ISP updated and current for residents of the community. Part III – Health and Wellness Director has created a checklist to verify the care plan/ISP has and will be updated per incident to reflect needs and services for residents.</p> <p>Health and Wellness Director (DON) / Health and Wellness Coordinator (ADON) to complete PART I, Part II and Part III. To complete checklist and verify care plan /ISP along with</p>	10/10/2025

