

Missouri Department of Health and Senior Services

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30351 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/09/2025 |
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| NAME OF PROVIDER OR SUPPLIER CEDARHURST OF DES PERES | STREET ADDRESS, CITY, STATE, ZIP CODE 12826 DAYLIGHT CIRCLE SAINT LOUIS, MO 63131 |
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| (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 |
|--------------------|--|---------------|---|--------------------|
| A2222 | <p>19 CSR 30-86.022(7)(A) Exits-2 per Floor-Remote/Unobstructed</p> <p>Exlts, Stairways, and Fire Escapes. (A) Each floor of a facility shall have at least two (2) unobstructed exits remote from each other. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview , the facility failed to maintain unobstructed exits remote from each other. The facility census was fifty-one. This deficiency affected fifty-one of fifty-one residents.</p> <p>Observation on December 9, 2025 at 2:32 PM, revealed the exterior exit door at the base of the stairs on Willow wing beyond room 116 is sticking, and excessive force was required to open the door.</p> <p>During the exit interview on December 9, 2025 at 4:00 PM, the environmental controls person stated that he would have the door repaired.</p> | A2222 | | |
| A2286 | <p>19 CSR 30-86.022(15)(A) Wastebaskets, Metal/UL/FM-Requirements</p> <p>Trash and Rubbish Disposal. (A) Only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview, the facility failed to ensure only metal or UL- or FM-fire-resistant rated wastebaskets were being used for trash. The facility census was fifty-one. This deficiency affected fifty-one of fifty-one</p> | A2286 | | |

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

Genelle J. Gutmann-Hines

TITLE

Executive Director/Administrator

(X6) DATE

STATE FORM

6899

Q9KQ11

If continuation sheet 1 of 4

12/22/25

Missouri Department of Health and Senior Services

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| A2286 | <p>Continued From page 1</p> <p>residents.</p> <p>Observation on December 9, 2025, between 1:00 PM and 3:00 PM, 2:21 PM, revealed the following:</p> <ul style="list-style-type: none"> -2 non-metal or UL-FM-fire-resistant rated wastebaskets in use in room 101; -2 non-metal or UL-FM-fire-resistant rated wastebaskets in use in room 107; -2 non-metal or UL-FM-fire-resistant rated wastebaskets in use in room 118; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in the first floor living room; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in room 228; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in room 233; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the second floor employee breakroom restroom; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the Dogwood Cafe; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the dogwood hall public restroom; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the Magnolia Cafe; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the magnolia laundry; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the Physical Therapy room; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the magnolia hall public restroom; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the Rosewood Cafe; -1 non-metal or UL-FM-fire-resistant rated | A2286 | | |

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| A2286 | Continued From page 2 wastebasket in use in use in the rosewood hall laundry; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the rosewood hall public restroom; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the spa; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the Physical Therapy office; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the willow hall men's room; -1 non-metal or UL-FM-fire-resistant rated wastebasket in use in use in the willow hall women's room. During the exit interview on December 9, 2025 4:10 PM, the environmental controls person stated he would remove and replace the wastebaskets. | A2286 | | | |
| A2298 | 19 CSR 30-86.022(17) Oxygen Storage Requirements Oxygen storage shall be in accordance with NFPA 99, 1999 Edition. II/III This regulation is not met as evidenced by: Class III Based on observation and interview , the facility failed to store portable oxygen cylinders in accordance with NFPA 99, 1999 Edition. The facility census was fifty-one. This deficiency | A2298 | | | |

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| A2298 | <p>Continued From page 3</p> <p>affected fifty-one of fifty-one residents.</p> <p>Observation on December 9, 2025 at 1:21 PM revealed four oxygen cylinders, standing upright and not stored in an approved rack, or secured by chain or band in the wellness office.</p> <p>During the exit interview on December 9, 2025 at 4:15 PM, the environmental controls person stated that the bottles were in the office waiting for pickup from an oxygen supplier.</p> | A2298 | | |

PLAN OF CORRECTION

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|---|--|------------------------|
| Provider/Supplier Name: | Cedarhurst of Des Peres | |
| Street Address, City, Zip: | 12826 Daylight Circle | |
| Date of Survey: | December 9 th 2025 | |
| 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 |
| | <p>This plan is prepared and executed because it is required by the provisions of the State and Federal regulations and not because Cedarhurst of Des Peres agrees with the allegations and citations listed on the statement of deficiencies. Cedarhurst of Des Peres maintains that the alleged deficiencies do not individually and collectively jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Cedarhurst of Des Peres written credible allegation of compliance. By submitting this plan of correction, Cedarhurst of Des Peres does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation or position and Cedarhurst of Des Peres reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</p> | |
| A2222 | <p>How will you identify other residents having the potential to be affected by the deficient practice?</p> <p>All in house resident are at risk to be affected by the alleged deficient practice; however, no residents or staff were negatively affected by the practice or incident.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>1). The exit door on Willow was inspected by the Company "Door Company" that shimmed the hinges to stop rubbing in the frame on 12/9/2025 and door was confirmed to be in working order.</p> <p>What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?</p> <p>The Maintenance Director will continue to check doors upon his walking rounds.</p> | 12/22/2025 |

