

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GARDEN VILLAS SOUTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13457 TESSON FERRY ROAD SAINT LOUIS, MO 63128</b>
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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
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A4733	<p>19 CSR 30-86.047(20)(I) Personnel Record-physician statement, employ</p> <p>The administrator shall maintain on the premises an individual personnel record on each facility employee, which shall include the following: (I) Written statement signed by a licensed physician or physician ' s designee indicating the person can work in a long-term care facility and indicating any limitations; III</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure employees had a written statement by a licensed physician or physician's designee which indicated the person could work in a long-term care facility, for five of five sampled employees. The census was 49.</p> <p>1. Review of Employee M's personnel file, showed the following: -Hire date 6/30/21; -No written statement by a licensed physician or physician's designee which indicated the person could work in a long-term care facility.</p> <p>2. Review of Employee I's personnel file, showed the following: -Hire date 9/13/21; -No written statement by a licensed physician or physician's designee which indicated the person could work in a long-term care facility.</p> <p>3. Review of Employee J's personnel file, showed the following: -Hire date 10/3/22; -No written statement by a licensed physician or physician's designee which indicated the person could work in a long-term care facility.</p>	A4733		
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Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

TITLE

*Administrator*

(X6) DATE

*1/17/2024*

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A4733	Continued From page 1  4. Review of Employee K's personnel file, showed the following: -Hire date 4/17/23; -No written statement by a licensed physician or physician's designee which indicated the person could work in a long-term care facility.  5. Review of Employee L's personnel file, showed the following: -Hire date 6/5/23; -No written statement by a licensed physician or physician's designee which indicated the person could work in a long-term care facility.  6. During an interview on 11/16/23 at 1:50 P.M., the Administrator said she was aware employees had to have the written statement. The company the facility utilized to perform employee physicals refused to add the statement to their form.	A4733		
A4735	19 CSR 30-86.047(20)(K) Personnel Record - orientation training  The administrator shall maintain on the premises an individual personnel record on each facility employee, which shall include the following: (K) Documentation of what the employee was instructed on during orientation training; III  This regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure personnel files included documentation of what staff were instructed on during orientation, for three of five sampled employees. The census was 49.  1. Review of Level One Medication Aide (LIMA) A's employee file showed:	A4735		

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A4735	<p>Continued From page 2</p> <p>-Hire date 6/30/21; -No documentation of what he/she was instructed on during orientation.</p> <p>2. Review of LIMA C's employee file showed: -Hire date 9/13/21; -No documentation of what he/she was instructed on during orientation.</p> <p>3. Review of Housekeeper E's employee file showed: -Hire date 10/3/22; -No documentation of what he/she was instructed on during orientation.</p> <p>4. During an interview on 11/16/23 at 1:40 P.M., the Business Office Manager said she was sure staff completed orientation prior to their first day of work, but she could not locate the signed orientation forms.</p> <p>5. During an interview on 11/16/23 at 1:50 P.M., the Administrator said all orientation training should have been documented and kept in the employee files.</p>	A4735		
A4837	<p>19 CSR 30-86.047(58)(B) Resident Condition/Medication Review</p> <p>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</p>	A4837		

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A4837	<p>Continued From page 3</p> <p>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</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to complete the required monthly recapitulation for three of five sampled residents (Residents #5, #4, and #3). The census was 49.</p> <p>1. Review of Resident #5's medical record, showed the following: -Admit date 6/10/21; -Diagnoses included type 2 diabetes, schizophrenia, high blood pressure, chronic kidney disease, anxiety and depression; -No documentation of a monthly medication review for 9/15/23-10/14/23 and 10/15/23-11/14/23.</p> <p>2. Review of Resident #4's medical record, showed the following: -Admit date 1/15/19; -Re-admit date 10/6/23; -Diagnoses included type 2 diabetes, heart failure and chronic kidney disease; -No documentation of a monthly medication review for 9/15/23-10/14/23 and 10/15/23-11/14/23.</p> <p>3. Review of Resident #3's medical record, showed the following:</p>	A4837		

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A4837	<p>Continued From page 4</p> <p>-Admit date 6/9/22; -Re-admit date 10/13/23; -Diagnoses included congestive heart failure, acute respiratory failure, inflammatory liver disease and high blood pressure; -No documentation of a monthly medication review for 9/15/23-10/14/23 and 10/15/23-11/14/23.</p> <p>4. During an interview on 11/16/23 at 11:45 A.M., the Director of Nursing said she looked over the medications and made sure medications were good but she does not always document that she has done that.</p> <p>5. During an interview on 11/16/23 at 11:46 A.M., the Administrator said monthly medication reviews should have been documented.</p>	A4837		
A4847	<p>19 CSR 30-86.047(62)(B) Orientation - emergency response procedures</p> <p>Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least two (2) hours appropriate to his or her job function. This shall include at least the following: (B) Emergency response procedures; 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 ensure staff received orientation on emergency response procedures, infection control, resident dignity, abuse/neglect, employee disqualification list (EDL), resident rights and protection of property, working with residents with</p>	A4847		

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A4847	<p>Continued From page 5</p> <p>mental illness and person centered care, prior to or on the first day of work in the facility, for two of five sampled employees. The census was 49.</p> <p>Review of the facility's Staff Development Policy, revised May 2018, showed:</p> <ul style="list-style-type: none"> <li>-Procedures: Prior to or on the first day a new employee works in the facility, he/she shall receive orientation of at least two (2) hours appropriate to his/her job function as well a complete overview of the following:</li> <li>-Job descriptions/responsibilities;</li> <li>-Emergency Preparedness Plan;</li> <li>-Infection control and hand washing;</li> <li>-Occupational and Health Safety Administration (OSHA) training;</li> <li>-Confidentially of resident information;</li> <li>-Preservation of resident dignity;</li> <li>-Abuse/Neglect policy and how to report;</li> <li>-Cell phone and photographing and video recording of residents;</li> <li>-Grievance;</li> <li>-Information on the EDL;</li> <li>-Rights of a resident and protection of property;</li> <li>-Person-centered care and the concept of a social model of care including techniques effective in enhancing resident choice and control over his/her environment;</li> <li>-Instruction on working with residents with mental confusion and illness.</li> </ul> <p>1. Review of Dietary Supervisor H's personnel file, showed the following:</p> <ul style="list-style-type: none"> <li>-Hire date: 4/17/23;</li> <li>-No documented training on emergency response procedures, infection control, resident dignity, abuse/neglect, EDL, resident rights and protection of property, working with residents with mental illness and person centered care.</li> </ul>	A4847		

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A4847	<p>Continued From page 6</p> <p>2. Review of Dietary Assistant B's personnel file, showed the following: -Hire date: 6/5/23; -No documented training on emergency response procedures, infection control, resident dignity, abuse/neglect, EDL, resident rights and protection of property, working with residents with mental illness and person centered care.</p> <p>3. During an interview on 11/16/23 at 1:40 P.M., the Business Office Manager (BOM) said the Dietary Supervisor did not complete orientation, because he/she worked for the company 20 years ago. She was certain Dietary Supervisor H had the necessary training. She said Dietary Assistant B only worked as needed and he/she did not complete orientation training.</p> <p>4. During an interview on 11/16/23 at 1:50 P.M., the Administrator said she went over the training binder with Dietary Supervisor H, but it was not documented. The BOM is responsible for ensuring all staff complete orientation and she would expect all staff to complete orientation prior to working with the residents.</p> <p>*The higher classification merited due to the extent of the violation.</p>	A4847		
A4856	<p>19 CSR 30-86.047(63)(A) Alz/Dementia Training-Direct Care Staff, 3 hr</p> <p>In addition to the orientation training required in section (62) of this rule any facility that provides care to any resident having Alzheimer ' s disease or related dementia shall provide orientation training regarding mentally confused residents such as those with Alzheimer ' s disease and related dementias as follows:</p>	A4856		

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A4856	<p>Continued From page 7</p> <p>(A) For employees providing direct care to such persons, the orientation training shall include at least three (3) hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer ' s disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, techniques for creating a safe, secure and socially oriented environment, provision of structure, stability and a sense of routine for residents based on their needs, and understanding and dealing with family issues; and 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 ensure all staff with direct care to residents who had a diagnosis of dementia or Alzheimer's disease had the required three hour training to care for residents with a diagnoses of Alzheimer's disease or dementia for two of five sampled employees. The census was 49.</p> <p>Review of the facility's Staff Development Policy, revised May 2018, showed: -Employees providing direct care, orientation shall include at least three (3) hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer's and related dementias.</p> <p>1. Review of the resident care survey (a form completed by the facility during the annual inspection) dated 11/16/23, by the facility, showed the Administrator documented the facility had ten residents with an Alzheimer's disease or dementia diagnosis.</p>	A4856		

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A4856	Continued From page 8  2. Review of Level One Medication Aide (LIMA) A's employee file showed: -Hire date 6/30/21; -No documented required three hour training course on Alzheimer's disease/dementia.  3. Review of LIMA C's employee file showed: -Hire date 9/13/21; -No documented required three hour training course on Alzheimer's disease/dementia.  4. During an interview on 11/16/23 at 1:50 P.M., the Administrator said she was aware direct care staff had to have at least three hours of dementia training and did not know why they did not receive the training.  *The higher classification merited due to the extent of the violation.	A4856		
A4857	19 CSR 30-86.047(63)(B) Dementia Training-Non-Direct Care Staff, 1 hr  In addition to the orientation training required in section (62) of this rule any facility that provides care to any resident having Alzheimer ' s disease or related dementia shall provide orientation training regarding mentally confused residents such as those with Alzheimer ' s disease and related dementias as follows: (B) For other employees who do not provide direct care for, but may have daily contact with, such persons, the orientation training shall include at least one (1) hour of training including at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia; and II/III	A4857		

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A4857	<p>Continued From page 9</p> <p>This regulation is not met as evidenced by: Class II*</p> <p>Based on interview and record review, the facility failed to ensure all staff who do not provide direct care, but may have daily contact with residents who had a diagnoses of dementia or Alzheimer's disease had the required one hour training to care for residents with a diagnoses of Alzheimer's disease or dementia, for three of five sampled employees. The census was 49.</p> <p>Review of the facility's Staff Development Policy, revised May 2018, showed: -Employees who do not provide direct care, but have daily contact with residents, orientation and training must include at least one (1) hour of training to include an overview of mentally confused residents.</p> <p>1. Review of the resident care survey (a form completed by the facility during the annual inspection) dated 11/16/23, showed the Administrator documented the facility had ten residents with an Alzheimer's disease or dementia diagnosis.</p> <p>2. Review of Housekeeper E's personnel file, showed the following. -Hire date 10/3/22; -No documented required one hour training course on Alzheimer's disease/dementia.</p> <p>3. Review of Dietary Supervisor H's personnel file, showed the following. -Hire date 4/17/23; -No documented required one hour training course on Alzheimer's disease/dementia.</p>	A4857		

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A4857	<p>Continued From page 10</p> <p>4. Review of Dietary Assistant B's personnel file, showed the following. -Hire date 6/5/23; -No documented required one hour training course on Alzheimer's disease/dementia.</p> <p>5. During an interview on 11/16/23 at 1:50 P.M., the Administrator said she was aware non-direct care staff had to have at least one hour of dementia training and did not know why they did not receive the training.</p> <p>*The higher classification merited due to the extent of the violation.</p>	A4857		

## STATE PLAN OF CORRECTION

<b>Agency Name</b>	Garden Villas South Assisted Living
<b>STREET ADDRESS, CITY, ZIP:</b>	13457 Tesson Ferry Road, St. Louis, MO 63128
<b>Provider Number</b>	28964
<b>Exit Date</b>	11/20/2023

### PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)

Tag Number	The Administrator signing and dating the first page of the STATE FORM is indicating their approval of the plan of correction being submitted on this form.	(X5) COMPLETION DATE
A4733	The facility has a contract with Concentra to do Pre-Employment Physicals and all employees were approved and signed off by a licensed physician to work in a long-term care setting. No limitations were noted for the employees files the surveyor reviewed.	11/20/2023
	The Business Office Manager will continue ensuring that all employees have a pre-employment physical that is signed by a physician prior to the first day of employment.	11/20/23
	Concentra will sign a letter stating that the physician signed Human Performance Evaluation (HPE) form is verification that the individual can work in a long-term care setting without limitations.	1/15/24
	The Administrator will audit new employee files weekly for the next 90 days to ensure compliance continues with pre-employment physicals to include, but not limited to a physician's signature ensure each staff member is approved to work in a long-term care facility without limitations.	1/19/24
A4735	Garden Villas South will continue to do general orientation and training for all staff who are hired by the community.	11/20/23
	The Business Office Manager will ensure that all documentation regarding orientation and training is kept in each individual staff members personnel file.	1/19/24
	The Administrator will audit new employee files weekly for the next 90 days to ensure compliance continues with general orientation and training and that the acknowledgement is signed and filed in each staff members personnel file.	1/19/24

A4837	<p>The community will continue to maintain a record of each resident's monthly review (or more frequently if needed) indicating their general condition and needs. Although all resident charts reviewed by the surveyor had a completed monthly summary, they did not specify a "monthly medication review."</p> <p>The Community Nurse Manager added, "monthly medication review" to the monthly summary form and will ensure that a monthly recapitulation is done on all residents.</p> <p>The Administrator will audit charts monthly for the next 3 months to ensure that a monthly medication review is done by a licensed nurse for all residents.</p>	<p>1/15/2024</p> <p>1/19/24</p>
A4847	<p>Garden Villas South will continue to do general orientation and training to include, but not limited to a thorough review of the emergency response procedures, infection control, resident dignity, abuse/neglect, EDL, resident rights and protection of property working with residents with mental illness and person-centered care.</p> <p>The Business Office Manager will ensure that all documentation regarding orientation and training is kept in each individual staff members personnel file.</p> <p>The Administrator will audit new employee's personnel files weekly for the next 90 days to ensure compliance continues with general orientation and training to include, but not limited to a thorough review of the emergency response procedures, infection control, resident dignity, abuse/neglect, EDL, resident rights and protection of property working with residents with mental illness and person-centered care and that the acknowledgement is signed and filed in each staff members personnel file..</p>	<p>12/31/23</p> <p>1/19/24</p>
A4856	<p>Garden Villas South will continue to do general orientation and training to include but not limited to three (3) hours of dementia training for all direct care staff who are hired by the community.</p> <p>All direct care staff who do not have dementia training documentation in their personnel file will receive three (3) hours of dementia training.</p> <p>The Business Office Manager will ensure that all documentation regarding orientation and training to include three (3) hours of dementia training is kept in each individual staff members personnel file.</p> <p>The Administrator will audit new direct staff personnel files weekly for the next 90 days to ensure compliance continues with general orientation and training to include three (3) hours of dementia training</p>	<p>11/20/23</p> <p>1/19/24</p> <p>1/19/24</p> <p>1/19/24</p>
A4857	<p>Garden Villas South will continue to do general orientation and training to include but not limited to a minimum of one (1) hour of training that includes an overview of mentally confused residents and how to properly communicate with those with dementias for all staff who have contact with mentally confused residents.</p> <p>All staff who have contact with mentally confused residents but do not have dementia training documentation in their personnel file will receive one (1) hour of training by the Community Nurse Manager.</p>	<p>11/20/23</p> <p>1/19/24</p>

A4857	<p>The Business Office Manager will ensure that all documentation regarding orientation and training to include one (1) hour of dementia training for staff who have contact with mentally confused residents is kept in each individual staff members personnel file.</p> <p>The Administrator will audit new direct staff personnel files weekly for the next 90 days to ensure compliance continues with general orientation and training to include one (1) hour of dementia training for staff who have contact with confused residents.</p>	1/19/24  1/19/24
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