

8/18/25
Herrington

PRINTED: 08/15/2025
 FORM APPROVED

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30479	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/31/2025
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NAME OF PROVIDER OR SUPPLIER
GRANDE AT CREVE COEUR THE

STREET ADDRESS, CITY, STATE, ZIP CODE
**450 NORTH LINDBERGH BOULEVARD
 CREVE COEUR, MO 63141**

(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
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> <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 all resident falls, skin tears, or other incidents for one of four sampled residents (Residents #1). The census was 38.</p> <p>Review of Resident #1's medical record, showed the resident was admitted on 11/14/24, with diagnoses which included dementia and thyroid disorder.</p> <p>Review of the resident's progress notes, showed the following: -On 1/16/25 at 1:26 P.M., while the Director of Nurses (DON) sat in the office, she heard a loud noise and employee calling for help. She entered the hallway and found the resident lying on the floor on his/her left side. The resident said he/she fell. The resident had a blanket wrapped around his/her foot. The resident was assisted to a seated position and range of motion was completed without complaint of discomfort. The resident had a skin tear on his/her left elbow. The area was cleansed, and a dry dressing was</p>	A4754		

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

Herrington

TITLE

Executive Director

(X6) DATE

8-18-25

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A4754	<p>Continued From page 1</p> <p>applied;</p> <p>-On 4/30/25 at 7:38 P.M., the DON received a call from a Medication Technician due to the resident falling on the floor. The DON had the resident sent out to the hospital for further evaluation;</p> <p>-On 5/1/25 at 10:04 A.M., the resident fell on the floor and by the time the Administrator got to the resident, he/she was already in a chair getting his/her face cleaned by the DON. The DON talked to the resident's family member and had the resident sent out to the hospital to check for internal bleeding.</p> <p>Review of the resident's ISP, dated 6/15/25, showed the following:</p> <p>-Fall potential: the resident had a high fall potential. The staff were required to do frequent safety/wellness checks. The resident crawled and ambulated. The staff were to make sure the resident did not present a fall risk to others. The resident had two fall mats, and the bed was to be in the lowest position when the resident laid in bed. The staff were to encourage the resident to wear shoes or nonslip socks;</p> <p>-Grooming/Personal Hygiene: The resident was dependent on others to provide all grooming/personal hygiene needs. The resident was resistive to care at times and staff were to assure the resident he/she was in a safe place and exit the area to allow the resident time to calm down. The staff were to re-attempt care after the resident had calmed down. If the resident was still resistive to care, the staff were to notify the Nurse;</p> <p>-Dressing: The resident required total assistance with dressing. The resident was dependent on others to do all dressing/undressing. When the resident was resisting care, the staff were to assure the resident he/she was in a safe place and exit the area to allow the resident time to</p>	A4754		

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A4754	<p>Continued From page 2</p> <p>calm down. The staff were to re-attempt care after the resident had calmed down. If the resident was still resistive to care, the staff were to notify the Nurse;</p> <p>-Outside services: hospice;</p> <p>-The ISP did not address skin tears or pressure ulcers;</p> <p>-The ISP did not address the resident's most recent falls and new interventions for those falls;</p> <p>-The ISP did not address what kind of assistance the hospice staff provided and who would provide that assistance when the hospice staff were not present.</p> <p>Review of the resident's progress notes, showed on 7/7/25 at 11:56 A.M., a late entry for 7/2/25 at 1:00 P.M., the hospice Nurse was at the facility to see the resident. Upon assessment, there was an open area on the resident's left hip. The area looked like a blister that had popped. It was 4 centimeters (cm) by 5 cm. The area was cleansed, and protective dressing applied to the area. The resident received new physician orders.</p> <p>Observation 7/31/25 at 8:56 A.M., showed Care Giver (CG) H had the resident laying on his/her bed on his/her right side, which exposed the resident's left hip and a 1 cm pressure ulcer on the hip. The pressure ulcer was yellow and covered in slough.</p> <p>During an interview on 7/31/25 at 2:32 P.M., the DON said all resident falls and history of the resident should be on the ISP.</p> <p>During an interview on 7/31/25 at 2:35 P.M., the Administrator said the ISP should have any identified problem or need documented. She said the falls should be on the ISP as well as new</p>	A4754		

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A4754	Continued From page 3 interventions for each fall to prevent future falls.	A4754		
A4759	<p>19 CSR 30-86.047(29)(A) Not Admit/Care For-Harm Self or Others</p> <p>The facility shall not admit or continue to care for a resident who:</p> <p>(A) Has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others; I/II</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 residents with behaviors that presented a likelihood of harm to others, were not admitted to the facility, for one of four sampled residents (Resident #4). The census was 38.</p> <p>Review of Resident #4's hospital psychiatry consult initial evaluation, dated 2/26/25, showed the following:</p> <p>-Working diagnoses: Major depressive disorder, recurrent, severe with psychotic symptoms, generalized anxiety disorder. Delirium due to known physiological condition.</p> <p>-Summary: history of anxiety disorder, depressive disorder, history of suicide attempts, history of psychiatric hospitalization, with unknown current excessive drug use, unknown history of violent behavior, arrived via police alerted by nursing home for suicidal ideation, suicide attempt. Patient attempted suicide by trying to strangulate self. Meets criteria for involuntary admission if medically stable. Patient is at elevated risk of danger to self, danger to others.</p> <p>Review of the resident's pre-move in screening,</p>	A4759		

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A4759	<p>Continued From page 4</p> <p>dated 3/18/25, showed the resident had not exhibited behaviors that present a reasonable likelihood of serious harm to self or others.</p> <p>Review of the resident's medical record, showed the following: -Admission date 3/19/25; -Diagnoses included high blood pressure, major depressive disorder, diabetes, arthritis, sleep apnea and degenerative joint disease.</p> <p>During an interview on 7/31/23 at 9:15 A.M., the Director of Nursing (DON) said the pre-screening was conducted while the resident was at the hospital. The DON said the screening was reflective of the resident's current behavior, but she was aware of his/her past suicidal behavior. The DON said according to the way she understood the Community Based Assessment (CBA) training, the resident's current state of mind was the determining factor and not his/her past behavior. The DON said the facility was not allowed to use past suicidal attempts or behavior to reject a resident. The DON said they were informed the resident had a medication change and had gone through counseling, which removed the past suicidal ideations.</p> <p>Review of the resident's nurse notes, dated 5/10/25 at 6:52 A.M., showed staff members observed the resident with a belt around his/her neck. The resident was on his/her knees and his/her face was slightly purple. Staff removed the belt. Staff said the resident told them he/she was attempting to kill him/herself because his/her child hated them.</p> <p>Review of the resident's pre-move in screening, dated 5/19/25, showed the resident had not exhibited behaviors that present a reasonable</p>	A4759		

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A4759	<p>Continued From page 5</p> <p>likelihood of serious harm to self or others.</p> <p>Review of the resident's nurse notes, showed the following: -5/20/25 at 2:49 P.M., resident readmitted to the facility; -5/20/25 at 3:37 P.M., resident arrived this afternoon resting in his/her apartment. No complaints or injuries, will continue to monitor for next 72 hours; -5/20/25 at 7:57 P.M., staff called to second floor by care aid to help with resident emergency. The resident was balled up between the med room and the dining room area. Staff members approached and noticed a black extension cord that may go to a radio or TV wrapped around the resident's neck twice. Staff attempted to grab the cord but the resident then grabbed tighter around his/her neck. Staff quickly obtained scissors and cut the cord. The resident continued to say he/she hates it here and wants to go home. Police and Emergency Medical Services (EMS) called. The resident was transported to the hospital for further evaluation.</p> <p>During an interview on 7/31/23 at 9:20 A.M., the Director of Nursing (DON) said the second pre-screening was conducted when the resident was scheduled for discharge. The DON said staff were trained to only look at the behavior being currently presented, and the facility was not allowed to use the recent behavior to refuse to allow the resident to return.</p> <p>During an interview on 7/31/25 at 9:40 A.M. the Administrator said she attended the CBA training with the DON and was told they were only allowed to use the current state of mind for the resident and could not use past behavior, even if it were recent, to deny entry to a resident. The</p>	A4759		

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A4759	Continued From page 6 Administrator said looking back at the situation, the facility should not have allowed the resident to be admitted in the first place and should never have let the resident return after the resident attempted suicide in the facility. MO00254565	A4759		
A4798	19 CSR 30-86.047(47)(A) Physicians Orders Followed Medication Orders. (A) No medication, treatment or diet shall be administered without an order from an individual lawfully authorized to prescribe such and the order shall be followed. II/III This regulation is not met as evidenced by: Class II* Based on observation, interview and record review, the facility failed to follow physician's orders when staff failed to dress a wound according to physician's orders for one of four sampled residents (Resident #1). The census was 38. Review of Resident #1's medical record, showed the resident was admitted on 11/14/24, with diagnoses which included dementia and thyroid disorder. Review of the physician's order, dated 7/2/25, showed the resident had a wound order treatment for his/her left hip blister. The blister measured 4 centimeters (cm) by 5 cm. The wound was to be cleaned and covered with a bordered foam dressing every 72 hours until healed.	A4798		

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A4798	<p>Continued From page 7</p> <p>Review of the resident's progress notes, showed on 7/7/25 at 11:56 A.M., a late entry for 7/2/25 at 1:00 P.M., the hospice Nurse was at the facility to see the resident. Upon assessment, there was an open area on the resident's left hip. The area looked like a blister that had popped. It was 4 cm by 5 cm. The area was cleansed, and protective dressing applied to the area. The resident received new physician orders.</p> <p>Observation 7/31/25 at 8:56 A.M., showed Care Giver (CG) H had the resident laying on his/her bed on his/her right side, which exposed the resident's left hip and a 1 cm pressure ulcer on the hip. The pressure ulcer was yellow and covered in slough. CG H dressed the resident without dressing the pressure ulcer.</p> <p>Observation on 7/31/25 at 10:34 A.M., showed the resident sat up in his/her wheelchair in the living room without a cushion and without the pressure ulcer dressed.</p> <p>During an interview on 7/31/25 at 12:47 P.M., CG H said he/she told another staff member to tell the Director of Wellness (DOW) about the wound and to make sure it was dressed. CG H did not tell the DOW him/herself because he/she preferred to go to the other staff member.</p> <p>During an interview on 8/1/25 2:53 P.M., CMA F said CG H told him/her about the wound and CMA F said they needed to tell the DOW. CMA F looked for the DOW for quite a while and could not find her. CMA F knocked on the DOW's office door, searched throughout the facility but did not try to page her because he/she did not have a pager on him/her. CMA F said he/she did not know why he/she did not carry a pager. CMA F</p>	A4798		

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A4798	<p>Continued From page 8</p> <p>said a different staff member told him/her the DOW was at lunch. CMA F said after a while, he/she tried looking for the DOW again but could not find her. CMA F thought the pressure ulcer would not have gotten as bad as it did if it was treated properly. CMA F said he/she worked upstairs, noticed the wound in the first stages, and it looked pink. Then he/she went downstairs for a couple weeks and worked down there. When he/she was scheduled back upstairs, he/she said the wound had gotten bigger and worse.</p> <p>During an interview on 7/31/25 at 11:45 A.M., the Nurse said the resident had a pressure ulcer and an order was written on 7/2/25. He/She wrote the order. The Nurse said he/she did not see the resident 7/31/25 but was scheduled to see him/her 8/1/25. The resident should have a foam dressing on at all times and if the dressing is not on, it could hinder the healing process and potentially cause infection.</p> <p>During an interview on 7/31/25 at 2:00 P.M., the DOW said the pressure ulcer should have had a dressing on it. She did not know it did not have a dressing.</p> <p>During an interview on 8/1/25 at 2:10 P.M., the Administrator said she did not know the pressure ulcer did not have a dressing on it, and she said the pressure ulcer should have had a dressing on it per the physician's orders.</p> <p>*The higher the classification merited due to the extent of the violation.</p>	A4798		
A4836	19 CSR 30-86.047(58)(A) Resident Record Admission Info	A4836		

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A4836	<p>Continued From page 9</p> <p>The facility shall maintain a record in the facility for each resident, which shall include the following: (A) Admission information including the resident ' s name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid numbers (if applicable); name, address and telephone number of the resident ' s physician and alternate; diagnosis, name, address and telephone number of the resident ' s legally authorized representative or designee to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; III</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to maintain a record for each resident which included contact information of the resident's preferred funeral director and dentist, for 4 of 4 sampled residents (Residents #2, #1, #4, and #3). The census was 38.</p> <p>1. Review of Resident #2's medical record, showed the following: -Admit date 11/14/24; -No documented preferred funeral home; -No documented preferred dentist.</p> <p>2. Review of Resident #1's medical record, showed the following: -Admit date 11/14/24; -No documented preferred funeral home; -No documented preferred dentist.</p> <p>3. Review of Resident #4's medical record, showed the following: -Admit date 3/19/25; -No documented preferred funeral home;</p>	A4836		

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A4836	<p>Continued From page 10</p> <p>-No documented preferred dentist.</p> <p>4. Review of Resident #3's medical record, showed the following: -Admit date 7/11/25; -No documented preferred dentist.</p> <p>5. During an interview on 7/31/25 at 4:00 P.M., the Director of Wellness said she tried to get everything on the residents' facesheets, but she had not completed this.</p> <p>6. During an interview on 7/31/25 at 4:04 P.M., the Administrator said knew the preferred dentist and funeral home should be documented in the resident's medical record. She was aware some facesheets did not have this information.</p>	A4836		

PLAN OF CORRECTION

Provider/Supplier Name:	The Grande at Creve Coeur	
Street Address, City, Zip:	450 N Lindbergh Blvd	
Date of Survey:	07/31/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
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 8/18/2025

<p>ID Prefix Tag: A4754 Regulation: 19 CSR 30- 86.047(28)(G)</p>	<p>Resident #1's ISP updated to include all recent falls, skin tears, the identified pressure ulcer, and interventions. Hospice services clarified with specific tasks and responsible parties.</p> <p>Audit of all resident ISPs completed by 8/30/25 to ensure inclusion of all incidents, wounds, and outside service details. Missing items corrected immediately.</p> <p>Implemented new ISP update checklist with required updates. Hospice care plans integrated into ISP.</p> <p>Director of Wellness to review 5 random ISPs weekly.</p>	<p>8/30/25 and on-going</p>
<p>ID Prefix Tag: A4759 Regulation: 19 CSR 30- 86.047(29)(A)</p>	<p>Resident #4 transferred to appropriate higher level of care.</p> <p>All current residents with psychiatric diagnoses reviewed for history of behaviors posing harm risk. No others met exclusionary criteria.</p> <p>Any hospital return requires risk assessment by Administrator and Director of Wellness.</p> <p>Administrator to review all pre-admission screenings prior to move-in.</p>	<p>Completed and on-going</p>
<p>ID Prefix Tag: A4798 Regulation: 19 CSR 30- 86.047(47)(A)</p>	<p>Resident #1's wound cleaned and dressed per orders</p> <p>Audit of all residents with active treatment orders confirmed compliance.</p> <p>Direct care staff retrained following physician orders exactly.</p> <p>Wound Care Documentation Form implemented requiring nurse verification after each change.</p> <p>DON/nurse to audit wound care documentation weekly</p>	<p>Immediately and on-going weekly</p>
<p>ID Prefix Tag: A4836 Regulation: 19 CSR 30- 86.047(58)(A)</p>	<p>Obtained and documented preferred funeral home/dentist for Residents #1-#4 by 8/20/2025</p> <p>Full review of all resident face sheets completed by 8/20/25 for completeness.</p> <p>Admission checklist updated to require funeral home/dentist info before move-in.</p> <p>Administrator to review all new admissions</p>	<p>8/30/25 and on-going</p>

