

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28242	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/25/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SUNRISE OF WEBSTER GROVES

45 EAST LOCKWOOD
SAINT LOUIS, MO 63119

(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
A4797	19 CSR 30-86.047(46) Safe & Effective Medication System The administrator shall develop and implement a safe and effective system of medication control and use, which assures that all residents' medications are administered by personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. The facility shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition and medication. Administration of medication shall mean delivering to a resident his or her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small cup container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. All individuals who administer medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II This regulation is not met as evidenced by: Class II Based on observation, interview and record review, the facility failed to provide a safe and effective medication system when a Level One Medication Aide (LIMA) administered medication to residents without watching the residents consume the medication for four observed residents in the morning medication pass. Additionally, the LIMA failed to sanitize an area of	A4797	<i>* See attached Plan of Correction</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Azanne Shuffman, Executive Director

7/15/2025

STATE FORM

6899

X61511

If continuation sheet 1 of 7

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A4797	Continued From page 1 the skin before administering insulin to two observed residents during the morning medication pass. The census was 81. 1. Observation on 6/24/25 at 7:57 A.M., showed LIMA C administered insulin to Resident #8 to his/her left side of the stomach, without sanitizing the area before injecting the insulin. After administering the resident's insulin, LIMA C placed the resident's medication cup filled with the resident's medication on the resident's dresser. The resident did not take the medication in front of LIMA C and LIMA C did not ask the resident to take the medication before leaving the resident's apartment. The resident started to put his/her pants on, and the medication remained on the dresser when LIMA C exited the resident's apartment. Review of the resident's physician's orders dated 6/24/25, showed no order to leave medications at bedside. 2. Observation on 6/24/25 at 8:07 A.M., showed LIMA C entered Resident #10's apartment and the resident was in the bathroom. Another staff member sat at the kitchen table waiting for the resident to come out of the bathroom to assist him/her with getting dressed. LIMA C placed the resident's medication cup that was filled with the resident's medication on the table next to the other staff member. The resident never came out of the bathroom and did not take the medication in front of LIMA C. LIMA C left the resident's apartment without watching the resident take the medication and without telling the resident to take the medication. Review of the resident's physician's orders dated 6/24/25, showed no order to leave medications at	A4797		

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A4797	Continued From page 2 bedside. 3. Observation on 6/24/25 at 7:49 A.M., showed LIMA C knocked on Resident #7's door and handed the resident a medication cup filled with the resident's medication. The resident took the medication cup, thanked LIMA C and shut the door. The resident did not take the medication in front of LIMA C and LIMA C did not ask the resident to take the medication before he/she left the area to continue his/her medication pass. Review of the resident's physician's orders dated 6/24/25, showed no order to leave medications at bedside. 4. Observation on 6/24/25 at 8:02 A.M., showed LIMA C entered Resident #9's apartment. The resident laid in his/her bed. LIMA C told the resident he/she had the resident's medication. LIMA C placed a medication cup filled with the resident's medication on the rolling bed-side table. The resident did not take the medication but thanked LIMA C. LIMA C left the resident's apartment without watching the resident take his/her medication and without telling the resident to take his/her medication. Review of the resident's physician's orders dated 6/24/25, showed no order to leave medications at bedside. 5. Observation on 6/24/25 at 7:35 A.M., showed LIMA C administered insulin to Resident #3 to his/her left side of the stomach, without sanitizing the area before injecting the insulin. 6. During an interview on 6/24/25 at 2:35 P.M., LIMA C said he/she was trained to watch the resident take their medication before leaving the	A4797		

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A4797	Continued From page 3 room, but he/she "knew" he/she could "trust" the residents to take their medication and they would not forget. LIMA C said he/she thought he/she had wiped the resident's stomach before injecting insulin. 7. During an interview on 6/25/25 at 11:34 A.M., the Administrator said LIMA C should have watched the residents take the medication and should not have left medication in the resident's apartment with another staff member. Also, she said LIMA C should have sanitized the resident's skin before injecting insulin.	A4797		
A4836	19 CSR 30-86.047(58)(A) Resident Record Admission Info 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 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 four of seven sampled residents (Residents #5, #3, #2 and #6). The census was 81.	A4836		

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A4836	Continued From page 4 1. Review of Resident #5's medical record, showed the following: -Admit date 2/28/24; -No documented preferred dentist; -No documented preferred funeral home. 2. Review of Resident #3's medical record, showed the following: -Admit date 4/25/24; -No documented preferred dentist; -No documented preferred funeral home. 3. Review of Resident #2's medical record, showed the following: -Admit date 9/5/23; -No documented preferred dentist; -No documented preferred funeral home. 4. Review of Resident #6's medical record, showed the following: -Admit date 9/4/21; -No documented preferred dentist. 5. During an interview on 6/25/25 at 11:36 A.M., the Administrator said the resident's preferred dentists and funeral homes should be documented in the resident's medical record. She did not know the residents did not have this information.	A4836		
A8037	19 CSR 30-88.010(36) Personal Clothing/Possessions Each resident shall be permitted to retain and use personal clothing and possessions as space permits. Personal possessions may include furniture and decorations in accordance with the facility's policies and shall not create a fire	A8037		

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A8037	Continued From page 5 hazard. The facility shall maintain a record of any personal items accompanying the resident upon admission to the facility, or which are brought to the resident during his or her stay in the facility, which are to be returned to the resident or responsible party upon discharge, transfer, or death. II/III This regulation is not met as evidenced by: Class III Based on interview and record review, the facility failed to ensure personal inventory lists were completed, for four of seven sampled residents (Residents #6, #5, #3 and #2). The census was 81. 1. Review of Resident #6's medical record, showed the following: -Admit 9/4/21; -An inventory sheet dated 4/4/19 with "waived" typed in bold letters. 2. Review of Resident #5's medical record, showed the following: -Admit date 2/28/24; -An inventory sheet dated 2/13/24 with "waived" typed in bold letters. 3. Review of Resident #3's medical record, showed the following: -Admit date 6/30/24; -No documented inventory sheet. 4. Review of Resident #2's medical record, showed the following: -Admit date 9/5/23; -An inventory sheet dated 8/25/23 with only two items listed.	A8037		

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A8037	Continued From page 6 5. During an interview on 6/24/25 at 2:45 P.M., the Administrator said she knew the inventory sheets were required but did not know what to do if the family or resident refused to fill it out. She said she did not know she couldn't waive an inventory sheet.	A8037			

Sunrise Senior Living Plan of Correction

Name of Facility: Sunrise of Webster Groves
Address of Facility: 45 E. Lockwood Ave, Webster Groves, MO 63119
License number: 28242
Inspection date(s): 6/24/2025
Name and Title of Legal Entity Representative Signing the Plan of Correction:
Suzanne Huffman, LNHA, Executive Director
Signature of Sunrise Representative: *Suzanne Huffman, Executive Director*
Date of Submission: 7/15/2025

Regulation	Target Date by Which Correction will be completed	Plan of Correction
19CSR86.047 p.46 A4797	7/15/2025	A. Immediate Solution: With respect to the specific resident/situation cited: The medication care manager involved was immediately retrained on proper medication administration protocols, focusing on the requirement to directly observe the resident taking medications and complete timely documentation. In addition, this retraining included the proper sanitation steps required when preparing to inject medication into the skin and testing for blood glucose levels. B. Expand Scope: With respect to how the facility will identify residents/situations for the identified concerns policy review and staff education: Medication Care Managers and relevant staff have undergone mandatory in-service training on medication administration on July 1, 2025, emphasizing the prohibition of leaving medications unattended, the need for direct observation of medication intake, proper documentation practices and proper skin sanitation for administering insulin. Medication administration processes will be reviewed and reinforced during staff meetings. C. Systemic Change: With respect to what systemic measures have been put into place to address the stated concern: Resident Care Director and nursing staff will conduct weekly audits of medication administration records and perform random direct observations of medication passes to ensure compliance. Any

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		deviations from process will be addressed immediately with corrective action. The incidents have been documented in the med tech's personnel file. Further violations will result in progressive disciplinary action, up to and including termination. <i>D. Monitoring: With respect to how the plan of correction will be monitored:</i> The facility will review audit results during the monthly QAPI meetings for three months to evaluate adherence to medication administration procedures and make any necessary adjustments to training or policy. Resident Care Director and Executive Director are responsible for ensuring on-going compliance.
19CSR86.047 p58a A4836	7/15/2025	<i>A. Immediate Solution: With respect to the specific resident/situation cited:</i> Funeral home and Dentist have been added to the residents cited. All current resident face sheets are being reviewed and updated to include this information where missing. The responsible parties have been contacted for updated or missing information. <i>B. Expand Scope: With respect to how the facility will identify residents/situations for the identified concerns:</i> Staff responsible for move-ins and medical record documentation have been trained on the updated face sheet by 7/1/2025. Training covered the importance of collecting and recording dentist and funeral home information and how to follow up with families for missing details. Standards for information declined or unavailable will be addressed by providing residents and responsible parties a local listing of providers to select until their permanent plans are finalized. <i>C. Systemic Change: With respect to what systemic measures have been put into place to address the stated concern:</i>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		The Business Office Manager or Resident Care Director will audit 100% of new move-in face sheets for 60 days. Ongoing: 25% of move-ins will be audited monthly to ensure complete documentation. Deficiencies will be corrected within 3 days and addressed through coaching or re-training as needed. <i>D. Monitoring: With respect to how the plan of correction will be monitored:</i> The Resident Care Director and Executive Director are responsible for ensuring ongoing compliance and monitoring of demographics form completion. The facility will review audit results during the monthly QAPI meetings for three months to ensure adherence to these actions.
19CSR88.010 p36 A8037	7/15/2025	<i>A. Immediate Solution: With respect to the specific resident/situation cited:</i> Inventory sheets for new residents were initiated immediately upon notification and clarification of regulation and will continue. <i>B. Expand Scope: With respect to how the facility will identify residents/situations for the identified concerns:</i> Staff involved in the move-in process (e.g., Executive Director, Resident Services Coordinator, Move-In Coordinator) were re-trained 6/25/25 on the process of reviewing with the resident and/or responsible party their personal items brought into or removed from the residents' rooms. <i>C. Systemic Change: With respect to what systemic measures have been put into place to address the stated concern:</i> An audit was completed on current resident records where move-in inventory sheets were marked as being waived. Residents without an inventory sheet will be re-assessed, and an inventory will be

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		completed in collaboration with the resident and/or responsible party. Documentation will be filed in the resident record and copies will be offered to the resident or their legal representative. <i>D. Monitoring: With respect to how the plan of correction will be monitored:</i> A monthly audit of 100% of admissions will be conducted for the next 3 months. Findings will be reported to the facility's Quality Assurance and Performance Improvement (QAPI) committee. After 3 months, if no further deficiencies are identified, audits will be reduced to a random sampling of 25% of move-ins for the follow quarter. Executive Director is responsible for ensuring implementation and ongoing compliance with this Plan of Correction.