STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26A484	A. BUILDING _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LOUIS ALTENHEIM	5408 SOUTH BROADWAY SAINT LOUIS, MO 63111

(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 000	INITIAL COMMENTS A Recertification and Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Missouri, Department of Health and Senior Services. The facility was found to not be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 09/10/24 through 09/12/24 Survey Census: 43 Sample Size: 14 No deficiencies were issued related to Intake MO00233637 and MO00230818.	F 000	See attached Plan of Correction	
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug,	F 756		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jean L. Baldwell | TITLE: Administrator | (X6) DATE: 9/26/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26A484	A. BUILDING _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LOUIS ALTENHEIM	5408 SOUTH BROADWAY SAINT LOUIS, MO 63111

(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 756	Continued From page 1	F 756		

and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:
Based on interview, record review, and facility policy review, the facility failed to ensure the pharmacist completed the monthly medication reviews (MRR) in a timely manner for one of five sampled residents (Resident (R) 20) reviewed for unnecessary medications.

Findings include:

1. Review of R20's undated "Resident Face Sheet," found in the electronic medical record (EMR) under the "Profile" tab indicated the resident was initially admitted to the facility on 07/06/23 with diagnoses including major depression, Alzheimer's, mood disorder and dementia.

R20's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 06/06/24, indicated a "Brief Interview for Mental Status (BIMS)" of 14 out of 15 which indicated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26A484	A. BUILDING _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LOUIS ALTENHEIM	5408 SOUTH BROADWAY SAINT LOUIS, MO 63111

(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 756	Continued From page 2	F 756		

that R20's cognition was intact. The assessment indicated the resident was exhibiting delusions during the assessment period.

Review of R20's "Physician Order Report" in the EMR under the "Orders" tab, indicated, "Quetiapine Fumarate oral tablet 25 Milligram (MG) (Quetiapine Fumarate) ordered 08/21/24 give 25 mg by mouth at bedtime for mental health; Donepezil HCl oral tablet 10 MG (Donepezil Hydrochloride) ordered 05/17/24 give 10 mg by mouth in the morning for dementia; and Sertraline HCl Oral Tablet 100 MG (Sertraline HCl) ordered 03/06/24 give 1 tablet by mouth at bedtime for depression.

Review of R20's EMR indicated the facility's pharmacist had not completed the MMR since 01/22/24.

During an interview on 09/12/24 at 1:26 PM, the Director of Nursing (DON) confirmed that the pharmacist completed R20's last MMR on January 2024. She stated the pharmacist was not linked to the resident's chart to be able to review R20's medications monthly.

During an interview on 09/12/24 at 4:44 PM, the Administrator stated her expectation was for the pharmacist to complete the residents' MMR.

During an interview on 09/12/24 at 4:49 PM, the pharmacist stated she received a call on 09/11/24 about R20's MMR. She stated that she didn't have access to R20's EMR to complete the MMR.

Review of the "Medication Regimen Reviews" policy Revision date January 2024 provided by the facility documented, "1. The consultant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26A484	A. BUILDING _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LOUIS ALTENHEIM	5408 SOUTH BROADWAY SAINT LOUIS, MO 63111

(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 756	Continued From page 3 pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medication. 2. Medication regimen reviews are done upon admission (or as close to admission as possible) and at least monthly thereafter, or more frequently if indicated."	F 756		

PLAN OF CORRECTION

Provider/Supplier Name:	St. Louis Altenheim
Street Address, City, Zip:	5408 S. Broadway, St. Louis, MO 63111
Date of Survey:	September 12, 2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	26A484

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 (POC) is being submitted as required under state and federal law. The submission of this POC does not constitute an admission of the part of St. Louis Altenheim. **St. Louis Altenheim's submission of this POC does not constitute an admission that the surveyor's findings were accurate, nor that the deficiencies cited were correct and/or the scope and severity was merited. This POC is solely intended to ensure compliance within state and federal regulatory guidelines.** **Compliance will be achieved no later than <u>October 26, 2024</u>**	
F756	**Drug Regimen Review, Report Irregular, Act on CFR(s): 483.45(c)(1)(2)(4)(5)**	
	The facility will ensure the pharmacist completes the monthly medication reviews (MMR) in a timely manner.	10/26/2024
	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. • Resident 20 – The consulting pharmacist recommendation/review was completed on 9/16/2024.	9/16/2024
	How you will identify others having the potential to be affected by the same deficient practice. The pharmacist completed medication reviews on all current residents on 9/16/2024.	9/16/2024
	What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur. The Director of Nursing (DON) or their designee will provide education and training to nursing staff and social service staff regarding the proper linkage of external pharmacy providers in the electronic medical record including any new resident admits.	10/26/2024

	The pharmacist was supplied access to all resident charts to ensure completion of monthly medication reviews.	
	How the facility plans to monitor its performance to make sure that solutions are sustained. • The Director of Nursing (DON), or designee will audit 5 random charts a month to ensure the pharmacist completed monthly medication review until substantial compliance is met. • F756 has been added to the QAPI agenda to include audit findings until substantial compliance is met.	10/26/2024

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.