

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/16/2025
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NAME OF PROVIDER OR SUPPLIER GABLES AT BRADY CIRCLE, LLC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 11 BRADY CIRCLE SAINT LOUIS, MO 63114
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A2222 19 CSR 30-86.022(7)(A) Exits-2 per Floor-Remote/Unobstructed

A2222

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 door leading to the exit, in the northeast hallway was unobstructed for one of one day of observation. The census was 22.

Observation on 12/16/25 between 7:37 A.M. and 1:50 P.M., of the building five exit for the northeast hallway, showed the green lit exit sign above the northeast door. Directly in front of the door was a two-person wooden bench which extended across the entire doorway causing the exit to be obstructed

During an interview on 12/16/25 at 1:53 P.M., the Administrator said he was unaware the doorway was blocked, and the bench was originally set up as a resting area in the hallway, away from the door. The Administrator said the doorway should not be obstructed by anything and staff should ensure the exit is clear for the safety of the residents.

This plan of correction is submitted as required under State law and policies. The submission of this plan does not constitute an admission on the part of The Gables at Brady Circle (Facility) as to the accuracy of the surveyors' findings nor the conclusions drawn therefrom. This plan of correction does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency or the scope and severity regarding any of the deficiencies cited are correctly applied. This Plan of Correction is intended to constitute the Facility's credible letter alleging compliance. Compliance has been and will be achieved no later than 2/7/26. Compliance will be maintained as provided in the Plan of Correction.

A4749 19 CSR 30-86.047(28)(F)(1)(A) Community Based Assessment-Time Period, 5 day

A4749

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:

A2222

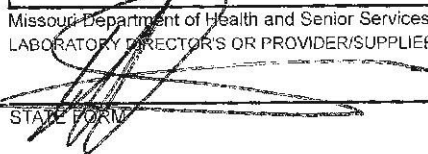
Wooden bench moved from house 5 exit door by maintenance staff on 12/17/25.

1/22/26

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

TITLE

(X6) DATE



ADMINISTRATOR

1/22/26

Missouri Department of Health and Senior Services

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A4749	<p>Continued From page 1</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) within five days of admission, for one of two sampled residents (Resident #1). The census was 22.</p> <p>Review of Resident #1's medical record, showed the following:</p> <ul style="list-style-type: none"> -The facility admitted the resident on 7/31/25; -Diagnoses included dementia, high blood pressure and acute pain; -No documented CBA completed by 8/5/25. <p>During an interview on 12/16/25 at 11:57 A.M., the Care Manager (CM) said the CBA was not done because the resident has not been at the facility for 6 months. The CM said it was under his/her impression the CBA needed to be done every 6 months or on change in condition. The CM said he/she was not aware the CBA needed to be done within 5 days of admission.</p> <p>During an interview on 12/16/25 at 1:44 P.M. the Administrator said he was not aware the CBA was not completed for the resident. The Administrator said he uses personal observations of the resident, input from staff and family to complete the resident individualized service plan; he did not know he was supposed to use the CBA. The Administrator said he did not know the CBA was to be done within 5 days of admission.</p>	A4749	<p>Direct care staff and maintenance staff educated by administrator on inspection for obstructions of exits/entrances during their regular tour of duty by 1/22/26. Record of said education to be maintained in administrator's office.</p> <p>Maintenance staff to report any obstructions of exits to administrator. Corrective actions to be taken as deemed necessary by administrator.</p> <p><u>A4749</u></p> <p>Director of Nursing and Care Manager educated by Administrator to requirements for completion of resident community based assessments (CBA) within 5 days of admission on 1/22/26. Record of said education to be maintained in the Administrator's office.</p> <p>All resident CBA's reviewed by Care Manager and updated, if necessary, by 1/22/26.</p>	1/22/26
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A4827 19 CSR 30-86.047(54) Drug Regimen Review

A physician, pharmacist or registered nurse shall review the medication regimen of each resident. This shall be done at least every other month. The review shall be performed in the facility and shall include, but shall not be limited to, indication for use, dose, possible medication interactions and medication/food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III

This regulation is not met as evidenced by:
Class II*

Based on interview and record review, the facility failed to ensure a Pharmacist, Physician or a Registered Nurse completed a review of resident's medications every other month, for one of two sampled residents (Resident #3). The census was 22.

Review of Resident #3's medical record, showed the following:
-Admit date 10/14/24;
-Diagnoses included high blood pressure, high cholesterol and depression;
-No documentation of a medication review for 5/2025, 7/2025 and 9/2025, and 11/2025.

A4827

Administrator will review all newly admitted resident CBA's for completion within 5 days of admission for 2 months to ensure compliance.

Resident #1

Resident CBA updated by Director of Nursing by 1/7/26.

A4827

Director of Nursing and Care Manager educated by Administrator to review residents' medications every other month by 1/22/26. Record of said education to be maintained in the Administrator's office.

All Residents' medications reviewed by Pharmacist or Director of Nursing by 2/7/26.

Care Manager to audit 3 medication reviews monthly for 3 months to ensure compliance.

2/7/26

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A4827	Continued From page 3 During an interview on 12/16/25 at 1:43 P.M., the Administrator said the Pharmacist comes to review each house with each chart. He said he thought they wrote a report but he was not aware it needed to be in each resident's chart. *The higher classification is merited due to the extent of the violation.	A4827		
A8010	19 CSR 30-88.010(10) Advance Directive Requirements 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 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.	A8010	A8010 Office Manager educated by Administrator to annual review of advanced directives requirements by 1/22/26. Record of said in-service to be maintained in the Administrator's office. Administrator to review 3 resident business files for annual review of advance directive monthly for 2 months and provide further education as necessary to maintain compliance. Resident 3 Resident discharged on 12/19/25.	1/22/26

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A8010	<p>Continued From page 4</p> <p>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 advanced directives with residents or their representative annually, for one of two sampled residents (Resident #3). The census was 22.</p> <p>Review of Resident #3's medical record, showed the following: -Admit date 10/14/24; -Diagnoses included high blood pressure, high cholesterol, and depression; -A documented review of resident rights dated 10/14/24; -No documented annual review of advanced directives for 10/2025.</p> <p>During an interview on 12/16/25 at 1:43 P.M., the Administrator said was aware advanced directives needed to be reviewed annually with the residents. He was not aware they were not completed.</p>	A8010		
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