STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265607	A. BUILDING _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWCREEK WELLNESS & REHABILITATION	250 NEW FLORISSANT ROAD SOUTH FLORISSANT, MO 63031

(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 684 SS=D	Quality of Care CFR(s): 483.25	F 684		

§ 483.25 Quality of care
Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to monitor one resident's (Resident #3) weight weekly as recommended by the Registered Dietitian on 9/26/24 for four weeks and failed to monitor and reassess the resident when he/she had a low blood pressure two days in a row and the blood pressure medicine was held. The nurse failed to notify the physician of holding the medication related to hypotension the first day (Resident #3). The sample was 7. The census was 107.

Review of the facility's Change of Condition Notification policy, last revised 6/2020, showed:
-Purpose: To ensure residents, family, legal representative, and physicians are informed of change in the resident's condition in a timely manner.
-Policy: Definition: An acute change of condition (ACOC) is a sudden, clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional domains.
-Members of the Interdisciplinary Team (IDT) are expected to report and document signs and symptoms that might represent an ACOC.
-The Facility will promptly inform the resident,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	11/15/24

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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consult with the resident's Attending Physician, and notify the resident's legal representative when the resident endures a significant change in their condition caused by, but not limited to:
-An injury/accident;
-A significant change in the resident's physical, cognitive, behavioral or functional status;
-A significant change in treatment; and/or
-A decision to transfer or discharge the resident from the Facility.
-Procedure:
-The Licensed Nurse will notify the resident's Attending Physician when there is an:
-Incident/accident involving the resident;
-An accident involving the resident which results injury and has the potential for requiring physician intervention;
-A significant change in the resident's physical, mental or psychosocial status, e.g., deterioration in health, mental or psychosocial status, life-threatening conditions or clinical complications;
-A need to alter treatment significantly;
-A decision to transfer or discharge the resident from the Facility.
-The Licensed Nurse will assess the resident's change of condition and document the observation and symptoms.
-Notifying the Attending Physician:
-The Attending Physician will be notified timely with a resident's change in condition;
-Notification to the Attending Physician will include a summary of the condition change and an assessment of the resident's vital signs and system review focusing on the condition and/or signs and symptoms for which the notification is required;
-Reporting Information to the Attending Physician:

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F 684	Continued From page 2 -Emergency Situations -In emergency situations, (e.g., a resident is experiencing unexpected shortness of breath, intense pain, unexpected bleeding, serious abnormal labs or x-ray) the Licensed Nurse will: -Immediately call the Attending Physician. -Note: If the Licensed Nurse is unable to reach the Attending Physician or the Physician on call during emergency situations, he/she will notify the Facility's Medical Director. -If the resident deteriorates, the symptoms are serious, and the most rapid intervention available by a physician would place the resident in great jeopardy, call 911 for transport to hospital; -Notify the Nursing Supervisor of emergency situation; and -Documentation: -A Licensed Nurse will document the following: -Date, time, and pertinent details of the incident and the subsequent assessment in the Nursing Notes; -The time the Attending Physician was contacted, the method by which he was contacted, "the response time, and whether or not orders were received; -The time the family/responsible person was contacted; -Update the Care Plan to reflect the resident's current status. -The incident and brief details in the 24-Hour Report; -If the resident is transferred to an acute care hospital, complete an interfacility transfer form; -Complete an incident report per Facility policy. -A Licensed Nurse will communicate any changes in required interventions to the IDT members involved in the resident's care.	F 684		

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-A Licensed Nurse will document each shift for at least seventy-two (72) hours.
-Documentation pertaining to a change in the resident's condition will be maintained in the resident's medical record and on the 24-Hour Report.

Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/30/24, showed:
-Mild cognitive impairment;
-Continent of bowel and bladder;
-Functional ability and goals:
Eating-Setup or cleanup assistance. Helper sets up or cleans up; resident completes activity.
Oral hygiene, toileting, shower/bathe, personal hygiene: Independent-Resident completes the activity by himself/herself with no assistance from helper;
-Swallowing and Nutritional Status:
-Height (in inches) Record most recent height since admission: 67 inches;
-Weight (in pounds, lbs). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (in a.m. after urinating, before meal, with shoes off, etc.): 78 lbs;
-Weight Loss: Loss of 5% or more in the last month or loss of 10% in last 6 months? No or unknown;
-Weight Gain: Gain of 5% or more in the last month or gain of 10% or more in last 6 months? No;
-Nutritional Approaches: Therapeutic diet while a resident;
-Diagnoses include high blood pressure, diabetes, Alzheimer's disease, malnutrition, and dementia.

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Review of the resident's care plan, showed:
-Focus: revised on 7/17/21: Resident is at risk for impaired cardiac output related to high blood pressure/stroke;
-Goal: Resident will remain free of complications related to high blood pressure through review date;
-Interventions/Tasks: Encourage increased fluid intake with and between meals, Give anti-high blood pressure medications as ordered, weigh at least monthly;
-Focus: revised 12/20/23: Resident is at risk for nutritional decline related to diabetes, high blood pressure, history of malnutrition, and underweight Body Mass Index (BMI, Measure of body fat based on weight). Receives a regular diet with risks for variable intake and weight changes;
-Goal: Resident will maintain adequate nutritional status through review date, Resident to maintain weight without significant change, and Resident will be without weight loss through review date;
-Interventions/Tasks: Identify resident food/beverage preferences, obtain weekly weights if unplanned weight loss is identified, provide snacks per facility protocol, provide supplements per medical provider's orders.

Review of the resident's electronic Physician Order Sheet (ePOS), showed:
-An order, dated 12/17/19, Amlodipine Besylate (medication used to treat high blood pressure) Tablet 5 milligram (mg). Give 5 mg enterally (gastrointestinal tract) in the morning for hypertension (high blood pressure). Hold medication for systolic blood pressure (top number in blood pressure reading) of 110 or less and notify the provider.

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-An order, dated 5/26/24, weekly weights times 4;
-An order, dated 5/26/24, weight-monthly.

Review of the resident 's October 2024 Medication Administration Record (MAR), showed:
-An order, dated 12/17/19, Amlodipine Besylate Tablet 5 milligram (mg). Give 5 mg enterally in the morning for hypertension. Hold medication for systolic blood pressure of 110 or less and notify the provider.
-The blood pressures, for Amlodipine, recorded from 10/4/24 through 10/11/24, showed:
10/4/24 109/62;
10/5/24 108/54;
10/6/24 107/52;
10/7/24 139/79;
10/8/24 133/74;
10/9/24 111/57;
10/10/24 118/68;
10/11/24 117/76.

Review of the resident's weight summary, showed:
-4/8/24 at 12:38 P.M., 84.0 lbs, weighed by mechanical lift;
-5/6/24 at 11:13 A.M., 82.8 lbs, weighed by standing;
-6/7/24 at 4:17 P.M., 81.9 lbs, weighed by standing;
-6/12/24 at 3:48 P.M., 81.0 lbs, weighed by standing;
-6/27/24 at 6:50 P.M., 78.4 lbs, weighed by standing;
-7/7/24 at 12:04 P.M., 79.6 lbs, weighed by wheelchair;
-7/9/24 at 4:46 P.M., 80.0 lbs, weighed by standing;
-7/17/24 at 5:34 P.M., 81.0 lbs, weighed by

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wheelchair;
-8/7/24 at 4:19 P.M., 80.4 lbs, weighed by mechanical lift;
-8/14/24 at 7:25 P.M., 79.4 lb,. weighed by standing;
-8/28/24 at 7:25 P.M., 78.8 lbs, weighed by standing;
-9/9/24 at 9:22 A.M., 78.2 lbs, weighed by standing.

Review of the resident's Registered Dietician (RD) note, dated 9/26/24 at 9:15 A.M., showed:
-10.1% weight loss times 6 months;
-BMI: 12.2 (Healthy range: 18.5-24.9);
-Diet Order: regular diet, regular texture, thin liquids;
-Resident eats average 50% of meals. Resident has snacks and food in his/her room. Resident has many foods he/she does not like;
-Supplements: None;
-Resident does not like the taste of many Oral Nutritional Supplements (ONS);
-Weight stable times 1 months, overall gradually trending down;
-Recommendation: Continue diet order as tolerated. Weekly weights times 4. Provide ice cream at meals when available.

Review of the resident's weight summary, showed:
-No weight documented between 9/26/24 and 10/4/24;
-Weights were not documented for 3 of the 4 ordered weekly weights that were recommended on 9/26/24.
-10/4/24 at 10:37 P.M., 76.0 lbs, weighed by standing;
-No weight documented after 10/4/24.

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Review of the resident's medical record, showed no documentation of notification to the resident's family of his/her weight loss and any interventions.

Review of the resident's progress note, dated 9/9/24 at 3:50 P.M., showed the resident returned from GI appointment for abdominal pain and nausea with colonoscopy scheduled on 10/2/24. Transportation form completed and turned in;

Review of the endoscopy report, dated 10/2/24 and reported 10/4/24, included:
-Procedure: Colonoscopy;
-Indications: Screening for colorectal malignant neoplasm (a disease that occurs when abnormal cells in the colon or rectum grow out of control and form a tumor);
-Impressions:
-One 5 millimeter (mm) polyp in the descending colon (part of the colon that extends from the transverse colon to the rectum) removed with a cold snare. Resected and retrieved;
-Diverticulosis in the sigmoid colon (S-shaped section of the large intestine that connects the descending colon to the rectum). No evidence of diverticular bleeding (occurs when small artery in the diverticulum in the colon wall breaks and bleeds into the colon). Diverticulosis mostly in sigmoid colon. Some in ascending colon (first part of the colon, the longest part of the large intestine) also seen;
-Examination otherwise normal.
-Findings: Tubular adenoma (most common type of colon polyp, noncancerous growths that form on the lining of the colon or rectum), Negative for high-grade dysplasia (an indication the cells in the polyp look abnormal and more like cancer cells).
-Recommendation: Tubular adenoma likely the

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cause of weight loss over past 5 years. Follow up colostomy if symptoms worsen.

Review of the resident 's October 2024 MAR, showed:
-An order, dated 12/17/19, Amlodipine Besylate Tablet 5 milligram (mg). Give 5 mg enterally in the morning for hypertension. Hold medication for systolic blood pressure of 110 or less and notify the provider.
-No blood pressures, for Amlodipine, recorded for 10/12/24 and 10/13/24;
-10/12/24, the medication was held, see progess note;
-10/13/24, the medication was held, hospitalized.

Review of the resident's progress notes, showed:
-10/12/24 at 10:01 A.M., Amlodipine Besylate tablet 5 mg. Give 5 mg in the morning for hypertension (high blood pressure). Hold medication for systolic blood pressure of 110 or less and notify the physician. Held blood pressure (BP) 93/56;
-No documentation that facility staff reassessed the resident's blood pressure after holding Amlodipine Besylate 5mg or notified the physician the medication was held on 10/12/24;
-10/13/24 at 6:24 A.M., Resident approached this nurse stating that he/she has been passing out since he/she woke up. Vital signs assessed; BP: 91/57, Pulse: 56 (normal 60-100 beats per minute), Respirations: 17 (normal 12-18 breaths per minute), Oxygen Saturation (SpO2, measurement of the percentage of oxygen in your blood, normal 96%-99%) 97% room air (RA), blood sugar 209. Resident denies pain. This nurse placed call to physician for further instructions. Physician phone not able to leave voice mail. This nurse sent resident to hospital for

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evaluation and treatment. Placed call to family member and left voicemail to make aware.

During an interview on 10/17/24 at 2:25 P.M., Licensed Practical Nurse (LPN) C said the nurse is supposed to notify the physician if a medication is held or not given so the physician is aware of the resident's condition. LPN C said he/she would also retake the blood pressure. LPN C would also call the doctor to notify of any change in condition as well.

During an interview on 10/17/24 at 2:35 P.M., LPN B said if he/she gave a medication that required the blood pressure or vitals to be checked and the medication order says to hold a medication and call the physician for certain parameters, then he/she would call the physician if he/she had to withhold the medication. If he/she felt like it was too low or too high, LPN B would make a separate progress note, assess the resident, and then recheck the blood pressure. If the CMT informed the nurse that they had to withhold a medication due to the blood pressure being too high or too low, LPN B would first assess the resident, recheck the blood pressure, and then call the physician to notify.

During an interview on 10/17/24 at 3:00 P.M., with the Regional Nurse Consultant (RNC) and RD, the RD said she assesses residents when they are admitted, then monthly, and as needed. She has direct access to the EMR to chart. If weights are ordered weekly, she would expect them to be done and she should check to make sure they are done. When the residents are admitted, they do weekly weights for 4 weeks then monthly if the resident's weights are stable. If there is an issue/concern with weight loss, then they go back

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to weekly weights. The RD said Resident #3 was a picky eater. Sometimes we would find something the resident really liked but then if the packaging changed, the resident would stop liking that snack. The resident's weight had stabilized but was trending down. The RD said the resident did not always eat what the facility served but he/she would order food or have food/snacks in his/her room. The resident was also allowed to have ice cream with every meal if available. The meal ticket should reflect that. The resident would also have extra ice cream in his/her freezer. The dietician said she has seen the resident get outside food in his/her room and seen the extra food in his/her fridge/freezer. The RNC said they also ordered a Gastroenterology (GI) consult for abdominal pain and nausea. The recent visit with GI showed benign polyps (a growth of tissue that develops in the lining of the colon or rectum) and diverticulosis (small pouches formed in the colon or large intestine) . The resident did not like certain things and was having stomach issues which is why GI was involved to see what was going on with his/her symptoms. If a resident is put on weekly weights, then they should be closely monitored and checked. The RD said she tries to do a progress note once a month. If there is a problem, then will complete one more frequently.

During an interview on 10/17/24 at 4:25 P.M., the Director of Nursing (DON) said she would expect the nurse to call the physician if the nurse had to withhold a medication due to the low blood pressure. The DON would also expect the nurse to recheck the blood pressure. The DON said the weights should be done weekly if ordered. She is the one responsible to put them in the EMR. She is the only one allowed to do it and she is behind.

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F 684	Continued From page 11 The facility will not let the management team help her. There are times that she cannot get to them. If it is not done, the RD and physician should be notified. During an interview on 10/18/24 at 10:00 A.M., Internal Medicine Physician M said he/she would not expect a phone call from a nurse related to withholding a medication due to low blood pressure unless the resident had symptoms. Internal Medicine Physician M said even though the order says to hold and call physician, he/she would not expect a phone call from the nurse. He/She said the resident had not been eating well, but they had the resident see GI. Internal Medicine Physician M said the resident had an endoscopy recently. He/She also said, for the weekly weights not being done and the significant weight loss, the resident was under the care of a specialist.	F 684		
	MO00243675			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident	F 692		

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preferences indicate otherwise;

§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;

§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to obtain weekly weights as ordered by the Registered Dietician (RD) and failed to communicate with the RD that the weights were not obtained for three out of three residents sampled for weight loss (Residents #3, #4 and #5). The sample was 7. The census was 107.

Review of the facility's Nutrition Hydration Management policy, revised 06/2020, included:
-Purpose: To ensure that each resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible based on the resident's comprehensive assessment. To ensure that a resident receives a therapeutic diet when there is a nutritional problem;
-The concept of nutrition management is an interdisciplinary process. The key components of this system are:
-Identifying new instances of unplanned weight loss or gain; and
-Ongoing assessment, monitoring, and evaluation of the effectiveness of the nutrition/hydration management program;
-Procedure:
-A registered dietitian completes a thorough

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nutritional assessment providing a more detailed profile of the resident's overall nutritional status within 14 days or as specified by state regulations;

-Key data points to collect during this admission nursing assessment include but are not necessarily limited to: Current weight; Weight history; and Diet orders including texture and consistency specifics;

-The resident height and weight are measured during the admission process and recorded in the clinical record.

-Residents are weighed upon admission and re-admission and then at least weekly for four (4) weeks and then monthly if weight is stable.

-Based on clinical judgment licensed nurses weigh residents as needed based on clinical presentation;

-The nutrition/hydration management program may address the following: Weight frequency.

1. Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/30/24, showed:
-Mild cognitive impairment;
-Eating-Setup or cleanup assistance. Helper sets up or cleans up; resident completes activity.
Oral hygiene, toileting, shower/bathe, personal hygiene: Independent-Resident completes the activity by himself/herself with no assistance from helper;
-Swallowing and Nutritional Status:
-Height (in inches) Record most recent height since admission: 67 inches;
-Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (in a.m. after urinating, before meal, with

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shoes off, etc.): 78 lbs;
-Weight Loss: Loss of 5% or more in the last month or loss of 10% in last 6 months? No or unknown;
-Weight Gain: Gain of 5% or more in the last month or gain of 10% or more in last 6 months? No;
-Nutritional Approaches: Therapeutic diet while a resident;
-Diagnoses include high blood pressure, diabetes, Alzheimer's disease, malnutrition and dementia.

Review of the resident's care plan, revised on 12/20/23, showed:
-Focus: Resident is at risk for nutritional decline related to diabetes, high blood pressure, history of malnutrition, and underweight Body Mass Index (BMI, Measure of body fat based on weight). Receives a regular diet with risks for variable intake and weight changes;
-Goal: Resident will maintain adequate nutritional status through review date, Resident to maintain weight without significant change, and Resident will be without weight loss through review date;
-Interventions/Tasks: Identify resident food/beverage preferences, obtain weekly weights if unplanned weight loss is identified, provide snacks per facility protocol, provide supplements per medical provider's orders.

Review of the resident's electronic Physician Order Sheet (ePOS), showed:
-An order, dated 5/26/24, weekly weights times 4;
-An order, dated 5/26/24, weight-monthly.

Review of the resident's weight summary, reviewed on 10/17/24, showed:
-5/6/24 at 11:13 A.M., 82.8 pounds (lbs.) weighed

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by standing;
-6/7/24 at 4:17 P.M., 81.9 lbs. weighed by standing;
-6/12/24 at 3:48 P.M., 81.0 lbs. weighed by standing;
-6/27/24 at 6:50 P.M., 78.4 lbs. weighed by standing;
-7/7/24 at 12:04 P.M., 79.6 lbs. weighed by wheelchair;
-7/9/24 at 4:46 P.M., 80.0 lbs. weighed by standing;
-7/17/24 at 5:34 P.M., 81.0 lbs. weighed by wheelchair;
-8/7/24 at 4:19 P.M., 80.4 lbs. weighed by mechanical lift;
-8/14/24 at 7:25 P.M., 79.4 lbs. weighed by standing;
-8/28/24 at 7:25 P.M., 78.8 lbs. weighed by standing;
-9/9/24 at 9:22 A.M., 78.2 lbs. weighed by standing.
-10/4/24 at 10:37 P.M., 76.0 lbs. weighed by standing;
-No weight recorded after 10/4/24.

Review of the facility, September 2024, monthly weight loss report, showed the following for the resident:
- BMI 12.2 (Healthy range: 18.5-24.9);
-Current weight in lbs.: 78.2;
-Weight/Days Ago:
-30 days(August)-blank;
-90 days(June)-blank;
-180 days (March)-87;
-Percentage Weight Loss:
-5% (in 30 days): blank;
-7.5% (in 90 days): blank;
-10% (in 180 days):-10.1% (in 180 days);
-Comments: Stable times 3 months;

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F 692	Continued From page 16 -Facility Tasks: Weekly weights. -Attention: Weekly weights are to be completed for 4 weeks on the residents that are listed on this form secondary to significant weight change. Review of the resident's Dietician note, dated 9/26/24 at 9:15 A.M., showed: -10.1% weight loss times 6 months; -BMI: 12.2 (Healthy range: 18.5-24.9); -Diet Order: regular diet, regular texture, thin liquids; -Resident eats average 50% of meals. Resident has snacks and food in his/her room. Resident has many foods he/she does not like; -Supplements: None; -Resident does not like the taste of many Oral Nutritional Supplements (ONS); -Weight stable times 1 months, overall gradually trending down; -Recommendation: Continue diet order as tolerated. Weekly weights times 4. Provide ice cream at meals when available. Review of the resident's emergency room hospital record, showed on 10/13/24, the resident weighed 31 kilograms (kg, 68.2 lbs.). Review of the facility, October 2024, monthly weight loss report showed: -The resident is not listed. During an interview on 10/17/24 at 3:00 P.M., the RD said Resident #3 was a picky eater. Sometimes they would find something the resident really liked but then if the packaging changed, the resident would stop liking that snack. The resident's weight had stabilized but was trending down. The RD said the resident did not always eat what the facility served, but he/she	F 692		

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would order food or have food/snacks in his/her room. The resident was also allowed to have ice cream with every meal if available. The resident would also have extra ice cream in his/her freezer.

2. Review of Resident #4's quarterly MDS, dated 9/12/24, showed:
-Severe cognitive impairment;
-Always incontinent of bowel and bladder;
-Functional ability and goals: Eating-Setup or cleanup assistance. Helper sets up or cleans up. resident completes activity;
-Swallowing and Nutritional Status:
-Height (in inches) Record most recent height since admission: 62 inches;
-Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (in a.m. after urinating, before meal, with shoes off, etc.): 125 lbs;
-Weight Loss: Loss of 5% or more in the last month or loss of 10% in last 6 months? No or unknown;
-Weight Gain: Gain of 5% or more in the last month or gain of 10% or more in last 6 months? No;
-Nutritional Approaches: None;
-Diagnoses include high blood pressure, heart failure, end stage renal disease (ESRD), and depression.

Review of the resident's care plan, revised on 3/28/24, showed:
-Focus: Resident is at risk of nutritional decline. Receives regular diet, regular text, thin liquid with risk for weight changes and variable intake;
-Goal: Resident to maintain weight without significant change, Resident to maintain

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adequate nutritional status through review date;
-Interventions/Tasks: Provide meals per diet order. Double entree with lunch and dinner.

Review of the resident's ePOS showed:
-An order, dated 6/3/24, Juven Oral Packet (Nutritional Supplement). Give 1 packet by mouth two times a day for wound healing;
-An order, dated 8/14/24, large portions diet, regular texture, thin consistency;
-No orders to obtain the resident's weight.

Review of the facility, September 2024, monthly weight loss report showed the following for the resident:
-BMI: 22.8;
-Current weight in lbs.: 124.9;
-Weight/Days Ago:
-30 days(August)-blank;
-90 days(June)-blank;
-180 days (March)-146.9 (April);
-Percentage Weight Loss:
-5% (in 30 days): blank;
-7.5% (in 90 days): blank;
-10% (in 180 days): 15% (April);
-Comments: Stable times 5 months;
-Facility Tasks: Weekly weights;
-Attention: Weekly weights are to be completed for 4 weeks on the residents that are listed on this form secondary to significant weight change.

Review of the resident's weights, showed:
-9/9/24 at 4:10 P.M., 124.9 lbs. by mechanical lift;
-10/4/24 at 9:37 P.M., 122.3 lbs. by mechanical lift;
-No weights documented after 10/4/24 for the resident.

Review of the resident's Dietician note, dated

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F 692	Continued From page 19 9/26/24 at 3:59 P.M., showed: -15% weight loss times 6 months; -BMI: 22.2 underweight for age; -Diet Order: large portions, regular texture, thin liquids; -Resident eats 76-100% of meals per staff notes; -Supplements: Juven BID, MVI (multivitamin), C (Vitamin C), D2 (Vitamin D); -Weight stable times 4 months; -Recommendation: Continue diet order. Weekly weights times 4. Review of the facility, October 2024, monthly weight loss report showed the following for the resident: -BMI: 22.8; -Current weight in lbs.: 122.3; -Weight/Days Ago: -30 days(September)-blank; -90 days(July)-blank; -180 days (April)-146.9; -Percentage Weight Loss: -5% (in 30 days): blank; -7.5% (in 90 days): blank; -10% (in 180 days): 16.7%; -Comments: Down 2.6 lbs. times 1 month; -Facility Task: Weekly weights; -Attention: Weekly weights are to be completed for 4 weeks on the residents that are listed on this form secondary to significant weight change. Observation on 10/17/ 24 at 1:23 P.M., showed the resident in his/her room. The resident sat in a chair in front of his/her bed side table. The resident's meal tray in front of the resident. The meal ticket shows large portions. The resident's plate had spaghetti and vegetables. The resident not actively eating. At 1:40 P.M., Certified Nursing Aid (CNA) F assisted the resident with his/her	F 692		

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lunch.

During an interview on 10/17/24 at 2:30 P.M., CNA E said the resident seems to like to be fed. It depends on what is served. Sometimes staff have to feed him/her, sometimes the resident can feed himself/herself.

During an interview on 10/17/24 at 3:15 P.M., CNA F said he/she did not realize that the resident needed help with eating. The resident is not always with it, cognitively. Staff have to get the resident's attention. The resident started to feed himself/herself then stopped. The resident ate 75% of his/her lunch today but does not know if that is normal.

3. Review of Resident #5's admission MDS, dated 7/24/24, showed:
-Severe cognitive impairment;
-Always incontinent of bowel and bladder;
-Functional ability and goals:
Eating-Not Applicable (N/A);
Oral hygiene, toileting, shower/bathe, personal hygiene: Dependent-Helper does all the effort. Resident does none of the effort to complete the activity;
-Swallowing and Nutritional Status:
-Height (in inches) Record most recent height since admission: 71 inches;
-Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (in a.m. after urinating, before meal, with shoes off, etc.): 172 lbs;
-Weight Loss: Loss of 5% or more in the last month or loss of 10% in last 6 months? No or unknown;
-Weight Gain: Gain of 5% or more in the last

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month or gain of 10% or more in last 6 months? No;
-Nutritional Approaches: Feeding Tube, Therapeutic Diet;
-Percent Intake by artificial route: 51% or more while resident, During entire 7 days;
-Average fluid intake by intravenous (IV) or tube feeding: 501 ml/day or more;
-Diagnoses include stroke, seizures, and respiratory failure.

Review of the resident's care plan, revised 9/27/24, showed:
-Focus: Resident with potential for altered nutritional status/nutrition related problems. Receives tube feeding;
-Goal: Resident to maintain weight without significant change. Resident will be without weight loss through review date;
-Intervention/Tasks: Nutritional consult on admission, quarterly, and as needed. Obtain weekly weights if unplanned weight loss is identified, notify medical provider and resident representative of unplanned weight changes.

Review of the resident's weights, showed:
-8/7/24 at 4:19 P.M., 166.1 lbs. by mechanical lift;
-8/16/24 at 4:19 P.M., 166.1.0 lbs. by wheelchair;
-8/20/24 at 6:46 P.M., 146.6 lbs. by mechanical lift;
-9/9/24 at 9:22 A.M., 151.6 lbs. by mechanical lift;
-10/4/24 at 9:37 P.M., 154.5 lbs. by mechanical lift;
-No weights documented after 10/4/24 for the resident.

Review of the resident's ePOS, showed an order dated, 9/19/24, Resident is at risk for malnutrition related to new admission and diagnosis: (blank),

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will weight once weekly times 4 weeks and monthly thereafter. Dietician to consult as needed, per orders. No directions specified for order template.

Review of the resident's Nutritional Assessment, dated 9/27/24, completed by the RD showed:
-Diet Order: nothing by mouth (NPO);
-Texture Order: NPO;
-Fluid Consistency: NPO;
-Current Food Intake: Greater than 76% or NPO if Tube fed;
-Therapeutic Nutritional Supplement: Yes;
-Current Supplement: Multivitamin (MVI);
-Most Recent Height: 71.0 inches (9/19/24 at 9:49 P.M.);
-Most Recent Weight: 151.6 lbs. by mechanical lift (9/9/24 at 9:22 A.M.);
-Weight History: 1 month 166.1 lbs. on 8/7/24;
-BMI: 21.1-underweight for age;
-Ideal Body Weight (IBW): 172 lbs.
-Does the resident receive tube feedings: Yes;
-Summary: Residents Nutritional Interview: Recent hospital visit. Resident is tolerating tube feeding. Resident has lost weight last month due to hospitalization;
-Nutritional Intervention: Continue NPO diet weekly weights times 4. Then monthly.

Review of the facility, September 2024, monthly weight loss report showed the following for the resident:
-BMI: 21.1;
-Current weight in lbs.: 151.6;
-Weight/Days Ago:
    -30 days(August)-166.1;
-90 days(June)-172.4 (July);
-180 days (March)-blank;
-Percentage Weight Loss:

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F 692	Continued From page 23 -5% (in 30 days): -8.7%; -7.5% (in 90 days): -12.1% (July) -10% (in 180 days): blank -Comments: Recent Hospitalization; -Facility Tasks: Weekly weights; -Attention: Weekly weights are to be completed for 4 weeks on the residents that are listed on this form secondary to significant weight change. Review of the facility, October 2024, monthly weight loss report showed the following for the resident: -BMI: 21.5; -Current weight in lbs.: 154.5; -Weight/Days Ago: -30 days(September)-blank; -90 days(July)-172.4; -180 days (April)-blank; -Percentage Weight Loss: -5% (in 30 days): blank; -7.5% (in 90 days): -10.4%; -10% (in 180 days):blank; -Comments: Trending up times 1 month; -Facility Task: Monitor; -Attention: Weekly weights are to be completed for 4 weeks on the residents that are listed on this form secondary to significant weight change. Observation on 10/17/24 at 1:25 P.M., showed the resident lay in bed with his/her head elevated. The resident's tube feeding infused as ordered. 4. During an interview on 10/17/24 at 1:30 P.M., Dietary Aide G and Dietary Aide H said the facility does not provide double portions since the new company took over. They do large which basically means extra side of whatever they have extra of that day. The kitchen does not always have enough of everything so the extra amount will	F 692		

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WILLOWCREEK WELLNESS & REHABILITATION	**250 NEW FLORISSANT ROAD SOUTH FLORISSANT, MO 63031**

(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 692	Continued From page 24 vary. A large portion is less than a double portion. 5. During an interview on 10/71/24 at 3:00 P.M., with the Regional Nurse Consultant (RNC) and RD, the RD said she oversees four facilities and sees all the residents at those facilities. She assesses them when they are admitted, then monthly, and as needed. There have been problems with computer changes, some of her back notes are not there, but she has direct access to the electronic medical record (EMR) to chart. If weights are ordered weekly, she expected them to be done and she should check to make sure they are done. When the residents are admitted, they do weekly weights for four weeks, then monthly if the resident's weights are stable. If there is an issue/concern with weight loss, then they go back to weekly weights. The meal ticket should reflect anything special a resident is to receive like ice cream or large portions. If a resident is put on weekly weights, then they should be closely monitored and checked. The RD said she tries to do a progress note once a month. If there is a problem, then will complete one more frequently. 6. During an interview on 10/17/24 at 4:15 P.M., Cook I said the amount that he/she cooks varies depending on the census. The census is 107 so he/she will cook for approximately 130 residents. They have to follow dietary guidelines and resident diets, so resident's do not get too much food. Since the new ownership, the facility cut out on double portions and now gives large portions. They are supposed to be like double portions but are less than what was given prior to the new ownership. Cook M said they get cases based on the menu and are instructed to follow that strictly to ensure they stay on budget.	F 692		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265607	A. BUILDING _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWCREEK WELLNESS & REHABILITATION	**250 NEW FLORISSANT ROAD SOUTH FLORISSANT, MO 63031**

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F 692	Continued From page 25 7. During an interview on 10/17/24 at 4:25 P.M., the Director of Nursing (DON) said the weights should be done weekly if ordered. She is the one responsible to put them in the EMR. She is the only one allowed to do it and she is behind. The facility will not let the management team help her. There are times that she cannot get to them. If it is not done, the RD and physician should be notified. 8. During an interview on 10/17/24 at 4:38 P.M., the RNC and RD said per regulation the dietician notes only need to be done upon admission, quarterly, annually and with any change of condition. The dietary notes should be in the EMR. MO00243675	F 692		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05782	A. BUILDING: _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWCREEK WELLNESS & REHABILITATION	250 NEW FLORISSANT ROAD SOUTH FLORISSANT, MO 63031

(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
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 deficiency cited at F684.	A4075		
A5001	19 CSR 30-85.052(1) Nutritional Needs Met, Assess Res, Inform Dr Each resident shall be served nutritious food, properly prepared and appropriately seasoned, taking into consideration resident food preferences, to provide an adequate diet in accordance with the physician ' s order and as recommended by the National Research Council. Nutritional needs of residents shall be met and shall be based on the individual ' s circumstances, medical condition and goals of treatment as determined and justified by the physician. A qualified professional, such as a dietitian or registered nurse, shall regularly assess these needs and shall keep the physician informed of the nutritional status of the resident. I/II This regulation is not met as evidenced by: Class II See the deficiency cited at F692.	A5001		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/15/24

PLAN OF CORRECTION

Provider Name:	WILLOWCREEK WELLNESS & REHABILITATION
Street Address, City, Zip:	250 NEW FLORISSANT ROAD SOUTH FLORISSANT, MO 63031
Date of Survey:	10/22/2024
Provider number:	265607

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.	
F684 SS=D	**Quality of Care CFR(s): 483.25** • The facility allegedly failed to monitor one resident's (**Resident #3**) weight weekly as recommended by the Registered Dietitian on 9/26/24 for four weeks and failed to monitor and reassess the resident when he/she had a low blood pressure two days in a row and the blood pressure medicine was held. The nurse failed to notify the physician of holding the medication related to hypotension the first day (**Resident #3**) **Element 1 (Corrective Action for Affected Residents)** **Resident #3:** • Immediately obtain and document the current weight of **Resident #3.** • Review and update **Resident #3's** care plan to address any weight monitoring issues. • Monitor and reassess **Resident #3's** blood pressure daily until stable. • Notify the physician of any low blood pressure readings and medication adjustments promptly. **Element 2 (Identifying Other Potentially Affected Residents):** • Conduct a comprehensive audit of all residents with weight monitoring and blood pressure management orders. • Ensure weights and blood pressure readings are obtained and documented for any residents identified during the audit who missed their checks.	**11/08/2024**

	Element 3 (Preventative Measures/Systemic Changes): Regional Nurse Consultant provided education to the nursing staff regarding the following: • Importance of obtaining and documenting weekly weights as ordered. • Proper procedure for monitoring and reassessing residents with low blood pressure. • Timely communication with physicians regarding medication adjustments and health concerns • Any staff member currently on FMLA, LOA, PTO, or Military Leave of Absence will be trained on this practice prior to working the next schedule shift. **Element 4 (Monitoring and Sustaining Solutions):** 1. The Director of Nursing or Designee will conduct weekly audits of weight records to ensure compliance with orders. This audit will occur no less than 1X/Week for 4/Weeks, then 1X/Bimonthly for 2Weeks and randomly thereafter 2. Any Discrepant findings will be addressed immediately. **QAPI Committee will monitor monthly X3 months and make changes as necessary**	
F692 **SS=D**	**Nutrition/Hydration Status Maintenance** **CFR(s): 483.25(g)(1)-(3)** The facility allegedly obtained weekly weights as ordered by the Registered Dietician (RD) and failed to communicate with the RD that the weights were not obtained for three out of three residents sampled for weight loss **(Residents #3, #4 and #5).** **Element 1 (Corrective Action for Affected Residents)** **Residents #3, #4, and #5:** • Immediately obtain and document the current weights for **Residents #3, #4, and #5.** • Review and update their care plans to address any weight loss issues. • Notify the RD of the current weights and any significant changes. • Ensure that the RD's recommendations are promptly implemented. **Element 2 (Identifying Other Potentially Affected Residents):** 1. The facility conducted a comprehensive audit of all residents to identify any others who might be affected by the alleged deficient practice. 2. All residents that have recommendations from the Registered Dieticians for weekly weights have the potential to be affected by this alleged deficient practice.	**11/08/2024**

Element 3 (Preventative Measures/Systemic Changes):

Staff Education:

1. Provide education to nursing staff on the importance of obtaining and documenting weekly weights as ordered.
2. Educate staff on the proper procedure for communicating with the RD if weights are not obtained.
3. Reinforce the importance of timely and accurate documentation in resident care plans.
4. Any staff member currently on FMLA, LOA, PTO, or Military Leave of Absence will be trained on this practice prior to working the next schedule shift.

Element 4 (Monitoring and Sustaining Solutions):

1. The Director of Nursing or Designee will conduct weekly audits of weight records to ensure compliance with orders. This audit will occur no less than 1X/Week for 4/Weeks, then 1X/Bimonthly for 2Weeks and randomly thereafter.
2. Findings will be reviewed daily in the morning meeting.
3. Any Discrepant findings will be addressed immediately.

QAPI Committee will monitor monthly X3 months and make changes as necessary

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.