STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02703C	A. BUILDING: _____ B. WING _____	12/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE ASSISTED LIVING & MEMORY	12777 POINTE DRIVE SAINT LOUIS, MO 63127

(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	19 CSR 30-86.022(7)(A) Exits-2 per Floor-Remote/Unobstructed Exits, Stairways, and Fire Escapes. (A) Each floor of a facility shall have at least two (2) unobstructed exits remote from each other. I/II This regulation is not met as evidenced by: Class II Based on observation and interview, the facility failed to ensure the doors leading to the exits were unobstructed by placing a mural of a book case on a memory care fire exit door, for one of one day of observation. The census was 68. Observation on 12/20/23 between 11:03 A.M. and 3:30 P.M., of the west memory care fire exit door, showed a book shelf mural covering the door, which obstructed the clear view of the exit door. During an interview on 12/14/23 at 1:20 P.M., the Memory Care Director (MCD) said the mural was put up to prevent the memory care residents from wandering out of the unit. During an interview on 1/9/23 at 3:09 P.M., the Administrator said she did not know the mural was an obstruction to the exit.	A2222		
A2228	19 CSR 30-86.022(7)(D)(1 - 8) Area of Refuge Requirements Exits, Stairways, and Fire Escapes. (D) An " area of refuge " shall have- 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	A2228		

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A2228	Continued From page 1 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 This regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure instructions were conspicuously posted adjoining the intercom system which explained the use of the Area of Refuge (AOR) during an emergency. The facility also failed to post a sign at the bottom of each exit stairway with a diagram which showed the location of the AOR connected to the stairwell for two of two	A2228		

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A2228	Continued From page 2 exits for AOR's. This had the potential to affect all residents. The census was 68. 1. Observation on 12/14/23 between 10:16 A.M. and 3:35 P.M., of the facility, showed the following: -Inside the east AOR by room 215, there were no posted instructions, next to the intercom system, which explained the use of the AOR during an emergency; -Inside the east AOR by room 315, there were no posted instructions, next to the intercom system, which explained the use of the AOR during an emergency; -No signs posted at the bottom of the east exit stairwell, which depicted the location of the area of refuge. 2. Observation on 12/14/23 between 10:31 A.M. and 3:35 P.M., of the facility, showed the following: -Inside the west AOR by room 215, there were no posted instructions, next to the intercom system, which explained the use of the AOR during an emergency; -Inside the west AOR by room 315, there were no posted instructions, next to the intercom system, which explained the use of the AOR during an emergency; -No signs posted at the bottom of the west exit stairwell, which depicted the location of the area of refuge. 3. During an interview on 12/14/23 at 3:28 P.M., the Administrator said she did not know the instructions for the use of the AOR during an emergency had been removed and she did not know the facility needed to have a diagram posted at the bottom of the each exit stairwell which depicted the locations of the AOR's.	A2228		

N Summers Administrator 1/11/2024

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A4837	19 CSR 30-86.047(58)(B) Resident Condition/Medication Review The facility shall maintain a record in the facility for each resident, which shall include the following: (B) A review monthly or more frequently, if indicated, of the resident ' s general condition and needs; a monthly review of medication consumption of any resident controlling his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of administration of medication; a logging of the medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others and accidents that potentially could result in injury or did result in injuries involving the resident; III This regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to complete a required monthly logging of the medication regimen review (recapitulation) of the residents' medications for six of seven sampled residents (Residents #1, #2, #3, #6, #5 and #4). The census was 68. 1. Review of Resident #1's medical record, showed the following: -Admit date 5/25/21; -Diagnoses included dementia and Alzheimer's disease; -No documented monthly recapitulation completed by a licensed nurse, physician or	A4837		

N Summers Administrator 1/11/2024

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A4837	Continued From page 4 pharmacist for any month since the resident was admitted. 2. Review of Resident #2's medical record, showed the following: -Admit date 12/21/21; -Diagnoses included heart disease, heart failure, orthostatic hypotension (a form of low blood pressure that happens when standing up from sitting or lying down) and peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs); -No documented monthly recapitulation completed by a licensed nurse, physician or pharmacist for any month since the resident was admitted. 3. Review of Resident #3's medical record, showed the following: -Admit date 4/14/22; -Diagnoses included type 2 diabetes, Alzheimer's disease, high blood pressure, major depressive disorder, and macular degeneration (is a disease that affects a person's central vision); -No documented monthly recapitulation completed by a licensed nurse, physician or pharmacist for any month since the resident was admitted. 4. Review of Resident #6's medical record, showed the following: -Admit date 8/12/22; -Diagnoses included atrial fibrillation (irregular heart beat), anxiety, acid reflux and high blood pressure -No documented monthly recapitulation completed by a licensed nurse, physician or pharmacist for any month since the resident was admitted.	A4837		

N Summers Administrator 1/11/2024

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A4837	Continued From page 5 5. Review of Resident #5's medical record, showed the following: -Admit date 5/15/23; -Diagnoses included high blood pressure and atrial fibrillation (irregular heartbeat); -No documented monthly recapitulation completed by a licensed nurse, physician or pharmacist for any month since the resident was admitted. 6. Review of Resident #4's medical record, showed the following: -Admit date 8/23/23; -Diagnoses included dementia and hyperlipidemia (an elevated level of lipids, like cholesterol and triglycerides in your blood); -No documented monthly recapitulation completed by a licensed nurse, physician or pharmacist. 7. During an interview on 12/14/23 at 1:27 P.M., the Director of Nursing (DON) said she stopped doing recapitulation in May of 2021 after she was informed the new electronic system did this step for them and they did not have to do it any longer. 8. During an interview on 12/14/23 at 3:25 P.M., the Administrator said she did not know recapitulation was still required because the facility switched to a new electronic program which did it automatically. The Administrator said an internal consultant told the facility the new program would do this step for the facility and save them time which was one of the reasons they started using the system. The Administrator said she did not realize the facility still had to complete this review monthly to ensure all written orders from the physician had been communicated to the pharmacy so the pharmacy could add them to the order sheets.	A4837		

DSumners Administrator 1/11/2024

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Nsummers Administrator 1/11/2024

PLAN OF CORRECTION

Provider/Supplier Name:	Friendship Village Assisted Living & Memory Care
Street Address, City, Zip:	12777 Village Circle Drive, Sunset Hills, MO. 63127
Date of Survey:	December 15, 2023

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
	Please accept this Plan of Correction as our Credible Allegation of Compliance. Submission of this Response and Plan of Correction is not a legal admission that a deficiency was correctly cited, and it also not to be construed as admission against interest by Friendship Village Sunset Hills, the Administration or any employee, agents or other individuals who may draft or who may be discussed in the Response and Plan of Correction. In addition, Preparation and submission of this Plan of Correction does not constitute any admission or agreement of any kind by Friendship Village Sunset Hills of the truth of any facts alleged or correctness of any conclusion set forth in this allegation by the Survey Agency.	
A2222	**Corrective Action:** Community will ensure that all exits, stairways and fire escapes will be free from obstructions. **Identification of other residents affected potentially affected:** All memory care residents. **Measures and Systemic Changes:** The mural sticker was removed on December 16th and employees made aware that there shall be no murals placed on exit doors as deterrent for residents exit seeking. Please see the attached photo. **Monitoring:** No on-going monitoring needed since this was a sticker mural and it was already removed. **The Administrator, Maintenance Department and Memory Care Program Director will be responsible for the compliance of this regulation.**	12/16/2023
A2228	**Corrective Action:**	1/12/2024

	Community shall ensure instructions on how to use two- (2-) way communication or intercom system has visible instructions. Community will also ensure that signs will be posted at the bottom of each exit stairwell indicating the area of refuge connected to those stairwells. **Identification of other residents affected or potentially affected:** All residents **Measures and Systemic Changes:** Temporary signs with intercom instructions were placed underneath all the two- (2-) way intercom systems and diagram of the AOR for each stairwell. Please see the attached photos. **Monitoring:** Until the permanent signs are placed, all signs will be checked daily by the Maintenance Department. Please see the attached check off list. Once the permanent signs are installed, the daily checks will cease. **The Administrator and Maintenance Department will be responsible for the compliance of this regulation.**	
A4837	**Corrective Action:** Community will ensure that a monthly recapitulation is completed by a licensed nurse, physician or pharmacist on all residents. **Identification of other residents affected or potentially affected**: All residents **Measures and Systemic Changes**: Last week of each month, the nightshift charge nurse will complete recapitulation on each resident by the end of the month. Monitoring: Report will be ran to ensure all monthly recapping has been completed on all residents. **The Director of Nursing will be responsible for the compliance for this regulation.**	1/31/2024

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.