STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265318	A. BUILDING _____ B. WING _____	C 05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MARYLAND HEIGHTS	2920 FEE FEE ROAD MARYLAND HEIGHTS, MO 63043

(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) COMPLETION DATE
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and	F 584		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

NHA Administrator 5/24/24

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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§483.10(i)(7) For the maintenance of comfortable sound levels.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to provide a clean and homelike environment when staff failed to ensure furniture in the common area on the Ivy hall was free from visible soiling and stains. The facility failed to ensure resident rooms on the Meadow unit were adequately supplied with toilet paper and hand towels, and to ensure toilets were maintained with all standard parts. The sample was 35. The census was 191.

Review of the facility's Procedures for Housekeeping, undated, showed:
-When you enter the room:
--Fill soap and paper towel dispensers.

1. Observations on 5/1/24 at 10:24 A.M., 5/2/24 at 7:20 A.M., and 5/3/24 at 6:40 A.M., showed four rocking recliners and a navy blue plaid couch located on the Ivy Hall in the common area. The recliners had worn arm rests, cracked and faded seats. The sides of the recliners had upholstery on the side of the chairs. The upholstered area of the chairs had multiple layers of brown and white crusted drip-like stains down the sides of each chair. The couch had multiple dark and white stains to the seat cushions and arms. A large amount of food crumbs were located between the seat cushions. Residents were observed sitting in the recliners and on the couch during the survey.

During an interview on 5/6/24 at 9:45 A.M., Porter K said he/she was not aware of the stains on the chairs and couch on the Ivy unit. He/She did not feel that the soiled chairs and couch were

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acceptable and were not home-like. He/She thought the furniture could be cleaned with an upholstery cleaner or steamer.

During an interview on 5/6/24 at 2:10 P.M., the Housekeeping Supervisor said the housekeepers are expected to complete routine checks for cleanliness of the furniture when they are cleaning each unit. The chairs and couch located on Ivy Hall could be cleaned with an upholstery cleaner. The facility has ordered new chairs and couch but would expect staff to clean the old furniture until the new furniture arrived.

During an interview on 5/6/24 at 2:55 P.M., the Administrator said the furniture on the Ivy hall was "grimy" and she expected staff to wipe down the furniture when stains were present.

2. Observations of the Meadow unit on 5/1/24, showed:
-At 5:13 P.M., Room 422, shared by two residents, with no hand towels
-At 5:17 P.M., Room 423, shared by two residents, with no toilet paper or hand towels;
-At 5:26 P.M., Room 421, shared by two residents, with no toilet paper or hand towels;
-At 5:29 P.M., Room 426, shared by two residents, with no toilet paper or hand towels;
-At 5:55 P.M., Room 425, shared by two residents, with no toilet paper or hand towels;
-At 5:55 P.M., the restroom shared by Rooms 414 and 416, shared by four residents, with no toilet paper;
-At 6:17 P.M., Room 419, shared by three residents, with no toilet paper or hand towels;
-At 6:18 P.M., the restroom shared by Rooms 418 and 420, shared by three residents, with no toilet paper.

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Observations of the Meadow unit on 5/2/24, showed:
-At 7:27 A.M., the restroom shared by Rooms 414 and 416, shared by four residents, with no toilet paper. No hand towels in either room;
-At 7:29 A.M., Room 419, shared by three residents with no toilet paper or hand towels;
-At 7:32 A.M. and 1:16 P.M., Room 425, shared by two residents, with no toilet paper or hand towels. Urine in the toilet;
-At 7:38 A.M. and 1:17 P.M., Room 426, shared by two residents, with no toilet paper or hand towels. A soiled brief on the floor of the restroom;
-At 7:41 A.M. and 12:55 P.M., Room 423, shared by two residents with no toilet paper or hand towels;
-At 7:45 A.M., Room 422, shared by two residents, with no hand towels. At 12:57 P.M., urine and feces in the toilet. No hand towels in the restroom;
-At 7:47 A.M. and 12:56 P.M., Room 421, shared by two residents, with no toilet paper or hand towels;
-At 7:49 A.M., the restroom shared by Rooms 418 and 420, shared by three residents, with no toilet paper.

Observations of the Meadow unit on 5/3/24, showed:
-At 10:26 A.M., and 1:17 P.M., the restroom shared by Rooms 414 and 416, shared by four residents, with no toilet paper. No hand towels in either room;
-At 10:32 A.M., the restroom shared by Rooms 418 and 420, shared by three residents, with no toilet paper. A resident seated on the toilet;
-At 10:35 A.M. and 1:19 P.M., Room 417, shared by two residents, with no toilet paper or hand

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towels;
-At 10:40 A.M. and 1:21 P.M., Room 423, shared by two residents with no toilet paper or hand towels;
-At 10:41 A.M. and 1:22 P.M., Room 422, shared by two resident with no toilet paper or hand towels;
-At 10:42 A.M. and 1:21 P.M., Room 421, shared by two residents, with no toilet paper or hand towels;
-At 10:47 A.M., Room 426, occupied by one resident, with no toilet paper or hand towels. A soiled brief on the floor of the restroom and urine in the toilet;
-At 10:49 A.M. and 1:23 P.M., Room 425, shared by two residents, with no toilet paper or hand towels;
-At 1:17 P.M., Room 413, shared by two residents, with no toilet paper or hand towels.

During an interview on 5/6/24 at 11:00 A.M., Certified Nurse Aide (CNA) S said the residents on the Meadow unit who can stand on their own use the restrooms in their rooms. The residents who required staff assistance used the restroom in the shower room, which is locked. Most of the residents used the restroom in the shower room because it was closer to the dining room and staff have everything they need in the shower room to provide assistance with personal care. He/She was not sure why there were no hand towels in resident rooms. Each restroom should be supplied with toilet paper.

During an interview on 5/6/24 at 10:35 A.M., Porter K said he/she cleans the main areas on the Meadow unit. Housekeeping cleans the individual resident rooms and fills the paper products. The residents on the Meadow unit

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were very confused. It might be that some of the residents did not get toilet paper because they would flush it all and clog the toilets.

During an interview on 5/6/24 at 11:32 A.M., Housekeeping Partner L said he/she cleaned the resident rooms on the Meadow unit daily. He/She does not stock hand towels in resident rooms because one resident on the unit will take them and throw them away. Residents have to request toilet paper. He/She does not stock toilet paper in rooms on the back of the hall, only the rooms on the front of the hall, because it will get thrown away.

During an interview on 5/6/24 at 11:48 A.M., Licensed Practical Nurse (LPN) J said nursing staff try to make sure all residents are toileted in the shower room. The residents on the Meadow unit were confused and have dementia. Most of the residents who can walk were wanderers. Some of the residents on the unit dig in the toilets and a couple residents take and hoard toilet paper. Some residents need to be watched closely because they are sneaky and will try to use the restrooms on their own in their rooms. If the resident can use their restroom on their own, they are able to keep toilet paper, but most residents use the toilet in the shower room.

During an interview on 5/6/24 at 1:38 P.M., CNA Q said all of the residents on the Meadow unit were confused and cognitively impaired. Most of the residents on the unit wander. Toilet paper on the unit is locked up. One resident on the unit likes to take things, such as toilet paper and hand towels. Some residents on the unit can use the restrooms in their rooms independently, including residents in Rooms 414, 415, and 418. The

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residents who use their restrooms independently can have toilet paper in their rooms.

During an interview on 5/6/24 at 2:10 P.M., the Housekeeping Supervisor said housekeeping is responsible for restocking toilet paper and hand towels when they clean resident rooms. Toilet paper should be stocked in resident rooms unless there is a note saying not to, due to dignity issues. Most of the residents on the Meadow unit are toileted by staff. Toilet paper is no longer stocked in resident rooms on the Meadow unit due to issues of residents flushing excessive toilet paper and clogging the toilets.

3. Observations on 5/1/24 at 5:13 P.M., 5/2/24 at 7:47 A.M., 5/3/24 at 1:22 P.M., and 5/6/24 at 7:40 A.M., showed Room 422 on the Meadow unit with no lid on the toilet tank in the restroom shared by two residents.

Observations on 5/1/24 at 6:18 P.M., 5/2/24 at 7:49 A.M., 5/3/24 at 1:19 P.M., and 5/6/24 at 7:51 A.M., showed the restroom shared by Rooms 418 and 420 on the Meadow unit, a total of four residents, with no lid on the toilet tank.

Observations on 5/1/24 at 5:55 P.M., 5/2/24 at 7:27 A.M., 5/3/24 at 1:17 P.M., and 7:52 A.M., showed the restroom shared by Rooms 414 and 416 on the Meadow unit, a total of four residents, with no lid on the toilet tank.

During an interview on 5/6/24 at 11:32 A.M., Housekeeper L said he/she was not sure why the toilet tank lids in some resident rooms were missing.

During an interview on 5/6/24 1:38 P.M., CNA Q

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said a couple residents on the Meadow unit like to play in their toilets. Some of the toilet tank lids are missing in resident rooms because they were taken off, unknown by whom. The toilet tanks should have lids.

During an interview on 5/6/24 at 2:10 P.M., the Housekeeping Supervisor said she was not aware of tank lids missing on toilets on the Meadow unit.

During an interview on 5/6/24 at 3:46 P.M., the Maintenance Director said he was not aware tank lids were missing on toilets on the Meadow unit. He expected staff to report something like this to Maintenance.

4. During an interview on 5/6/24 at 2:50 P.M., the Director of Nurses (DON) and Administrator said staff toilet all residents on the Meadow unit in the shower room. Staff toilet residents in a structured manner after meals. Several residents on the Meadow unit like to go throughout the unit and grab all of the toilet paper and hand towels. There is one resident in particular who takes paper products and shreds them as his/her coping mechanism and staff have attempted different interventions to address this, but it is still an ongoing behavior. All residents on the Meadow unit should be toileted in the shower room and staff should try to deter residents from using the toilets in their rooms. The DON and Administrator were not sure why tank lids are missing on some toilets on the Meadow unit. They expected staff to report this to Maintenance. All staff have access to reporting Maintenance issues through the facility's building management platform.

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F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689		

§483.25(d) Accidents.
The facility must ensure that -
§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and

§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure staff took appropriate precautions to prevent potential injury while assisting one resident in propelling their wheelchair (Resident #45). The facility failed to ensure a shower room floor was clear of trip hazards for one resident at risk of falls (Resident #77). The facility failed to ensure chemicals were stored properly on the Meadow memory care unit, where the facility identified 20 out of 27 residents with wandering behavior, including one resident with known behavior of rummaging (Resident #4). The facility failed to ensure chemicals were stored properly in the 300 hall shower room and to ensure cleaning chemicals were utilized in a manner to prevent potential injury (Resident #45). The facility failed to ensure staff took appropriate precautions to prevent potential slips and falls while floors were being mopped on the Meadow unit (Residents #109 and #122). The sample was 35. The census was 191.

Review of the facility's Chemical Storage policy, undated, showed chemicals will be kept in the visual sight of a staff member. When not in view of a staff member, should be in a secured area.

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1. Review of Resident #45's medical record, showed diagnoses included Alzheimer's disease, vascular dementia, depression, other speech and language deficits following stroke, hemiplegia (paralysis to one side of the body) and hemiparesis (weakness to one side of the body) following stroke affecting right dominant side, non-pressure chronic ulcer of other part of right lower leg, and personal history of healed pathological fracture (broken bone due to disease) to right hip.

Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/11/24, showed:
-Resident rarely/never understood;
-Use of wheelchair;
-Supervision or touching assistance for wheeling 50 feet.

Review of the resident's care plan, in use at the time of survey, showed:
-Problem: Activities of daily living (ADLs). Limited ability to perform self-care, hemiplegia and hemiparesis affecting right dominant side, history of fracture of neck of left femur (thigh bone), incontinence of bowel and bladder, dementia, atrial fibrillation (irregular heartbeat), hypertension (high blood pressure) and major depressive disorder;
-Approaches included: Encourage/assist with ambulation as needed. Explain all procedures before beginning. Resident is in a wheelchair and will propel him/herself to wherever he/she needs to be on the unit.

Observation on 5/1/24 at 12:24 P.M., showed the

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resident sat in a wheelchair in between the sitting area and dining room of the Meadow memory care unit. No footrests were on the resident's wheelchair and the resident wore non-slip socks without shoes. Certified Nurse Aide (CNA) F approached the resident and grasped the handles of the wheelchair. Without saying anything to the resident, CNA F pushed the resident's wheelchair to a table in the dining room. While the CNA moved the wheelchair, the resident's feet dragged on the floor, approximately ten feet, and one of the resident's socks was pulled down to the middle of the resident's foot.

During an interview on 5/6/24 at 11:00 A.M., CNA S said the resident used to be able to use his/her own wheelchair, but now needs assistance from staff with propelling. Most of the residents on the Meadow unit can hold their feet up when staff assist them with propelling. Residents in wheelchairs should have their feet up on footrests when staff took them somewhere.

During an interview on 5/6/24 at 5/6/24 at 11:48 A.M., Licensed Practical Nurse (LPN) J said residents in wheelchairs who do not use their feet have footrests on their wheelchairs. The resident is calm during day shift, at which time staff will assist him/her with propelling in his/her wheelchair. The resident sundowns (demonstrates increased confusion, restlessness, agitation, or irritability as night approaches) and is more able to propel him/herself in his/her wheelchair in the evening. The resident is able to pick his/her feet up when staff assists him/her with propelling. Before staff assist a resident with propelling, they should explain what they are about to do, then ask the resident to lift up their feet.

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During an interview on 5/6/24 at 1:38 P.M., CNA Q said most of the residents on the Meadow unit do not have footrests on their wheelchairs. Staff can assist a resident with propelling without the resident having footrests. Before propelling the resident, staff should tell the resident where they are taking the resident and ask the resident to lift their feet. The resident would be able to lift his/her feet if asked to lift them.

During an interview with the Director of Nurses (DON) and Administrator on 5/6/24 at 2:50 P.M., the Administrator said the resident is sometimes able to propel him/herself in his/her wheelchair. Most residents on the Meadow unit do not have footrests on their wheelchairs because they become a trip hazard for the memory care residents. The DON said when staff provide a resident with assistance propelling in their wheelchair, staff should approach the resident and explain what they are going to do. He expected staff to ask a resident to hold their feet up before propelling the resident in their wheelchair.

2. Review of Resident #77's medical record, showed diagnoses included dementia, Alzheimer's disease, anxiety, hypertension, history of falling and difficulty in walking.

Review of the resident's annual MDS, dated 2/29/24, showed:
-Resident rarely/never understood;
-Use of walker;
-Mobility performance: Supervision or touching assistance for walking;
-Two or more falls since last assessment.

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Review of the resident's care plan, in use at the time of survey, showed:
-Problem: Activities of daily living (ADLs) functional status/rehabilitation potential. ADLs: Limited ability to perform self care, hypertension, dementia, Alzheimer's disease;
-Approaches included: Anticipate ADL needs. Resident is limited assist of one for toileting and showers, and supervision of one with dressing and hygiene. Encourage/assist with ambulation as needed. Resident ambulates around the unit with a wheeled walker.
-Problem: Falls. Resident at risk for falls related to scored items on the Morse Fall Scale (MFS, an assessment tool used to determine likelihood of falling), history of falling and hypertension;
-Goal: Resident will have no injuries related to falls;
-Approaches included: observed and unobserved falls documented 8/16/22, 9/28/22, 12/31/22, 8/8/23, 12/9/23, 1/27/24, 3/29/24, 4/14/24, 4/20/24.

Review of the resident's MFS, dated 3/1/24, showed a score of 70.0, high risk for falls.

Observation on 5/1/24 at 12:11 P.M., showed the resident attempted to turn the knob on the door to the Meadow unit shower room. CNA M entered a code on the keypad outside of the shower room and opened the door for the resident. The resident used a wheeled walker while he/she ambulated into the shower room. An untied, loose plastic bag containing clothing was on the shower room floor, approximately six feet from the shower room entrance. The front leg of the resident's walker caught on the plastic bag and the resident stumbled forward one step. CNA M kicked the bag toward the wall while the resident

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moved his/her walker and continued to ambulate through the shower room.

Observation on 5/1/24 at 1:05 P.M., showed the Meadow unit shower room with a plastic bag of clothing on the floor underneath the sink, to the right of the shower room entry.

During an interview on 5/6/24 at 11:00 A.M., CNA S said most of the residents on the Meadow unit use the shower room for toileting. The shower room is cleaned by housekeeping staff and nursing staff is responsible for maintaining the shower room and ensuring it remains free from trip hazards. Soiled linens should be stored in a soiled bin. Bags and linens should not be placed on the floor of the shower room.

During an interview on 5/6/24 at 1:38 P.M., CNA Q said the resident is confused and has a history of falls. He/She uses the toilet in the Meadow unit shower room, as do most of the residents on the unit. Housekeeping keeps the shower room clean and nursing staff is responsible for ensuring the shower room is picked up and clear of accident hazards. Clean linens should go in the closet and soiled linens should go in the hamper. Bags should not be kept on the shower room floor.

During an interview on 5/6/24 at 11:48 A.M., LPN J said the resident has a history of falls. He/She uses a walker to ambulate. He/She uses the toilet in the shower room so he/she can be supervised by staff. Nursing staff should make sure bags and linens are kept off the floor of the shower room and the area is clear of accident hazards.

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During an interview on 5/6/24 at 2:50 P.M., the DON and Administrator said the Meadow unit is for residents with late-stage memory impairments. Normally, all of the residents on the Meadow unit use the toilet in the shower room instead of the restrooms in their rooms. The residents on the Meadow unit are unable to care for themselves and staff assist them with toileting in the shower room. All staff are responsible for ensuring shower rooms are free from accident hazards. Soiled linens should be contained in a bin and clean linens should be stored in clean linen areas, not on the floor. When nursing staff assist a resident in the shower room, it is expected that staff ensure the floors are clear and free from trip hazards.

3. Review of the Safety Data Sheet (SDS) for Clorox Bleach Germicidal Wipes, revised August 2017, showed:
-Toxicological information:
-Inhalation: May cause irritation of respiratory tract;
-Eye contact: May cause slight irritation;
-Skin contact: Substance may cause slight skin irritation;
-Ingestion: Ingestion may cause irritation to mucous membranes. Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea.

Review of the facility's list of residents with wandering behavior on the Meadow memory care unit, provided 5/6/24, showed 20 residents identified of the 27 total residents on the unit, including Resident #4.

Review of Resident #4's medical record, showed diagnoses included Alzheimer's disease,

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dementia (severe) with anxiety, dementia (severe) with other behavioral disturbance, anxiety disorder, obsessive-compulsive disorder (OCD, uncontrollable and recurring thoughts and compulsions), insomnia and autistic disorder (neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave).

Review of the resident's quarterly MDS, dated 3/1/24, showed:
-Resident rarely/never understood;
-Other behavioral symptoms not directed toward others occurred 1-3 days;
-Wandering behavior exhibited daily.

Review of the resident's care plan, in use at the time of survey, showed:
-Problem: ADLs. Limited ability to perform self-care. Alzheimer's disease, dementia, severe cognitive impairment;
-Approaches included:
-At times the resident will be up throughout the night;
-Resident will attempt to take food/drinks from other residents. Staff redirect him/her as needed. He/She likes to snack on peanut butter and soda;
-Resident ambulate independently and wanders throughout the Meadows;
-Resident likes to rummage through trashcans and drawers that may cause bruising, skin tears, abrasions, etc., to his/her body due to him/her leaning on the object, putting his/her arms in the drawers, hitting the sides or top of the dresser, etc.;
-Staff to redirect resident to the common area and give him/her a diversional activity when he/she is rummaging, picking things off the floor;
-Problem: Due to diagnosis of autism and mental

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retardation, resident does not establish meaningful relationships with others. He/She appears to have the mentality of a 4-6 year old.

Observation of the Meadow unit on 5/2/24 at 7:40 A.M., showed the cabinets and drawers at the nurse's station unlocked. A container of Clorox Bleach Germicidal Wipes was in the bottom right unlocked cabinet of the nurse's station.

Review of the container for Clorox Bleach Germicidal Wipes, showed:
-Keep out of reach of children;
-Caution: Liquid causes moderate eye irritation.

Further observations of the Meadow unit, showed:
-On 5/2/24 at 1:24 P.M., the cabinets and drawers at the nurse's station were unlocked and the area was unattended by staff. Resident #4 opened drawers at the nurse's station, removed items, and walked back and forth between the nurse's station and sitting area. At 1:26 P.M., CNA Q walked by the sitting area and found a bottle of soda on the recliner where the resident had been. CNA Q removed the soda and called out to CNA M, who said the resident must have gone through the drawers at the nurse's station to find CNA M's soda;
-On 5/6/24 at 7:25 A.M., the cabinets and drawers at the nurse's station were unlocked.

During an interview on 5/2/24 at 1:31 P.M., LPN J said the resident is a busy body. He/She wanders and likes to get into things.

During an interview on 5/2/24 at 1:35 P.M., CNA M said he/she put his/her soda in a drawer at the nurse's station earlier that day. The resident has

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been finding the CNA's soda all day. He/She knows the CNA's hiding places. He/She waits for his/her opportunity when staff are busy, and then goes for what he/she wants.

During an interview on 5/6/24 at 11:00 A.M., CNA S said the resident likes to go through trash cans and cabinets in the kitchenette. He/She likes to grab things off the nurse's station. Staff need to redirect him/her and he/she responds well to this.

During an interview on 5/6/24 at 1:38 P.M., CNA Q said the resident likes to rummage through everything. He/She likes to take things, including paper and bags. The other day, he/she took an employee's soda out of the drawer at the nurse's station.

4. Review of the SDS for Dermavera, dated 8/18/24, showed:
-Toxicological information:
-Health hazards: Irritating if placed in eyes, or if ingested.

Observations of Room 425 on the Meadow unit, on 5/2/24 at 7:32 A.M. and 1:16 P.M., 5/3/24 at 10:49 A.M. and 1:23 P.M., and 5/6/24 at 7:36 A.M., showed a gallon-sized jug of Dermavera skin and hair cleanser with no lid, on the floor underneath the sink in the resident's restroom.

Observations of Room 423 on the Meadow unit, showed:
-On 5/2/24 at 7:41 A.M., Certified Medication Technician R exited the room. A gallon-sized jug of Dermavera skin and hair cleanser with no lid on top of the toilet tank in the resident's restroom;
-On 5/2/24 at 12:55 P.M. and 5/6/24 at 7:57 A.M., a gallon-sized jug of Dermavera skin and hair

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cleanser with no lid on top of the toilet tank in the resident's restroom.

During an interview on 5/6/24 at 11:00 A.M., CNA S said most of the residents on the Meadow unit have wandering behavior, including all of the residents who walk independently. Some residents like to take things. All chemicals should be locked in the closet or shower room. The gallon-sized jugs of Dermavera soap should be kept in the locked shower room. Bleach wipes should be locked up in the housekeeping closet or on the nurse's cart.

During an interview on 5/6/24 at 1:38 P.M., CNA Q said all of the residents on the Meadow unit are confused and cognitively impaired. Most of the residents who walk have wandering behavior. Some residents rummage through drawers and cabinets. All chemicals should be locked up and out of resident reach. Chemicals can be locked up in the storage room or shower room. Dermavera skin and hair cleanser should not be in resident rooms and should be locked up for safety.

During an interview on 5/6/24 at 11:48 A.M., LPN J said residents on the Meadow unit are confused. All chemicals, including Dermavera soap, should be stored in locked areas, such as the shower room, nurse's cart, housekeeping cart, or housekeeping closet. Chemicals should be locked for safety.

During an interview on 5/6/24 at 11:32 A.M., Housekeeping Partner L said all chemicals on the Meadow unit should be locked up for safety.

5. Review of the SDS for Clorox Commercial

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Clean-Up Disinfectant Cleaner with Bleach, showed:
-Hazard statements: Causes mild skin irritation. Causes serious eye irritation;
-Hygiene measures: Avoid contact with skin, eyes, or clothing. Do not eat, drink, or smoke when using this product.

Observation of the unlocked 300 hall shower room, for four of four days, 5/1/24 at 9:39 A.M., 5/2/22 at 7:06 A.M., 5/3/22 at 6:54 A.M., and 5/6/22 at 9:00 A.M., showed a bottle of Clorox Clean-up Disinfectant Cleaner with Bleach spray, on the shelf next to the shower. The bottle was approximately half full. The warning label, showed a caution warning for eye and skin irritant. Keep out of reach of children.

During an interview on 5/6/24 at 9:23 A.M., CNA O said that chemicals should be secured so that residents do not ingest them.

During an interview on 5/6/24 at 9:18 A.M., LPN P said that the chemicals should be secured because some residents are not able to distinguish the liquids.

6. During an interview on 5/6/24 at 9:29 A.M., the DON said chemicals should be secured to prevent a resident from accessing them.

During an interview on 5/6/24 at 2:50 P.M., the DON and Administrator said Dermavera soap should be stored in the locked shower room on the Meadow unit, not in the rooms of residents on the Meadow unit. If providing care to a resident in the resident's room on the Meadow unit, staff should bring the supplies they need, such as soap, then leave the room with those supplies.

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As long as staff have eyes on a chemical, it is not an issue. When chemicals are not in use or in an employee's line of sight, they should be stored in a secure area.

7. Review of the SDS for Ecolab Neutral Disinfectant Cleaner, dated 8/24/20, showed:
-Product as sold hazard statements: Harmful if swallowed, in contact with skin or if inhaled. Causes severe skin burns and eye damage;
-Product at use dilution hazard statement: Harmful if inhaled. Avoid breathing dust/fume/gas/mist/vapors/spray. Use only outdoors or in a well-ventilated area.

Observation of the Meadow unit on 5/2/24, showed at 1:06 P.M., several residents seated at tables throughout the dining room. Resident #45 was seated at a table with a cup of lemonade in front of him/her. Porter K held a spray bottle labeled, Ecolab Neutral Disinfectant Cleaner, and sprayed the resident's table, within two feet of the resident. Porter K sprayed his/her rag and wiped another table, where two residents were seated. Resident #45 drank from the cup of lemonade. Porter K sprayed his/her rag, then sprayed another table, where two residents were seated. The table was visibly wet after being wiped. At 1:09 P.M., Porter K sprayed his/her rag, then wiped a table where one resident was seated. He/She sprayed another table, where one resident was seated. At 1:11 P.M., he/she sprayed his/her rag and wiped another table where two residents were seated.

Observation of the Meadow unit on 5/3/24 at 1:27 P.M., showed Resident #45 seated at a table with a plate of food in front of him/her, eating lunch. Porter K held a bottle of Clorox Disinfectant

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Cleaner with Bleach and sprayed a table, where one resident was seated. He/She wiped the table with a rag, then sprayed the rag and used it to wipe the table where Resident #45 was eating his/her lunch. Porter K rinsed the rag in the kitchenette, then returned to the table and sprayed the rag and used it to wipe the table. He/She shook the rag over a trash can and approached another table adjacent to Resident #45's table, then sprayed the table, where another resident was seated. He/She approached a table diagonal from Resident #45's table, and sprayed the table, where another resident. Porter K walked over to two tables pushed together, where a total of three residents were seated, and sprayed the table with the Clorox spray, then wiped the table.

During an interview on 5/6/24 at 10:35 A.M., Porter K said the residents on the Meadow unit are very confused. He/She uses a disinfectant spray or Clorox spray to clean the dining tables in the dining room. Sometimes he/she sprays the rag to wipe the tables first, and sometimes he/she sprays the tables directly. He/She understands it might be better to spray the rag instead of directly spraying the table while residents are seated there.

During an interview on 5/6/24 at 2:10 P.M., the Housekeeping Supervisor said Porters are responsible for cleaning common areas, such as dining rooms. When cleaning dining tables, staff should wet a rag with water first. Then, staff should spray the rag with the cleaning solution and use the rag to wipe the tables. Disinfectant sprays can be used while residents are seated at the table. Residents must be removed from dining tables before they are cleaned with Clorox

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spray. It is not acceptable to spray chemicals directly on the table, instead of on a rag.

During an interview with the DON and Administrator on 5/6/24 at 2:50 P.M., the Administrator said she expected staff from all departments to partner together and remove residents from the dining tables when it is time to clean the dining room on the Meadow unit. If a resident is still eating, staff should wait for the resident to finish before they begin cleaning the table. When using a cleaning spray, staff should spray a rag, not the table, to ensure it does not splash residents.

8. Review of Resident #109's annual MDS, dated 4/26/24, showed:
-Resident rarely/never understood;
-Wandering behavior exhibited daily;
-Independent with walking;
-No falls since last assessment;
-Diagnoses included Alzheimer's disease, seizures, anxiety disorder, depression and schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves).

Review of the resident's care plan, in use at the time of survey, showed:
-Problem: At risk for falls related to fall scale, dementia, chronic kidney disease, heart disease, poor safety awareness, wandering;
-Approaches included: Resident wanders and paces throughout the unit. Nine documented incidents of observed or unobserved falls.

Review of Resident #122's quarterly MDS, dated 1/31/24, showed:
-Resident rarely/never understood;
-Wandering behavior exhibited daily;

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-Independent with walking;
-One fall since last assessment;
-Diagnoses included dementia and anxiety.

Review of the resident's care plan, in use at the time of survey, showed:
-Problem: At risk for falls related to fall scale, wandering, Alzheimer's disease, dementia, unsteady gait, hypertension, epilepsy (seizure disorder), history of falling:
-Approaches included seven documented incidents of observed falls, unobserved falls, or seizure activity.

Observations of the Meadow unit on 5/2/24 at 12:56 A.M., showed:
-Room 421 with wet floors throughout the room. No wet floor sign in the doorway of the room;
-Room 423 with wet floors throughout the room. No wet floor sign in the doorway of the room;
-One resident wandering the hallway in front of Rooms 421 and 423.

Observations of the Meadow unit on 5/3/24 showed:
-At 10:27 A.M., Rooms 416 and 415 doors open with wet floors in both rooms. No wet floor sign in the doorways of either room. Housekeeper L working around Room 418. Resident #109 wandering up and down the hall;
-At 10:29 A.M., Room 413 door open with wet floors in the room. No wet floor sign in the doorway of the room;
-At 10:35 A.M., Room 417 door open with wet floors in the room;
-At 10:36 A.M., Resident #122 wandered into Room 413;
-At 10:37 A.M., Resident #109 wandering the hall;
-At 10:39 A.M., Resident #122 walking on the wet

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floor in Room 419;
-At 11:00 A.M., Resident #109 wandered down the hall and into Room 413.

During an interview on 5/6/24 at 11:00 A.M., CNA S said most of the residents who walk on the Meadow unit wander, including Residents #109 and #122, who wander in and out of resident rooms. When housekeeping mops resident rooms, there should be wet floor signs and residents should know to stay out of those rooms.

During an interview on 5/6/24 at 11:32 A.M., Housekeeper L said he/she lets nursing staff know to keep the area clear so he/she can mop and residents don't trip and fall. He/She puts wet floor signs in the doorways of resident rooms when he/she mops, so residents know they should not go in there. He/She usually has about 3-4 wet floor signs with him/her as he/she works his/her way down the hall. A wet floor sign should remain in the doorway of a room until the floor is dry.

During an interview on 5/6/24 at 11:48 A.M., LPN J said the residents who walk independently on the Meadow unit are wanderers. Residents #109 and #122 wander in and out of room. While housekeeping is mopping the floors in resident rooms, staff should keep the areas clear and wet floor signs should remain in the doorway of the room until the floor is dry.

During an interview with the DON and Administrator on 5/6/24 at 2:50 P.M., the Administrator said using wet floor signs on the Meadow unit could at times be a trip hazard. The DON and Administrator said they expected there to be a system in place to deter wandering

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F 689	Continued From page 25 residents from entering resident rooms while the floors are wet from being mopped.	F 689		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure respiratory services were provided, consistent with professional standards of practice for one resident (Resident #81) when staff failed to follow the facility policy and obtain physician orders related to cleaning the resident's Bi-level Positive Airway Pressure (BiPAP, non-invasive ventilation therapy). Three residents were sampled with BiPAP machines. The sample was 35. The census was 191. Review of the facility's Non-invasive Positive Pressure Ventilation Continuous Positive Airway Pressure (CPAP), a device that uses mild air pressure to keep breathing airways open while sleeping, BiPAP policy, revised July, 2014, showed: -Purpose: -The purpose of a CPAP and BiPAP are to: -Correct hypoxemia (low oxygen levels) by keeping the alveolus (part of the lung) expanded	F 695		

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which increases Functional Residual Capacity (FRC), the body's lung capacity;
-Provide positive pressure to keep the airway open;
-Equipment:
-Appropriate face or nose mask for CPAP or BiPAP;
-Continuous oxygen if ordered;
-CPAP or BiPAP machine;
-Infection control:
-Proper handwashing is vital in providing care to residents with respiratory problems;
-The mask should be cleaned daily with soap and water;
-Headgear should be cleaned when soiled with soap and water weekly;
-The hose needs to be cleaned with soap and water weekly;
-Clean the machine cabinet as needed with mild detergents and damp cloth;
-Change filters as recommended by the manufacturer.

Review of Resident #81's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/14/24, showed:
-Severe cognitive impairment;
-Requires substantial assistance with toileting, upper and lower body dressing and personal hygiene;
-Uses a non-invasive mechanical ventilation: BiPAP.

Review of the resident's face sheet, undated, showed diagnoses included heart failure, end stage renal disease, kidney transplant, long term use of immunosuppressive (suppresses the immune system) biologics (manufactured

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medications), diabetes, personal history of infectious and parasitic diseases (diseases caused by organisms that live off of another living thing), shingles (a viral infection that causes a painful rash), obstructive sleep apnea (pauses in breathing) and dementia.

Review of the resident's care plan, in use at the time of survey, showed:
-Problem: Respiratory complications related to sleep apnea and a history of smoking;
-Plan: Apply BiPAP at night and remove in the morning; Observe for signs and symptoms of infection;
-The care plan did not address cleaning or maintenance of the resident's BiPAP machine.

Review of the resident's physician order sheets (POS), dated April 2024, showed:
-An order, dated 4/8/24, apply BiPAP at night and remove in the morning;
-No further orders for cleaning or maintenance of the resident's BiPAP machine were noted.

Observation and interview on 5/1/24 at 8:45 A.M. and 10:20 A.M., showed the resident's BiPAP machine located on his/her nightstand table labeled with the resident's name. The BiPAP mask, head gear and tubing were on the floor next to the resident's bed. The resident said he/she has been using the BiPAP machine nightly for many years.

Observation on 5/3/24 at 5:17 A.M., showed the resident's BiPAP machine was located on his/her nightstand. The headgear and tubing lay on the resident's bed.

During an interview on 5/3/24 at 5:25 A.M.,

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F 695	Continued From page 28 Registered Nurse (RN) A said the resident wears his/her BiPAP mask every night. Sometimes, the resident will remove the mask at night, and he/she usually has to be reminded to place his/her BiPAP mask back on. During an interview on 5/6/24 at 8:00 A.M., Licensed Practical Nurse (LPN) G said the resident can apply his/her BiPAP mask on him/herself and staff will replenish the machine with distilled water (water that has had impurities removed). The setting on the resident's BiPAP machine is already pre-programmed. LPN G was not aware of any special cleaning instructions related to the resident's BiPAP machine but would reach out to the resident's family member for cleaning instructions. During an interview on 5/6/24 at approximately 1:00 P.M., LPN H said there should be orders for cleaning the BiPAP mask, tubing and machine. The BiPAP mask is to be cleaned weekly and the tubing can either be replaced, or it needs to be deep cleaned weekly with soap and water. It is necessary for the BiPAP machine to be cleaned so the resident does not get infections, such as pneumonia. During an interview on 5/6/24 at 2:55 P.M., the Director of Nursing (DON) said he expected nursing staff to clean the resident's BiPAP machine, mask and tubing as per the policy or manufacturer's instructions. The cleaning is to help prevent any type of respiratory infections.	F 695		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals	F 761		

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Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

§483.45(h) Storage of Drugs and Biologicals

§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that medications kept in the facility medication rooms and on medication carts were within the date of expiration, for 2 of 4 medication rooms checked and 2 of 7 medication/treatment carts checked. The facility census was 191.

1. Review of the facility's Medication Storage in the Facility policy, revised in 1/1/19 showed:
-Medications and biologicals are stored safely, securely, and properly, following manufacturers recommendations or those of the supplier. The

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medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications;
-Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are removed from inventory, disposed of according to producers for medication disposal. Medications awaiting disposal may be stored in a designated area in the medication room for up to 30 days;
-Certain medications or package types, such as intravenous (IV) solutions, multiple does injectable vials, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency. For products that require shortened expiration dates upon opening, the nurse will document the date opened on the label.

2. Review of the Tubersol, Tuberculin Purified Protein Derivative (PPD, solution to test for tuberculosis exposure), injection Data Sheet, showed a vial containing any unused product 30 days after the first dose is withdrawn should be discarded since oxidation and degradation may reduce potency.

Observation of the 100 hall medication room on 5/2/24 at 10:47 A.M., showed an open multi-dose vial of Tubersol 5 milliliters (ml) with no open date, stored in the medication room refrigerator.

3. Review of the Basaglar KwikPen (used to treat diabetes) instruction for use, showed for an in-use pen, throw away the pen after using for 28 days, even if there is still insulin left in the vial.

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Review of the Breo Ellipta (inhaler to treat asthma) Consumer Medication Information, showed:
-Do not open Breo Ellipta until you are ready to use it for the first time;
-Safely throw away Breo Ellipta one month after you open the foil tray or when the counter reads "0", whichever comes first. Write the date the inhaler should be discarded on the label space provided. The date should be added as soon as the inhaler has been removed from the tray.

Observation of the 100 hall medication cart on 5/3/24 at 9:03 A.M., showed:
-A used single dose injection pen Basaglar KwikPen U-100 insulin with no open date;
-A multidose inhaler Breo-ellipta with no open date.

4. Review of the Humulin R (short acting insulin) instruction for use, showed after vials have been opened, throw away after 31 days even if there is still insulin in the vial.

Observation of the 200 hall medication room on 5/2/24 at 10:57 A.M., showed an opened multidose vile of Humulin R with no open date.

5. Review of the Soliqua 100/33 (used to treat diabetes) prescribing information, showed after the first use, discard the pen after 28 days.

Observation of the 400 hall medication cart on 5/3/24 at 9:13 A.M., showed:
-A used single dose injection pen Soliqusa 100/33 with no open date. The date dispensed shown on the pharmacy sticker was 11/21/23. Licensed Practical Nurse (LPN) W said that the medication has been discontinued and should not be on the

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F 761	Continued From page 32 cart. 6. During an interview on 5/6/24 at 9:18 A.M., LPN P said that insulin pens should be dated when opened so that the nurse knows how long the medication is good for. 7. During an interview on 5/6/24 at 9:29 A.M., the Director of Nursing said that insulin pens and vials should be dated when opened so that staff know when the medication is expired.	F 761		
F 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain laboratory services to meet the needs of the residents by failing to ensure the quality of the labs obtained when staff failed to follow manufactures directions for blood glucose (sugar) test strips to ensure accurate results. The census was 191. Review of the facility's Centers for Medicare and Medicaid Services (CMS) Clinical Laboratory Improvement Amendments (CLIA) certification of waiver, effective 9/1/22 and expiration 8/31/24, showed:	F 770		

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F 770	Continued From page 33 -Laboratory name and address, listed the facility name and address; -The above named laboratory located at the address shown hereon may accept human specimens for the purpose of performing laboratory examinations or procedures. Review of the FORA GD20 Operations and Procedures Manual for glucometer strips, showed write the opening date on the vial label when you first open it. Discard remaining strips after 90 days. 1. Observation of the nurse cart for the 300 hall on 5/3/24 at 9:02 A.M., showed a container of blood glucose check strips without an open date. 2. Observation of the nurse cart for the 100 hall on 5/3/24 at 9:08 A.M., showed a container of blood glucose check strips without an open date. 3. During an interview on 5/14/24 at 10:57 A.M., the Director of Nursing said the container for the blood glucose (sugar) test strips should be dated when opened.	F 770		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent	F 812		

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facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure staff performed hand hygiene during meal service in the main dining room. The census was 191. The sample was 35.

Review of a Texas Health and Human Services document the facility used to in- service staff on hand washing, dated 12/2022, showed:
-Key elements: Infection control in dining and meal service is important to prevent the spread of infectious diseases to vulnerable people living in long term care facilities.
-Best practices include but are not limited to: Hand hygiene performed prior to and during meal service by facility staff, hand hygiene any time contact is made with contaminated surfaces.

1. Observation on 5/1/24 at 12:19 P.M., showed (Certified Nursing Assistant) CNA F picked up two clothing protectors and placed them on two different residents. He/She assisted another employee with transferring a resident from a couch to a wheelchair, touching a gait belt, the resident, and the resident's wheelchair during the transfer. CNA F touched the handles of the resident's wheelchair while pushing the wheelchair from the sitting area to the dining

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room. He/She touched another resident's walker while moving it in the dining room. At 12:23 P.M., CNA F picked up a plastic cup by the rim and poured water into the cup, then repeated the process for two more cups. He/She delivered the three cups of water to three different residents in the dining room. At 12:24 P.M., CNA F held the handles of another resident's wheelchair while moving the resident to a dining room table. He/She picked up two plastic cups by the rims of the cups, placing his/her fingers inside the cups, poured water into the cups, and delivered them to two residents. At 12:26 P.M., he/she picked up two cups by the rims of the cups and delivered them to two residents. At 12:27 P.M., he/she called out the name of one resident seated at the dining room table, touched the resident's right ear using his/her left hand, and walked back to the kitchenette, where he/she filled a pitcher of water. At 12:29 P.M., he/she picked up a cup by the rim of the cup and delivered the cup to one resident. He/She touched the rims of two cups while moving the cups on the table for another resident. At 12:31 P.M., he/she held a cup of lemonade by the rim while delivering the cup to a resident. At 12:34 P.M., he/she held a cup of lemonade by the rim while moving it on the table in front of a resident. During the observations, CNA F did not wash or sanitize his/her hands.

2. Observation of the dinner service in the main dining room on 5/1/24 at 4:42 P.M. showed (Certified Medication Technician) CMT I passed dinner trays, drinks, and provided feeding assistance to residents. CMT I passed two meal trays to different residents, set up residents' silverware and trays, then returned to the kitchen service window area to retrieve a tray of drinks. CMT I passed the three drinks to three different

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	265318	A. BUILDING _____ B. WING _____	C 05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MARYLAND HEIGHTS	2920 FEE FEE ROAD MARYLAND HEIGHTS, MO 63043

(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) COMPLETION DATE
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residents and proceeded to cut up one of the resident's food items, touching the resident's silverware and tray while doing so. CMT I then returned to the kitchen window service area to retrieve a handful of condiments and two stain protectors, passing the condiments to residents and placing the stain protectors on two residents seated together at a table for residents who require feeding assistance with meals. CMT I did not wash his/her hands or use alcohol-based sanitizer to perform hand hygiene for the duration of the meal service.

3. Observation of the main dining room during the dinner meal on 5/1/24 at 4:46 P.M., showed CNA U sat at a resident table and while assisting a resident, CNA U touched his/her hair, flipped his/her hair over his/her shoulder. CNA U continued to assist the resident with feeding, with no hand hygiene performed after touching his/her hair.

Observation of the main dining room during the dinner meal on 5/1/24 at 4:49 P.M., showed CNA T assisted a resident by cleaning his/her mouth with a clothing protector, and then turned around to assist feeding another resident, with no hand hygiene performed between the assistance of the two residents.

Observation of the main dining room during the dinner meal on 5/1/24 at 5:22 P.M., showed CNA V took a resident's plate to the microwave, re-heated the food, and while returning to the table, CNA V pinned her/his hair back on one side with her/his hand. CNA V placed the warmed plate in front of the resident, assisted another resident with his/her wheelchair locks, and then proceeded to assist the resident with his/her meal

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with no hand hygiene performed prior to the assistance.

4. Observation of the main dining room during breakfast on 5/2/24 at 7:29 A.M., showed CNA E poured a resident's drinks and then walked to the trash can and opened the trash can lid with his/her hands to throw away trash. CNA E then walked back to the table and without performing hand hygiene, he/she grabbed another resident's cup to pour drinks.

5. Review of Resident #51's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/8/24, showed the resident was dependent on assistance for eating.

Review of Resident #46's quarterly MDS, dated 3/4/24, showed partial to moderate assistance needed with eating.

Observation on 5/2/24 at 8:15 A.M., showed CNA D sat at a dining room table, providing feeding assistance to Residents #51 and #46. Resident #51 wore a clothing protector. Using his/her right hand, CNA D held a spoon while using it to feed Resident #51. CNA D used his right hand to hold a fork while using it to feed Resident #46. CNA D used his/her right hand to pick up the clothing protector around Resident #51's neck and wiped Resident #51's mouth. CNA D removed Resident # 51's clothing protector and placed it on the table. Using his/her right hand, CNA D held a beverage cup to Resident #46's mouth and used a fork to feed the resident. Using his/her left hand, CNA D readjusted Resident #51's shirt. CNA D rested the side of his/her face on his/her left hand. He/She scratched his/her left eyebrow

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with his/her left hand. He/She used his/her left hand to hold a cup of juice by the rim of the cup, and moved the cup closer to Resident #46. Resident #46 drank from the cup of juice with his/her mouth on the rim of the cup. During the observation, CNA D did not wash or sanitize his/her hands.

6. During an interview on 5/6/24 at 10:09 A.M., Dietary Aide C said hand washing should be performed before meal time, during meals, and after assisting residents.

7. During an interview on 5/6/24 at 10:42 A.M., CNA E said staff should perform hand washing before, during, and after assisting residents. He/She said hand hygiene was important to prevent illness.

8. During an interview on 5/6/24 at 9:31 A.M., the Dietary Manager said he would expect for all staff to perform proper hand hygiene during meal time. Hand washing should be performed anytime a staff member touches something.

9. During an interview on 5/6/24 at 3:00 P.M., the Administrator said she would expect all staff to be performing proper hand hygiene in the dining room. She would expect staff to wash or sanitize their hands anytime they touch something.

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	08272	A. BUILDING: _____ B. WING _____	C 05/06/2024

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A3038	19 CSR 30-85.032(38) Furniture/Equip, Provide Comfort & Safety The facility shall maintain furniture and equipment in good condition and shall replace it if broken, torn, heavily soiled or damaged. Rooms shall be designed and furnished so that the comfort and safety of the residents are provided for at all times. II/III This regulation is not met as evidenced by: Class III See the deficiency cited at F584.	A3038		
A4062	19 CSR 30-85.042(53) Medication Labeling All prescription medications shall be supplied as individual prescriptions. All medications, including over-the-counter medications, shall be packaged and labeled in accordance with applicable professional pharmacy standards and state and federal drug laws and regulations. The United States Pharmacopoeia (USP) labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III This regulation is not met as evidenced by: Class II* See the deficiency cited at F761. *The higher classification merited due to the extent of the violation.	A4062		
A4074	19 CSR 30-85.042(65) Protective Oversight,	A4074		

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A4074	Continued From page 1 Voluntary Leave Each resident shall receive twenty-four- (24-) hour protective oversight and supervision. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II This regulation is not met as evidenced by: Class II See the deficiency cited at F689.	A4074		
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II See the deficiencies cited at F689 and F695.	A4075		
A4092	19 CSR 30-85.042(83) Equip Sanitized/Stored, Prevent Contamination Facilities shall keep all utensils and equipment in good condition, effectively sanitized, sterilized, or both, and stored to prevent contamination. II/III This regulation is not met as evidenced by: Class III	A4092		

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A4092	Continued From page 2 See the deficiency cited at F770.	A4092		
A6005	19 CSR 30-87.020(5) Toxic Material Storage Poisonous or toxic materials consist of the following categories: insecticides and rodenticides; disinfectants, sanitizer and related cleaning or drying agents; and caustics, acids, polishes and other chemicals. Each of these three (3) categories set forth shall be stored and physically located separate from each other. All poisonous or toxic materials shall be stored in locked cabinets or in a similar physically separate place used for no other purpose which is not accessible to residents. II This regulation is not met as evidenced by: See the deficiency cited at F689.	A6005		
A6007	19 CSR 30-87.020(7) Use of Toxic Materials Poisonous or toxic materials shall not be used in a way that contaminates food, equipment or utensils, nor in a way that constitutes a hazard to residents, employees or other persons, nor in a way other than in full compliance with the manufacturer ' s labeling. II This regulation is not met as evidenced by: See the deficiency cited at F689.	A6007		
A6041	19 CSR 30-87.020(41) Toilet Room Requirements Toilet rooms shall be conveniently located and easily accessible to residents and employees. Toilet rooms shall be completely enclosed. Toilet	A6041		

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A6041	Continued From page 3 fixtures shall be kept clean and in good repair. A supply of toilet tissue shall be provided at each toilet at all times. Easily cleanable receptacles shall be provided for waste materials. Toilet rooms used by women employees shall have at least one (1) covered waste receptacle. III This regulation is not met as evidenced by: See the deficiency cited at F584.	A6041		
A7002	19 CSR 30-87.030(2) Wash Hands/Arms & Clean Fingernails Employees shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting work, during work as often as is necessary to keep them clean and after smoking, eating, drinking or using the toilet. Employees shall keep their fingernails clean and trimmed. II/III This regulation is not met as evidenced by: Class III See the deficiency cited at F812.	A7002		

PLAN OF CORRECTION

Provider/Supplier Name:	NHC Healthcare, Maryland Heights
Street Address, City, Zip:	2920 Fee Fee Rd. Maryland Heights MO 63043
Date of Survey:	5/1/2024-5/6/2024

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
	This plan of correction is submitted as required under state law and it does not constitute an admission on the part of the facility that the findings constitutes deficiencies. That the scope and severity regarding the deficiencies cited are correctly applied.	

F584	IVY house was in the middle of a remodel with new flooring and wallpaper being installed. New furniture has been ordered for the IVY house that meets fire standards on 5/6/2024. The old furniture had been planned to be replaced. Housekeeping/ porters did a deep clean on the older furniture. Housekeeping and porters have been educated on wiping down furniture and asking nursing staff to assist them with residents when they need to clean areas that residents are in. QA will be done by environmental service director or designee monthly on the repair and cleanliness of furniture in the center. Residents in the Meadows are on a routine toileting program due to their advanced decline in dementia. Residents need assistance with all daily activities (ADL). Most of these ADL are done in the main bathroom with assistance from staff. Staff will bring supplies into the room when assisting residents in the room. Staff will continue to individualize residents' care needs and place toilet paper and paper towels in residents' room if appropriate. Residents on Meadows were assessed for functionality with ADL's (toileting) and resident # 77 & resident # 163 will have plan of care updated to reflect that "the resident was assessed and demonstrate functional capacity to utilize toiletries in a dignified manner with minimal verbal queuing and oversight ". Staff on the dementia units will be inserviced on identification of residents' care needs and giving appropriate supplies to allow as much independence for each resident. The Center will continue to reevaluate toiletry dispensing units for residents on Meadows. Toilet lids were replaced in rooms # 422/418/414. Staff have been inserviced on communicating with maintenance if something needs repair by TELS or leaving a message on their voicemail. QA placing toilet paper and paper towels in rooms where residents have been identified to use the toilet on their own by Unit manager or designee.	Immediately Ongoing 5/13/2024
F689	Resident #45 was reevaluated by therapy and was given foot pedals on wheelchair when resident has fewer wondering behaviors and not able to pick feet up when asked to, Resident #77 no negative outcome. Partners was able to restabilize patient #77. All partners who may transport residents were re-inserviced on how to transport the resident safely and on how to approach residents when transporting. All Partners were re-inserviced on keeping the area hazard free for residents. All Partners were re-inserviced on chemical storage behind lock doors when not in visual sight of a partner. Housekeeping partners/ porters were re-inserviced on how to use chemicals around residents. No negative outcome for resident #4 No negative outcome for #109 and #122 with wet floors after being mopped. The center has ordered two air blowers for Meadow's floor so that the floors may dry faster after being mopped. Partners in housekeeping will be inserviced on the blowers in Meadows and using wet floor signs with wet floors. Weekly observations for chemical storage QA will be reported monthly until in compliance for three months on chemical storage by environmental director and nursing supervisor or designee to ensure that chemicals are locked when not in use and not in visual sight of a partner. QA on floors being dried and having signs/ blowers in use will be done with weekly observations reported monthly at QA by environmental director or designee until in compliance for three months. QA will be done by the nurse supervisor to ensure that shower rooms are in an orderly condition. One shower room will be checked on dayshift and one on eve shift to total 2 observations per week until in compliance for three months.	Immediately Ongoing 5/17/2024

F695	Resident #81 had no negative outcome #81 was provided with new mask and tubing. Resident #81 was assigned an order set for cleaning BIPAP and given a Liviliti to keep at bedside. Facility identified all residents receiving BIPAP/CPAP therapy. Residents with BIPAP/CPAP have a Liviliti Smart Sanitizer placed at bedside next to BIPAP/CPAP. Order sets were created and will appear on each resident's MAR/TAR to ensure: 1) Mask & tubing are placed in sanitizer every am, 2) Mask & tubing will be replaced every 3 months and as needed, 3) Inspect, wash & cleanse mask tubing, mask, and humidifier basket as needed. All nursing staff have been educated on center policy and procedure for mask/tubing sanitization. Sanitizer will be inspected annually and serviced as needed. Compliance will be monitored by MAR/TAR observation and observations of unit usage by visually inspecting for staff compliance to support sanitizer utilization. QA for 2 residents, chosen at random, will be selected monthly for compliance monitoring by DON/designee.	5/8/2024 5/27/2024 Immediately Ongoing
F761	Nursing staff who have responsibility of passing medications were inserviced on dating and labeling medications and removing medications that have been discontinued or expired off the medication carts and the medication rooms timely. QA will be done on 2 med carts and medication rooms monthly by DON or designee. Pharmacy Tech will perform monthly audits on expired /discontinued Rx as part of our QA process.	Immediately Ongoing 5/17/2024
F770	Nursing staff who have responsibility of doing accu checks will be re-inserviced on dating the glucometer strips when opened and to discard within 30 days of opening. QA will be done on labeled glucometer strips bottles, review 6 open bottles a month by DON or designee. QA will be continued monthly until 100% compliance is met.	Immediately Ongoing 5/17/2024
F812	No negative effect for resident #51 and #46 Re-inservice on handwashing. Re-inservice on how-to pick-up cups. Hand sanitizer was added to the assisted dining table to assist with hand hygiene. QA will be done by A.I.T (Administrator in Training) or designee on hand hygiene. One meal observation a week will be completed on dining service with hand hygiene during meal service.	Immediately Ongoing 5/17/2024
A3038	Refer to F584	Immediately Ongoing 5/13/2024
A4062	Refer to F761	Immediately Ongoing 5/17/2024
A4074	Refer to F689	Immediately Ongoing 5/17/2024
A4075	Refer to F689 and F695	Immediately Ongoing 5/8/2024 5/17/2024
A4092	Refer to F770	Immediately Ongoing 5/17/2024
A6007	Refer to F689	Immediately Ongoing 5/17/2024
A6041	Refer to F 584	Immediately Ongoing

		5/13/2024
A7002	Refer to F812	Immediately Ongoing 5/17/2024
A6005	Refer to F689	Immediately Ongoing 5/17/2024

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.