PRINTED: 01/09/2024 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		STRUCTION	(X3) DATE COMP	SURVEY
		005504	D WING			С	
		265524	B. WING			12/	16/2023
	ROVIDER OR SUPPLIER EW VILLAGE			2415 N	r address, city, state, zip code Orth Kingshighway ' Louis, Mo 63113		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 020 SS=L	CFR(s): 483.73(b)(3) §403.748(b)(3), §416 §441.184(b)(3), §460 §483.73(b)(3), §485. §485.542(b)(3), §485 §485.920(b)(2), §491 [(b) Policies and procedure planset forth in parage and the communication this section. The policies and procedure planset forth in parage and the communication this section. The policies and procedure following:] [(3) or (1), (2), (6)] Sate [facility], which includes the treatment needs of expression in the procedure following:] [(3) or (1), (2), (6)] Sate [facility], which includes the treatment needs of expression in the procedure following in the pro	.54(b)(2), §418.113(b)(6)(ii), .84(b)(3), §482.15(b)(3), 475(b)(3), §485.68(b)(1), .625(b)(3), §485.727(b)(1), .12(b)(1), §494.62(b)(2) edures. The [facilities] must ent emergency preparedness res, based on the emergency graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must be d at least every 2 years lities]. At a minimum, the res must address the es consideration of care and vacuees; staff portation; identification of); and primary and alternate attion with external sources of sthe following: are needs of evacuees. es.		020	TITLE		(X6) DATE

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 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	COMPLETED				
		265524	B. WING		C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	12/16/2023
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E 020	Continued From pa	ge 1	E 02	20	
	Rehabilitation Ager §485.727(b)(1), and §494.62(b)(2):] Safe evacuation from Rehabilitation Ager Agencies as Provide Therapy and Speed Services; and ESR staff responsibilities. * [For RHCs/FQHC evacuation from the appropriate placem responsibilities and This REQUIREMENT by: Based on observative review, the facility fimplement emergen procedures for the from the facility. The an orderly and safe Residents moved in without their medicipersonal possession guardians, and next facility did not have communication when the total control of the secure resident beliant failures jeopardized residents and staff.	285.68(b)(1), Clinics, ncies, OPT/Speech at d ESRD Facilities at d ESRD Facilities at long the [CORF; Clinics, ncies, and Public Health lers of Outpatient Physical ch-Language Pathology D Facilities], which includes and needs of the patients. 25 at §491.12(b)(1):] Safe ent of exit signs; staff leneds of the patients. 26 at RHC/FQHC, which includes the needs of the patients. 27 and needs of the patients. 28 at signs; staff leneds of the patients. 29 and record failed to develop and the needs of the patients. 20 and material to develop and the needs of the night leneds of where residents and without their family, and of kin being informed. The leneds of where residents are effective means of lene the facility phone lines did lecords of where residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation, and failed to lensure security of the residents are evacuation.			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		OATE SURVEY OMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u> </u>	12/10/2023
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E 020	outline actions to be resident care and proposed for the resident care actions (Administrations). Assigns tastored for the resident care actions within the number of the resident care actions. Assigns tastored for the resident care actions are care actions. The resident care actions are care actions of the resident care actions are care actions. The resident care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions are care actions. The resident care actions are care actions are care actions are care actions are care actions. The resident care actions are care actions. The resident care actions are care actions. The resident care actions are care actions are care actions are care actions are care actions. The care actions are care actions. The care actions are	and signed by the 15/23. In basic responsibilities and taken to protect life, provide otect property in this nursing ade and natural disaster saster, such as fire, high osion, earthquakes, utility bods, etc may occur at any nursing home; oordinating Emergency or): Introl of enacting emergency ursing home; as to emergency staff; epartmental staff with any all of off duty personnel; ation of the nursing home if	EO			
	2:27 PM, showed the Officer (CFO) told the fight to get the owner continuing losses, I, able to get funds from ownership group for able to fund this as the has from funding not sure what to say solutions to get us the but I do not have a second control of the second control of the control o	e ownership's Chief Financial le Administrator: "After a long				

I ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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E 020	Administrator said of and said he did not told the Administrator the money for payrowas payday, and properties of the money for payrowas payday, and properties of the Administrator said of plan had been enable and the p	on 12/15/23 at 3:45 P.M., the Owner A refused to pay staff, have the money. The CFO for to contact Owner B to get foll. The administrator stated it eleople were walking off shift. Instrator to transfer as many file to Facility B and Facility C for Owner A). At 4:50 P.M., the their emergency preparedness cted. In dated 12/15/23 at 5:14 P.M., at of Health & Senior Services tion emailed CFO, Owner B's fer, and the registered agent for linc, requesting immediate foll not being funded, putting at immediate risk, and the applement their emergency and evacuate the building. No ived on 12/15/23. 15/23 at 6:00 P.M., showed cans on both sides of the street, lity's front entrance, making if were outside and inside the	E 020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(>	(X3) DATE SURVEY COMPLETED	
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E 020	she showed CMT D to saying staff would not saying an interview of visitors said the phonotried to call the facility but could not get throwere down. During an interview of Administrator said the down. The Administrator said the down. The Administration getting vehicles to make a saying the residents. Agency knew they were staying staff were looting and the facility. The Administ threatened. Residents B, C, E and F. Observation and interpretable approximately 7:00 P staff from Facility G e office and offered to a residents. The administrator said so transportation staff the Administrator said so transferred tonight, but tomorrow.	the letter on her computer, to be paid. In 12/15/23 at 6:30 P.M., two less were shut down. They about their family member, ugh because the phones In 12/15/23 at 6:35 P.M., the exphone lines were not actor from Facility B was over beds from this facility to from Facility B was calling strator said there were staff agency staff, taking care of a staff had been paid, so she ing in the building. She said someone stole gas from sidents were still in the rator said she had been is would be going to Facilities In 12/15/23 at 6:35 P.M., the exphone lines were staff and the staff and the were staff and the said someone stole gas from sidents were still in the rator said she had been is would be going to Facilities In 12/15/23 at 6:30 P.M., the exphone staff and the s	E	020			
	CMT and one agency	ency LPN (LPN F), one Certified Nurse Aide (CNA as a lot of activity on the					

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E 020	reading medical recofrom the medication of records and resident interview, the agency security tonight, so have for his/her own leaving in a few minuted on duty until 7:00 A.M. During an interview of Resident #11 said not him/her about moving move. Observation of the for 7:34 P.M., showed the Assistant Director of a lot of activity on the from other facilities rebagging medications obtaining medical recombellongings. During at there were 47 resident residents left and a both The elevator near the stuck, with people transcription. During an interview of 7:38 P.M. Resident #if he/she was leaving was worried about general resident trust account during the interview. During an interview of 7:40 P.M., the Admin he/she had 15 skilled.	tives from other facilities rds, bagging medications carts, obtaining medical belongings. During an LPN said there was no is/her agency told her to safety. He/She would be stes. CNA G said he/she was M. on 12/15/23 at 7:18 P.M., body had said anything to g and he/she did not want to urth floor on 12/15/23 at see CNAs, one CMT and the Nurses (ADON). There was a floor, with representatives eading medical records, from the medication carts, cords and resident an interview, the ADON said into on the floor. Five unch more were leaving. It is not the floor in 12/15/23 at approximately an interview, the ADON said into on the floor. Five unch more were leaving. It is not the facility or not. He/she eating his/her money from the tot. The resident was tearful on 12/15/23 at approximately istrator from Facility H said	E 03	20			

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E 020	Continued From pagall residents had be During an interview Resident #13 said he/she was going a another facility until was told by staff. During an interview Administrator said swas stuck and that swas stuck and that sure following day. During an interview fireman said the eleit and that was why nine people on it. A said they were on the minutes, and that in member, who was it two utility workers error and the said they workers error a potential gas less that the said they workers error and the said they workers error a potential gas less that they workers error and that in the said they workers error a potential gas less that they workers error and the said t	ge 6 en placed at this time. on 12/15/23 at 7:49 P.M., ne/she did not know where and may not be transferred to 12/18/23. That is what he on 12/15/23 at 8:00 P.M., the the was unaware the elevator she and the Director of Id be in the facility the on 12/15/23 at 8:25 P.M., a vator had too many people in it was stuck. There had been at that time, a family member the stuck elevator for 30 cluded his/her family on a wheelchair. At that time, intered the facility, for a report ak/gas odor in the kitchen.	E 03	DEFICIENCY)		
	10:00 P.M., the Adn Facility I said she w residents at his/her was "chaos" and result of the property of the property of Famedical record was the resident did not During an interview.	on 12/15/23, at approximately nission Coordinator from as trying to help place skilled nursing facility, but it sident charts were missing. on 12/15/23 at 10:20 P.M., a acility D said Resident #2's taken by another facility, but want to go to that facility. Resident #2 said he/she was M. that same day, and he/she				

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		265524	B. WING			1	C 16/2023
	ROVIDER OR SUPPLIER		1	2415 NORT	DRESS, CITY, STATE, ZIP CODE H KINGSHIGHWAY UIS, MO 63113	1 12/	10/2020
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E 020	wanted to go to Faci who took his/her recomburing an interview of 11:15 P.M., the Corp Person J said 37 rest to local hospitals via (EMS). Observation on 12/1 three residents remay people identified the floor. At that time, a health agency, who wounder the facility and show the facility and show During an interview of the Administrator said volunteers on any of of the home health a floor. She and the Mifth floor at that time "take care of" him/he Administrator said to 34 residents still in the going to Facility B ar the Administrator said worked. The Market	consible party. He/She lity D, and not to the facility ords. on 12/15/23 at approximately corate Accounts Payable Staff idents were going to be sent Emergency Medical Services 5/23 at 11:15 P.M., showed ined on the fifth floor. Two mselves as volunteers on the representative from a home and previously been on other on the floor. At 11:18 P.M., o sound. The two volunteers reviously known volunteers of	E	020			
	did not work. Observation on 12/1 members of the fire of	tor verified the phone lines 6/23 at 12:05 A.M., showed department in the main lobby During an interview at that					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u>, , , , , , , , , , , , , , , , , , , </u>	2/10/2023	
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E 020	to start on the 5th florevacuating residents. During an interview the St. Louis EMS Control of evacuate the building puring an interview Resident #14 said had. During an interview 12:55 A.M., an EMS taking Resident #14 He/She added that it residents were leaved behind; their whole will behind; their whole will behind; their whole will be	fighters said they were going for and work their way down, s. on 12/16/23 at 12:45 A.M., thief said his goal was to g. on 12/16/23 at 12:50 A.M., e/she wanted to go to Facility on 12/16/23 at approximately a staff person said they were to Facility K, not Facility J. t was very sad that these ng all of their belongings	E 02	20			
	residents on the thir	d floor. One nurse was on ents and Nurse I remained on					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u> </u>	12/10/2020
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E 020	floor (Resident #5) r EMS had to physical stretcher, while he/s During an interview Resident #15 said h be going to Facility there. During an interview 1:27 A.M., Resident him/her that he/she During an interview Resident #17 said n he/she was going to During an interview Administrator from Resident #18's med but another unknow their facility. She sa there." Observation on 12/2 Resident #7 was the floor. He/She lay in 4:12 A.M., showed a person exited the el said everyone was o When told Resident staff person said he was left on the floor Observation on 12/2 A.M., showed multip	ne last resident on second refused to leave, and several ally lift the resident to a she protested. on 12/16/23 at 1:25 A.M., re/she was told he/she would L. He/She did not want to go on 12/16/23 at approximately refused to the field of the floor at that time. #7 was in his/her room, the resident to a she protested. on 12/16/23 at 2:30 A.M., the facility M said she had ical chart and medications, on facility took the resident to aid it was "a free for all up	E 02	20		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		ON	(X3) DATE COMP	SURVEY LETED			
		265524	B. WING _				C 16/2023
	ROVIDER OR SUPPLIER			STREET ADDRES 2415 NORTH KI SAINT LOUIS		, - -	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EA	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD B SS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 020	secured the front des #6 refused to leave, concerns that his/her where he/she was, a refused to go. EMS (antipsychotic) injectilifting him/her to a str Resident #8 was the facility. Review of Resident # his/her diagnoses independent of the facility. Review of Resident # his/her diagnoses independent of the facility and the facility attention, memory, period attention, memory, period attention, memory, period attention, memory, period attention, and sympendent and sympesuch as mania and desired and intellect of the facility and did not refloors. The Administration assuming control of the food within the nursing homogeneous transportation on the final and the fire Department. During an interview of the DON said on Fride facility and did not refloors. The facility and the fire department.	ity Police were onsite and isk. At 4:00 A.M., Resident Resident #7 repeated parents would not know and Resident #8 loudly administered two Haldol ions prior to several EMS retcher. At 5:30 A.M., last resident to leave the resident to leave the resident to leave the resident in the organization, sequencing, lanning, problem-solving and inxiety disorder, der (a chronic mental health red primarily by symptoms of as hallucinations or repression), persistent mood used disabilities. 5/23 from 6:00 P.M. until L., showed the DON left the turn to any of the resident retor was not observed renacting emergency actions me, assigning tasks to augmenting departmental alle personnel. The in her office and did not I floor sweeps conducted by	E	020			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		265524	B. WING			12/16/2023	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NODTUVI	EW VILLAGE			2	415 NORTH KINGSHIGHWAY		
NOKIHVI	EW VILLAGE			S	SAINT LOUIS, MO 63113		
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E 020	tried to get staff to ca into work. The DON who said she got an previous day telling to owners about makin refused to call or em him he needed to tel their pay. The staff everyone worked no one was "wigging ou floor at 3:00 P.M. wh DON. They went do office. CMT D asked and the Administrato to her and the Corpo exhausted all avenu paychecks. The CF owners and the other they gave them not Administrator gave owner, they printed i staff called the numb on them. The DON a message. Everythicoutside. Some were staff were quiet and doesn't know who cashe saw evening shi that. She went out f twice herself. She a couldn't get through. She did not know whishe looked up and so DON from Facility B Facility C, and that sevacuation. She say from Facility E there	money was not there. She alm down. The DON went I talked to the Administrator email from the CFO the her to call the other two g payroll. The Administrator iail the other owners and told II her what to tell people about were ok on day shift and immally and did their jobs. No it. The DON was on the 4th nen CMT D talked to the lown to the Administrator about it or had an email that was sent orate Nurse. They had les and there were no O was blaming the other two for two owners wouldn't pay. In the phone numbers of the lat and handed it out. When lovers, they were hanging up also called Owner A and left ing "went left". Dayshift was a also in the lobby. Some others were not. The DON lalled the evacuation. Once fit was there, she was ok with ront and she called the police also tried to call the floors and there, and three staff from some had called the with Administrator and there, and three staff. She was lize this. She left sick at	E	020			

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		
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E 020	her nerves. She sa and nurses sent by Physician L. There homes came to see could look through family members. The nurses were supported going where, but it facilities were pulling the going where, but it facilities were pulling the going where, but it facilities were pulling the going of the going where, but it facilities were pulling the going of the going where, but it facilities were pulling the going of the going where, but it facilities were pulling the going of the going where, but it facilities were pulling were bombarded. What she had to satisfact the going of the going where the going were going where the going with the going with the going with the going with family and help the going with the going an interview of the going with the going an interview of the going with the going an interview of the going with	e threw up. She knew it was aw other homes were there, the Medical Director and was a nurse on each floor. As a people, she told them they the charts and then call their they had notepads and the sed to keep track of who was was overwhelming. The ag charts and not signing in. For to floor and it wasn't could take residents with them this is not how you close a whelming and there were not a leads there. Housekeeping tuman Resources was off. It people were gone. The halls staff didn't "give a damn" over you she was not going to get or A. She did not know who have gas or the elevator. The did about the looting. With the overload it or it will be stuck. If she is not sure if she told the set of Maintenance, the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the were getting their things. If the person nop, activities and the person nop, activities and the person nop, activities and the person not not not not not not not not not n	E			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	;COMPLET		OATE SURVEY COMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODI 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 020	FM N/Power of Attor staff never called hir facility was being cloresident had been so facility on 12/16/23 a getting things. FM N he/she was scared. During an interview of Said the facility disrelatives with no not personal belongings. 2. Observation on 12 a "Code Green" was entered the Administ that meant. She toke and said it was probes She did not call any eloped and did not led. During an interview of the DON said she did Code Green. The Awere on the 4th floor K on 3, outside. She saw no one. She to the police and guard resident left with and noticed. Staff from of from floor to floor. During an interview of the police and guard resident left with and noticed. Staff from of from floor to floor.	on 12/18/23 at 10:30 A.M., mey said the management in/her, to inform him/her the bed and where exactly the ent. He/She went to the and people were going in and ididn't go upstairs because on 12/20/23 at 2:00 P.M., FM scharged two of his/her ice, no medications, no and no paperwork. 2/15/23 at 8:43 P.M., showed called overhead. Staff trator's office and asked what it them it was an elopement ably a particular resident. of the units to determine who eave her office to investigate. In 12/21/23 at 10:56 A.M., dn't know who called the DON, Nurse J and the DON of the Units to the Investigate and id staff to tell Nurse H to call the other home and no one other facilities were going	EC			
		ey tried to call the guardian				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′			3) DATE SURVEY COMPLETED
		265524	B. WING_			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u> </u>	12/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 020	Continued From pag	ge 14	E 0	20		
	resident had a Legal Administrator. The arthritis, schizophrei symptoms which ca hallucinations, disor thinking and lack of collection of sympto where there has bee reality) and bipolar cassociated with epis from depressive low. Observation on 12/1 the alarm sounding floor. During an interthe alarmed stairwe going out of that sta Multiple times, Nurs Staff did not respond the alarm sounding During an interview, been on duty since identify how many reseveral representat medical records, bar medication carts, ob resident belongings Staff did not respond Observation on 12/1 Nurse I with an unst He/She said, "I gotta The alarm continued	resident's diagnoses included nia (a chronic brain with n include delusions, ganized speech, trouble with motivation), psychosis (a ms that affect the mind, en some loss of contact with disorder (a disorder sodes of mood swings ranging as to manic highs). 15/23 at 9:55 P.M., showed several times on the third erview, Nurse H said it was II. He/She said people were irwell, moving people. e H said, "See what I mean." dt to the stairwell. 15/23 at 10:15 P.M., showed loudly on the second floor. Nurse I said he/she had day shift. Nurse I could not esidents were on the unit. ives from other facilities read gged medications from the otained medical records and. Nurse I turned off the alarm. dt to the alarm.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		DATE SURVEY COMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		12/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 020	at baseline. Review of the police 2:34 P.M., showed station (7.4 miles for a check the welfare Resident #1 sitting the store with sever resident confirmed not need any assist for a family member spoke with the resident so facility during the considerable that the resident is medical decisions. It be transported to the then he would make resident to be converted to the following: -12/16/23 at 4:27 P. Emergency Departr from gas station after facility. Patient expression but is tangential with the Emergency During an interview hospital Social Wor in the Emergency Deaccepted the resident station of the Emergency Decepted the resident to be converted to the stangential with the Emergency During an interview hospital Social Wor in the Emergency Decepted the resident stangential with the Emergency Decepted the resident stangential stan	ge 15 tor Resident #1 is delusional e report, dated 12/16/23 at police responded to a gas om the facility), in reference to request. Police observed on the ground on west side of al shopping bags. The his/her name and he/she did ance, as he/she was waiting r to pick him/her up. Police lent's Legal Guardian who mehow walked away from the onfusion. The Legal Guardian not able to make his/her own He/She requested the resident te hospital for an evaluation, e arrangements for the eyed to another facility. In gency Room record, showed I.M., patient brought to ment per Police Department ter patient eloped from nursing tesses no acute complaints in grandiose delusions. On 12/21/23 at 2:05 P.M., the ker said the resident remained tepartment. Another facility ont, but required the resident to sion prior to admission.	EO	20		
	8/3/23, showed: -Severe cognitive in	ent #9's quarterly MDS, dated npairment; mptoms not directed towards				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	NGCOMPL		DATE SURVEY COMPLETED
		265524	B. WING_			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	·	12/16/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 020	Review of the reside -Problem Start Date elopement. Resides -Long Term Goal Ta remain safe and will next 90 days; -Approach: Encoura that provide recreati musical entertainme to leave the facility, protocol. Immediate supervisor of any at unsupervised. Immediate supervisor of any at unsupervised supervisor of any at unsupervised. Immediate supervisor of any at unsupervised. Immediate supervisor of any at unsupervised start Date thought process (immediate), and bizarre Schizophrenia and Edizophrenia and Edizophr	I high blood pressure, d schizophrenia. ent's care plan, showed: : 02/08/2023: History of on a Special Care Unit; rget Date: 05/05/2023: Will not elope from facility over ge attendance in activities on, physical exercise, or nt. If resident voices a desire redirect him/her. Monitor per ly inform charge nurse and tempts to leave the facility ediately initiate Code Green if dent. : 02/08/2023: Alteration in paired memory, disorganized delusions, poor decision behaviors) related to Borderline Personality water running in sink and aff turns it off. Removes the nd sit/sleep on metal framing. Plays verbally and physically is towards others. History of ying furniture and throwing. At risk for falls and other related to use of	E 02	20		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		265524	B. WING				C 16/2023
	ROVIDER OR SUPPLIER	,	•	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		10,2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 020	when confused. Providemonstration, cues, as needed. Psychiatrordered/indicated -Long Term Goal Tarnot harm self or othe needs will be met darelated to falls. Medic effect through next returned the DON said she cogot out. Staff think the around Natural Bridghas told them to call a guardian. The residemental illness and position of the DON said she cogot out. Staff think the around Natural Bridghas told them to call a guardian. The residemental illness and position of the pos	which reassures resident ride reality orientation, validation, and redirection ric consultation as get Date: 05/05/2023: Will res. Will remain safe and rily. Will not have injury reation will have a therapeutic review. In 12/21/23 at 10:56 A.M., resident #9 resident #9 resident #9 resident has resident and has resident and has resident and has resident #9's whereabouts are the facility's list of residents resident #9's whereabouts are the facility's list of residents resident #9's whereabouts are the facility's list of residents residents residents are resident for. The facility's list of residents resi	E	0020			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		265524	B. WING _			12/	16/2023
	ROVIDER OR SUPPLIER			24	TREET ADDRESS, CITY, STATE, ZIP CODE 415 NORTH KINGSHIGHWAY AINT LOUIS, MO 63113		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 020	week so they could pathe facility has been for Owner A has been fur asked two financial bacover the payroll, how the DON said staff we 12/22/23. They will be the following week ne no response from Ow problems and she told use agency staffing. decently and in order. Transfer and Discharg CFR(s): 483.15(c)(1)(s) 483.15(c)(1) Facility (i) The facility must peremain in the facility, it discharge the resident (A) The transfer or discresident's welfare and cannot be met in the facility so the resiservices provided by the CO The safety of indivendangered due to the status of the resident; (D) The health of individing the resident has facility in the resident of the resident; (D) The health of individing the resident has facility as the resident; (D) The health of individing the resident has facility as the resident has facility as the resident; (D) The health of individing the resident has facility as the res	d reimbursement check that ay employees. CFO stated osing money for years and adding the losses. He had ackers in the operation to vever, they did not do so. In 12/21/23 at 10:56 A.M., are supposed to be paid on the paid for vacation time and ext week. She still has had ener A. They had staffing the dim recently they had to they should have done this are Requirements i)(ii)(2)(i)-(iii) Ind discharge-requirements-remit each resident to and not transfer or the facility unless-scharge is necessary for the at the resident's needs facility; scharge is appropriate shealth has improved dent no longer needs the the facility; viduals in the facility would widuals in the facility would		5622			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
		265524	B. WING				C 16/2023
	ROVIDER OR SUPPLIER		,	2	TREET ADDRESS, CITY, STATE, ZIP CODE 415 NORTH KINGSHIGHWAY FAINT LOUIS, MO 63113	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 622	submit the necessar payment or after the Medicare or Medicar resident refuses to president who become admission to a facilit resident only allowar or (F) The facility cease (ii) The facility may president while the application of this characteristic shall be applicated by the facility of the discharge notice frow 431.220(a)(3) of this discharge or transferor safety of the resident under any of the facility. The facility that failure to transferous facility. The facility that failure to transferous facility is discharge is documedical record and communicated to the institution or provide (i) Documentation in must include: (A) The basis for the (i) of this section. (B) In the case of passection, the specific be met, facility attentions.	if the resident does not by paperwork for third party including id, denies the claim and the pay for his or her stay. For a less eligible for Medicaid after ty, the facility may charge a ble charges under Medicaid; less to operate. In the transfer or discharge the opeal is pending, pursuant to apter, when a resident right to appeal a transfer or in the facility pursuant to § is chapter, unless the failure to r would endanger the health dent or other individuals in the must document the danger er or discharge would pose. In the circumstances specified (i)(A) through (F) of this must ensure that the transfer imented in the resident's appropriate information is er receiving health care	F	622			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		265524	B. WING			12/	16/2023
	ROVIDER OR SUPPLIER			24	TREET ADDRESS, CITY, STATE, ZIP CODE 415 NORTH KINGSHIGHWAY AINT LOUIS, MO 63113		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 622	(2)(i) of this section m (A) The resident's phy discharge is necessal (A) or (B) of this secti (B) A physician when necessary under para this section. (iii) Information provion must include a minim (A) Contact information responsible for the ca (B) Resident represer contact information (C) Advance Directive (D) All special instruct ongoing care, as appl (E) Comprehensive c (F) All other necessal copy of the resident's consistent with §483. any other documental a safe and effective to This REQUIREMENT by: Based on observation review, the facility fail transfer/discharge information records and appropria care was communical care institution or provious evacuation of the faci created when employ affected all residents was 174. 1. During an interview	ed(s). In required by paragraph (c) Inust be made by- ysician when transfer or ry under paragraph (c) (1) Inust be made by- ysician when transfer or ry under paragraph (c) (1) Inust be made by- ysician when transfer or ry under paragraph (c) (1) Inust be made in transfer or regraph (c)(1)(i)(C) or (D) of Inust of the receiving provider Inum of the following: Inust of the practitioner Inust of the practitioner Inust of the resident. Intative information including Initial ini	F	522			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		OATE SURVEY OMPLETED
		265524	B. WING			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		12/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 622	Chief Financial Offi Administrator to comoney for payroll. was payday, and proceed of the Administrator said to plan had been enable of the Administrator said to plan had been enable of the Administrator said to plan had been enable of the Administrator said to plan had been enable of the Administrator and to adjacent to the facilientry difficult. During an interview visitors said the photocomolecular of the Administrator said to call the facilientry down. During an interview Administrator said to down. The Administrator said to t	id not have the money. The cer (CFO) told the ntact Owner B to get the The administrator stated it eople were walking off shift. histrator to transfer as many ble to Facility B and Facility C off Owner A). At 4:50 P.M., the their emergency preparedness cted. 15/23 at 6:00 P.M., showed ans on both sides of the street, lity's front entrance, making 10 on 12/15/23 at 6:30 P.M., two cones were shut down. They lity about their family member, arough because the phones 11 on 12/15/23 at 6:35 P.M., the the phone lines were not estrator from Facility B was move beds from this facility to the from Facility B was calling is would be going to Facilities	F 62	,		
	staff from Facility G office and offered to residents. The adm nobody was going transportation staff Administrator said	P.M., showed transportation is entered the administrator's coassist with placement of ministrator told him/her that to Facility G. The then left the office. The some residents would be but some will not go until				

		(X3) DATE SURVEY COMPLETED			
		265524	B. WING		C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	1 12/10/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 622	tomorrow. Observation of the p.M., showed a lot representatives from medical records, be medication carts, oldered resident belongings. During an interview Resident #11 said in him/her about movimove. Observation of the properties of the prope	fifth floor on 12/15/23 at 7:07 of activity on the floor, with an other facilities reading agging medications from the otaining medical records and on 12/15/23 at 7:18 P.M., alobody had said anything to any and he/she did not want to fourth floor on 12/15/23 at a lot of activity on the floor, as from other facilities reading agging medications from the otaining medical records and on During an interview, the floor. Five residents left were leaving. On 12/15/23 at approximately #12 said he/she did not know ag the facility or not. He/she getting his/her money from the ant. The resident was tearful	F 62.		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTIONS			SURVEY PLETED
		265524	B. WING _				C / 16/2023
	ROVIDER OR SUPPLIER			STREET ADDRES 2415 NORTH KI SAINT LOUIS		121	10/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EA	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD I SS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 622	he/she was going an another facility until 1 was told by staff. During an interview of 10:00 P.M., the Adm Facility I said she was residents at his/her swas "chaos" and residents at his/her swas "chaos" and residents at his/her swas "chaos" and resident did not worth the resident did not w	d may not be transferred to 12/18/23. That is what he on 12/15/23, at approximately ission Coordinator from s trying to help place killed nursing facility, but it ident charts were missing. on 12/15/23 at 10:20 P.M., a cility D said Resident #2's aken by another facility, but want to go to that facility. Resident #2 said he/she was 1. that same day, and he/she consible party. He/She ity D, and not to the facility	F	522	DEFICIENCY)		
	During an interview of the Administrator said were 34 residents still were all going to Factor Observation on 12/10 members of the fire of area of the building. time, one of the fire for start on the 5th flo evacuating residents	6/23 at 12:05 A.M., showed department in the main lobby During an interview at that ighters said they were going or and work their way down,					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE (X0) PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE (X4) PLAN OF CORRECTION (X3) DATE (X4) PROVIDER/SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X3) DATE (X4) PROVIDER/SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X5) DATE (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUCTION (X7) DATE (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SUPPL		SURVEY LETED				
		265524	B. WING				C 16/2023
	ROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	1 12/	10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 622	evacuate the building During an interview of Resident #14 said he J. During an interview of 12:55 A.M., an EMS taking Resident #14 the/She added that it residents were leaving behind; their whole wo During an interview of Resident #15 said he be going to Facility L. there. During an interview of 1:27 A.M., Resident #1 him/her that he/she wo During an interview of Resident #17 said no he/she was going to During an interview of Administrator from Fa Resident #18's medic but another unknown their facility. She said there." Observation on 12/16 EMS assisting Resident During an interview of	nief said his goal was to in 12/16/23 at 12:50 A.M., which wanted to go to Facility in 12/16/23 at approximately staff person said they were to Facility K, not Facility J. was very sad that these grall of their belongings forld. In 12/16/23 at 1:25 A.M., which was told he/she would he/she would he/she did not want to go in 12/16/23 at approximately as going to be moving. In 12/16/23 at 1:28 A.M., body had told him/her that be moving. In 12/16/23 at 2:30 A.M., the acility M said she had call chart and medications, facility took the resident to did it was "a free for all up	F	622			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		X3) DATE SURVEY COMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	ZIP CODE	12/10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVI CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATI CIENCY)	(X5) COMPLETION DATE
F 622	requested assistance ADON responded, "Nentered the room a fithe resident who core of the resident who core of the resident who core of the last resident on serefused to leave, and physically lift the resident on 12/1 A.M., showed multip Several facilities were their vehicles, EMS is stretchers, and the of secured the front dealship to the last of the l	informed the resident e and was quite upset. The when isn't (he/she)?" EMS ew minutes later, talking with	F	522		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		265524	B. WING			12/	16/2023
	ROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 622	DON was on the 4th of D talked to the DON. Administrator's office would call a department an email that was ser Nurse. They had exhibite who called the evacuation looked up and saw the from Facility B there, C, and that someone She saw the Administ E there, then DHSS sto organize this. She she threw up. She kn saw other homes were the Medical Director a came to see people, shook through the charmembers. They had were supposed to kee where, but it was overwhere, but it was overwhere, but it was overwhelming charts are going floor to floor and would take residents. This is not how you coverwhelming. Before gone. Record review of an expectation of the control	noney was not there. The floor at 3:00 P.M. when CMT They went to the The Administrator said she ent head meeting. She had not to her and the Corporate rausted all avenues and ecks. The DON didn't know action. The DON said she had called the evacuation. The DON from Facility had called the evacuation. The difference of the sick at 10:00 P.M. after new it was her nerves. She had the there, and nurses sent by and Physician L. As homes she told them they could the sand then call their family notepads and the nurses per track of who was going rwhelming. The facilities and not signing in. They were dit wasn't organized. They with them from floor to floor. To se a home. It was be you knew it, people were	F	622			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	, ,	ATE SURVEY DMPLETED
		265524	B. WING _		,	C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u>'</u>	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 622	Family Member (FM discharged his/her fanight, 12/15/23. FM in the facility, not a scontacted about the facility "did (him/her). During an interview	on 12/18/23 at 9:16 A.M., I) M said the facility amily member on Friday M found this out from others staff member. FM M was not resident. FM M feels that the	F 6.	22		
	staff never called hir facility was being clo resident had been s facility on 12/16/23 a getting things. FM N he/she was scared.	m/her, to inform him/her the osed and where exactly the ent. He/She went to the and people were going in and N didn't go upstairs because				
	O said the facility disrelatives with no not personal belongings. Record review of an advocate dated 12/2 the following: The produnteers visited all Northview residents few of them are okarest are sad, panick mostly, very angry, residents did not har they literally have now with a blanket cover moved to their new pants. A couple of lu (but not remotes), a ball sobbing and refiquestions we most	on 12/20/23 at 2:00 P.M., FM scharged two of his/her ice, no medications, no and no paperwork. The email from a resident 20/23 at 12:25 P.M., showed ast few days our staff and most 20 nursing homes that were transferred to. While a y with their new homes, the ed, stressed, confused and The majority of these we much to begin with; now othing. A few residents talked ing themselves as they were home without even a pair of tacky residents got their TV and some just curled up into a using to speak with us. The encountered were who to vertice to medical to the service of				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		265524	B. WING _			12/	16/2023
	ROVIDER OR SUPPLIER			24	TREET ADDRESS, CITY, STATE, ZIP CODE 415 NORTH KINGSHIGHWAY AINT LOUIS, MO 63113		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 622	CFR(s): 483.25(d)(1)(1)(1)(1)(1)(2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ards/Supervision/Devices (2) . ure that - sident environment remains zards as is possible; and sident receives adequate tance devices to prevent is not met as evidenced en, interview and record ed to ensure resident safety of the facility. Two oppointed legal guardians, and #9) from the facility. to safety alarms as they the phone line was cut, to present, an elevator was ck for 30 minutes with ications were not distributed anot present on halls where siding (Residents #7 and		689			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		265524	B. WING _			C 2/16/2023	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	•	2/10/2023	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	P.M., showed the Officer (CFO) told fight to get the own continuing losses, able to get funds f ownership group f able to fund this as he has from fundir not sure what to so solutions to get us but I do not have a Owner A and he seemployees Owner were expecting fur budging." During an interview Administrator said and said he did not the Administrator to the Administrator to the Administrator to the Administrator of the Admin	mail dated 12/15/23 at 2:27 ownership's Chief Financial the Administrator: "After a long nership to fund Northview's I, nor (Owner A) have been rom the other part of the or Northview. Owner A is not is he has exhausted everything ng his homes for so long. I am ay as I have had many through our cash flow issues, a solution this week. I spoke to aggested that you give B's office information as we nds from him and he is not W on 12/15/23 at 3:45 P.M., the Owner A refused to pay staff, at have the money. CFO told to contact Owner B to get the This is payday, and people are CFO told the Administrator to residents as possible to Facility which Owner A also owns). At ministrator said their emergency and been enacted. 1/15/23 at 6:00 P.M., showed wans on both sides of the street, sility's front entrance, making ff were outside and inside the ng a security guard. A staff the facility yelled, "agency staff	F	689			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		OATE SURVEY COMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u>'</u>	12.10/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 689	in for work and turned. During an interview of Certified Medication talked with the Administrator shocomputer, saying states and the Administrator said the phototried to call the facility but could not get throwere down. During an interview of Administrator said the down. The Administrator said staff were looting from the facility van. had been threatened to Facilities B, C, E at Observation of the fip.M., showed one again CMT and one agence G) on duty. There we floor, with representation medical recommendation medical recommendation medical recommendation.	would not be paid, staff came and around and left. on 12/15/23 at 6:20 P.M., Technician (CMT) D said she inistrator about 3:10 P.M. and lowed CMT D the letter on her aff would not be paid. on 12/15/23 at 6:30 P.M., two mes were shut down. They by about their family member, ough because the phones on 12/15/23 at 6:35 P.M., the me phone lines were not eator from Facility B was nove beds from Northview to be from Facility B was calling istrator said there were staff g agency staff, taking care of cy staff had been paid, so staying in the building. She g and someone stole gas The Administrator said she d. Residents would be going	F6	89		
	Facility B. Someone families. The Admin on all floors, including the residents. Agens she knew they were said staff were looting from the facility van. The had been threatened to Facilities B, C, E at Observation of the find P.M., showed one agence G) on duty. There we floor, with representation reading medical records and resident interview, the agence of the minimum of the find properties.	e from Facility B was calling istrator said there were staff g agency staff, taking care of cy staff had been paid, so staying in the building. She g and someone stole gas The Administrator said she d. Residents would be going and F. If th floor on 12/15/23 at 7:07 gency LPN (LPN F), one y Certified Nurse Aide (CNA as a lot of activity on the atives from other facilities ords, bagging medications carts, obtaining medical				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		DATE SURVEY COMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	'	1211012020
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F 689	leaving in a few min on duty until 7:00 A. Observation of the f 7:34 P.M., showed the Assistant Director of a lot of activity on the from other facilities bagging medication obtaining medical residents had alread leaving. The elevate became stuck, with During an interview Administrator said swas stuck. During an interview fireman said the elevel it and that was why 9 people on it. At the they were on the stuand that included his was in a wheelchair workers entered the potential gas leak/games.	n safety. He/She would be sutes. CNA G said he/she was s.M. fourth floor on 12/15/23 at three CNAs, one CMT and the f Nurses (ADON). There was see floor, with representatives reading medical records, seronds and resident an interview, the ADON said ents on the floor. Five dy left and a bunch more were or near the nurses station people trapped on it. on 12/15/23 at 8:00 P.M., the she was unaware the elevator on 12/15/23 at 8:25 P.M., a vator had too many people in it was stuck. There had been not time, a family member said suck elevator for 30 minutes, sher family member, who see At that time, two utility efacility, for a report of a las odor in the kitchen.	F 6	,		
	During an interview 10:00 P.M., the Adn Facility I said she w residents at his/her	on 12/15/23, at approximately nission Coordinator from as trying to help place skilled nursing facility, but it sident charts were missing.				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		265524	B. WING		C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	,
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F 689	Continued From pa	ge 32	F 68	39	
	the stairwell securit second floor. Durin he/she had been or could not identify he the unit. Several refacilities read medications from the medical records and turned off the alarm alarm. During an interview 11:15 P.M., the Cor Person J said 37 reference of the second secon	15/23 at 10:15 P.M., showed y alarm sounding loudly on the g an interview, Nurse I said in duty since day shift. Nurse I sow many residents were on expresentatives from other cal records, bagged in medication carts, obtained did resident belongings. Nurse I in Staff did not respond to the on 12/15/23 at approximately prorate Accounts Payable Staff sidents were going to be sent a Emergency Medical Services			
	three residents rempeople identified the floor. At that time, a health agency, who units, walked freely an alarm continued said they were not the facility and shown the facility and shown the Administrator say volunteers on any of the home health floor. She and the fifth floor at that tim "take care of" him/h Administrator said to 34 residents still in	15/23 at 11:15 P.M., showed ained on the fifth floor. Two emselves as volunteers on the a representative from a home had previously been on other on the floor. At 11:18 P.M., to sound. The two volunteers or eviously known volunteers of wed up to help. on 12/15/23 at 11:30 P.M., aid she did not know of any of the units, nor was she aware agency representative on the Marketing Director went to the e, and she said she would her. At 11:42 P.M., the o her knowledge, there were the building and they were all and Facility C. At 11:48 P.M.,			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u> </u>	12/10/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 689	Continued From pa	ge 33	F 6	89		
	worked. The Market phones did not work duty. The Administr did not work. Observation on 12/members of the firet area of the building time, one of the firet o start on the fifth fevacuating resident During an interview the St. Louis EMS (evacuate the building During an interview Administrator from Resident #18's mediated but another unknown.	on 12/16/23 at 12:45 A.M., Chief said his goal was to				
	Resident #7 was the He/she lay in his/he A.M., showed an ur exited the elevator of everyone was off of told Resident #7 was person said he/she left on the floor. Observation on 12/2 EMS assisting Resident #7 was person said he/she left on the floor.	16/23 at 4:10 A.M., showed e only person on the 3rd floor. It bed. Observation at 4:12 aknown female staff person onto the floor. He/She said the floor at that time. When it in his/her room, the staff did not realize anyone was 16/23 at 12:50 A.M., showed dent #3 to a stretcher. No th-floor unit, where he/she				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		265524	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT 2415 NORTH KINGSHIGHWA SAINT LOUIS, MO 63113		12/16/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA FICIENCY)	
F 689	During an interview of Resident #4 said he/been for over an houreally angry. At that informed the resident was quite upset. Thisn't (he/she)?" EMS minutes later, talking continued to be upset in bed, and a third rehallway with a represidents on the third the floor. Two residents on the third the second floor. The floor (Resident #5) re EMS had to physical stretcher, while he/sidents on the floor. Two residents on the third the second floor. The floor (Resident #5) re EMS had to physical stretcher, while he/sidents were their vehicles, EMS to stretchers, and the Consecured the front dear A.M., Resident #6 re repeated concerns the know where he/she refused to go. EMS (antipsychotic) inject lifting Resident #8 to approximately 5:45 A last resident to leave Review of Resident in his/her diagnoses in communication deficients.	on 12/16/23 at 12:55 A.M., she was really wet and had ar. He/She said he/she was time, the ADON was to requested assistance and the ADON responded, "when the entered the room a few are with the resident who at. Two other residents were assident ambulated in the sentative from another facility. 6/23 at 1:22 A.M., showed 16 at floor. One nurse was on ents and Nurse I remained on the last resident on second efused to leave, and several ly lift the resident to a me protested. 6/23 at midnight through 5:30 are protested. 6/23 at midnight through 5:30 are loading personal items in was transporting residents on city Police were onsite and sk. At approximately 5:00 fused to leave, Resident #7 that his/her parents would not was, and Resident #8 loudly administered two Haldol ions prior to several EMS a stretcher. At A.M., Resident #8 was the at the facility. #8's face sheet, showed cluded cognitive	F	889		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		OMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 689	safety awareness), schizoaffective disorcondition characterit schizophrenia, such delusions, and sympsuch as mania and disorder and intelled. Observation on 12/1 left the facility and dresident floors. The observed assisting including the final floorseries of the policy and the policy and the policy and couldn't gwere cut. She does said she left sick at She knew it was held homes were there, a medical director and homes came to see could look through the family members. The nurses were suppositions were pulling facilities were pulling the school of the policy and the p	colanning, problem-solving and canxiety disorder, order (a chronic mental health zeed primarily by symptoms of as hallucinations or otoms of a mood disorder, depression), persistent mood stual disabilities. 5-16/23, showed the DON id not return to any of the Administrator was not on the floors at any time, our sweeps conducted by the on 12/21/23 at 10:56 A.M., rent out front and called the She also tried to call the set through. The phone lines on't know who cut them. She 10:00 PM after she threw up. In nerves. She saw other and nurses sent by the dianother physician. As people, she told them they he charts and then call their ney had notepads and the ged to keep track of who was was overwhelming. The great sand not signing in.	F6	,		
	organized. They wo from floor to floor. T home. It was overw lot of department he it, people were gone	or to floor and it wasn't buld take residents with them this is not how you close a shelming and there were not a stads there. Before you knew but 2/15/23 at 8:43 P.M., showed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		265524	B. WING _			C 2/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		2/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 689	staff entered the Adm what that meant. She elopement and said it resident. She did not determine who eloperoffice to investigate. During an interview of Nurse H said Resident not find him/her. The and also called 911. During an interview of the DON said she did Code Green. The ADWere on the fourth floc CNA K outside. The and saw no one. She call the police and guresident left with another noticed. She stated is were going from floor alert and oriented timplace, time and situated. Observation on 12/15 the alarm sounding selfoor. During an interthe alarmed stairwell going out of that stair Multiple times, Nurse Staff did not respond who was leaving the	called overhead. Facility B sinistrator's office and asked e told them it was an a was probably a particular call any of the units to d and did not leave her In 12/15/23 at 9:47 P.M., and #1 eloped and they could by tried to call the guardian In 12/21/23 at 10:56 A.M., and the DON, Nurse J and the DON or. They looked and saw DON also looked outside to told staff to tell Nurse H to ardian. She believes the ther home and no one staff from other facilities to floor. The resident is the three to four (person, cion). In 12/23 at 9:55 P.M., showed everal times on the third view, Nurse H said it was a He/She said people were well, moving people. H said, "See what I mean?" to the stairwell to determine floor. In 12/15/23 at 10:57 P.M., or said Resident #1 is	F 6	39		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER	ı		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		12/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 689	resident had a legal administrator. The rarthritis, schizophrer symptoms which can hallucinations, disord thinking and lack of collection of symptomy where there has beer eality) and bipolar cassociated with epis from depressive low. Review of the police 2:34 P.M., showed particles to the store with resident #1 sitting as ide of the store with resident confirmed had not need any assistation a family member spoke with the resident somehof facility during the consaid the resident is rangelized medical decisions. He transported to the then he would make resident to be converted to the then he would make resident to be converted to the then he would make resident to be converted to the then he would make resident to be converted to the then he would make resident to be converted to the then he would make resident to be converted to the then he would make resident to be converted to the following: -12/16/23 at 4:27 P.I. Emergency Department (PD) from the partment (PD) from the	nt's record, showed the guardian/public esident's diagnoses included nia (a chronic brain with in include delusions, ganized speech, trouble with motivation), psychosis (a ms that affect the mind, en some loss of contact with isorder (a disorder odes of mood swings ranging is to manic highs). Treport, dated 12/16/23 at solice responded to a gas in the facility), in reference to request. Police observed in the ground on the west in several shopping bags. The is/her name and he/she did since, as he/she was waiting to pick him/her up. Police ent's legal guardian who said with walked away from the infusion. The legal guardian who said with walked away from the infusion. The legal guardian into table to make his/her own le/She requested the resident entitle hospital for an evaluation, arrangements for the yed to another facility. Gency Room record, showed M., patient brought to the infusion after patient facility. Patient expresses no the is tangential (erratic) with	F 6	89		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED		
		265524	B. WING		C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	12/16/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION
F 689	Continued From pag	ge 38	F 68	99	
	Data Set (MDS), a fe assessment tool, da assessed the reside -Severe cognitive im -Daily behavioral syrothers; -Diagnoses included diabetes mellitus and Review of the reside -Problem Start Date elopement. Resides -Long Term Goal Tarremain safe and will next 90 days; -Approach: Encoura that provide recreatimusical entertainme to leave the facility, protocol. Immediated supervisor of any attunsupervised. Imme unable to locate resi-Problem Start Date thought process (imperior thinking, inattention, making, and bizarre Schizophrenia and Edicomes angry if stamattress from bed a framing. Easily agitat physically aggressiv History of throwing attrowing items out of	ted 8/3/23, showed staff int as: ipairment; imptoms not directed towards I high blood pressure, d schizophrenia. Int's care plan, showed: 02/08/2023: History of on a Special Care Unit; rget Date: 05/05/2023: Will not elope from facility over ge attendance in activities on, physical exercise, or int. If resident voices a desire redirect him/her. Monitor per ly inform charge nurse and tempts to leave the facility idiately initiate Code Green if dent. 02/08/2023: Alteration in paired memory, disorganized delusions, poor decision behaviors) related to Borderline Personality water running in sink and aff turns it off. Removes the ind sit/sleeps on metal ted. Displays verbally and be behaviors towards others. and destroying furniture and f window. At risk for falls and effects related to use of			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X	(3) DATE SURVEY COMPLETED	
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	DE	12/10/2023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 689	medication as ordered effects. Notify physici lowest therapeutic do participation in activiti don't depend on orier Assist with decision in pleasant interaction when confused. Providemonstration, cues, as needed. Psychiatri ordered/indicated -Long Term Goal Targonot harm self or other needs will be met dail	c: 02/08/2023: Administer d. Monitor for adverse side an of behavior to assure se is given. Encourage dies which orient to reality and intation. Give simple choices. Inaking as needed. Provide which reassures resident dide reality orientation, validation, and redirection dic consultation as get Date: 05/05/2023: Will ses. Will remain safe and dy. Will not have injury ation will have a therapeutic	F	589		
F 835 SS=L	the DON said she coungot out. Staff think around Natural Bridge has told them to call the a guardian. He/She is mental illness and poor As of 1/5/24, Resident unknown. Administration CFR(s): 483.70 §483.70 Administration A facility must be admenables it to use its refliciently to attain or practicable physical, well-being of each resident.	on. ninistered in a manner that esources effectively and maintain the highest mental, and psychosocial	F	335		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		265524	B. WING			C 12/16/2023
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(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRE CROSS-REFERE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	review, the facility and administer the its resources effect residents attained practicable physical well-being. The face employees of the face impacting resident were present to produce to safety concided to emerge facility administration residents in an ord included finding plaresidents, sending medications in an ord to the resident represent to the resident representation of the resident representation of the facility during the facility of the emethy were updated Administrator on 1° -Purpose: to set for outline actions to be resident care and phome during manisituations; -Situation-A local dwinds, tornado, expenses to set for outline actions to be resident care and phome during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations; -Situation-A local dwinds, tornado, expenses and set of the facility during manisituations and set of the fac	tion, interview and record administration failed to operate facility in a manner that used ively and efficiently to ensure or maintained their highest al, mental, and psychosocial sility operators failed to pay the facility on 12/15/23, negatively safety when insufficient staff ovide adequate resident care. The facility administration on the early, organized manner, which facement and transportation for residents' medical records and orderly manner, and notification resentatives. One resident was of (an antipsychotic) cause he/she was so visibly the refused to leave (Resident with legal guardians eloped ring the evacuation (Residents sillures jeopardized the health sidents and staff. The census	F	335		

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F 835	Actions (Administra -2. Assumes c actions within the rial -3. Assigns tas -4. Augments available personne -5. Directs recipion -5. Directs recipion -7. Order evacinecessaryStaff walkout was the emergency provided and the emergency pro	nursing home; Coordinating Emergency ator): ontrol of enacting emergency nursing home; sks to emergency staff; departmental staff with any l; all of off duty personnel; uation of the nursing home if not identified or addressed in cedures. f Affiliate List received on perator of the facility, Northview and Owner A, Owner B, and officers and directors of the one Affiliate List received ownership of the land of a Village Center Limited and the following for limited int owners with 51% interest; 543% interest; and	F 83	5	

AND DUAN OF CODDECTION IDENTIFICATION NUMBER		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		265524	B. WING		12/16/2023
	ROVIDER OR SUPPLIER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	
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F 835	but I do not have a semployees (Owner were expecting functional budging." During an interview Administrator said Communication.	hrough our cash flow issues, solution this week. I spoke to uggested that you give B's) office information as we dis from him and he is not on 12/15/23 at 3:45 P.M., the Owner A refused to pay staff,	F 835		
	told the Administrate the money for payro was payday, and pe CFO told the Admin residents as possible (under ownership of	have the money. The CFO or to contact Owner B to get oll. The administrator stated is exople were walking off shift. istrator to transfer as many le to Facility B and Facility C of Owner A). At 4:50 P.M., the heir emergency preparedness sted.			
	PM, showed Depart Services (DHSS) ac Owner B's chief fina registered agent for requesting immedia being funded, puttin	memail dated 12/15/23 at 5:14 cment of Health & Senior dministration emailed CFO, ancial officer, and the Northview Village, Inc, te contact due to payroll not g over 170 residents at response was received on			
	multiple cars and va adjacent to the facil	15/23 at 6:00 P.M., showed ans on both sides of the street, ity's front entrance, making were outside and inside the g a security guard.			
	Licensed Practical N	on 12/15/23 at 6:15 P.M., Nurse (LPN) C said she has y for 13 years. She said e three or four times before.			

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F 835	When they found out came in for work and came in for work and During an interview of Certified Medication worked at the facility with the Administrator showed CMT D the lest staff would not be partially an interview of Certified Nurse Aide getting paid late had were always paid be. During an interview of visitors said the phore tried to call the facility but could not get throwere down. During an interview of Administrator said the down. The Administrator said the down. The Administrator said the getting vehicles to make a said staff were looting the residents. Agency she knew they were said staff were looting from the facility van. facility. The Administrator said the could not get throw they were said staff were looting from the facility van. facility. The Administrator said the could not get throw they were said staff were looting from the facility van. facility. The Administrator said the could not get throw they were said staff were looting from the facility van. facility. The Administrator said they were said staff were looting from the facility van. facility. The Administrator said they were said staff were looting from the facility van. facility. The Administrator said they were said staff were looting from the facility van. facility. The Administrator said they were said staff were looting from the facility van. facility. The Administrator said they were said staff were looting from the facility van. facility and facility van. facility and facility van.	In said staff would be paid. It they would not be paid, staff at turned around and left. In 12/15/23 at 6:20 P.M., Technician (CMT) D said she for 37 years. He/She talked a rabout 3:10 P.M. and she etter on her computer, saying id. In 12/15/23 at 6:25 P.M., (CNA) E said a problem happened before, but they fore. In 12/15/23 at 6:30 P.M., two hes were shut down. They ye about their family member, bugh because the phones In 12/15/23 at 6:35 P.M., the ephone lines were not rator from Facility B was ove beds from this facility to from Facility B was calling strator said there were staff gagency staff, taking care of cy staff had been paid, so staying in the building. She gand someone stole gas All residents were still in the trator said she had been is would be going to Facilities	F8	335		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	_	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S 2415 NORTH KINGSHIGH SAINT LOUIS, MO 631	HWAY	12/10/2023
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F 835	office and offered to residents. The adminobody was going to transportation staff the Administrator said so transferred tonight, but tomorrow. Observation of the fip.M., showed one accept and one agency There was a lot of accept and the son his/her agency to safety. He/She wou minutes. CNA G said 7:00 A.M. During an interview of Resident #11 said not him/her about moving move.	entered the administrator's assist with placement of nistrator told him/her that	F	335	DEFICIENCY)	
	Assistant Director of a lot of activity on the from other facilities r bagging medications obtaining medical re belongings. During there were 47 reside residents left and a left	Nurses (ADON). There was e floor, with representatives eading medical records, from the medication carts,				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		265524	B. WING		C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	12/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 835	7:38 P.M. Resident if he/she was leaving was worried about gresident trust accounduring the interview. During an interview 7:40 P.M., the Admin he/she had 15 skille available, but was to all residents had been buring an interview Resident #13 said he/she was going ar another facility until was told by staff. During an interview Administrator said so was stuck and that so Nursing (DON) would following day. During an interview fireman said the elevit and that was why nine people on it. A said they were on the minutes, and that income member, who was in two utility workers elevations.	apped on it. on 12/15/23 at approximately #12 said he/she did not know g the facility or not. He/she letting his/her money from the nt. The resident was tearful on 12/15/23 at approximately histrator from Facility H said d nursing facility beds old by the Administrator that en placed at this time. on 12/15/23 at 7:49 P.M., e/she did not know where nd may not be transferred to 12/18/23. That is what he on 12/15/23 at 8:00 P.M., the he was unaware the elevator she and the Director of do be in the facility the on 12/15/23 at 8:25 P.M., a vator had too many people in it was stuck. There had been that time, a family member that time, a family member that time, a family no a wheelchair. At that time, need the facility, for a report ak/gas odor in the kitchen.	F 835		

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F 835	10:00 P.M., the Adm Facility I said she was residents at his/her swas "chaos" and residents and interview of representative of Famedical record was the resident did not of During an interview, admitted at 4:00 P.M was his/her own resident to go to Facility wanted to go to Facility who took his/her recommendations.	on 12/15/23, at approximately dission Coordinator from as trying to help place skilled nursing facility, but it ident charts were missing. In 12/15/23 at 10:20 P.M., a cility D said Resident #2's taken by another facility, but want to go to that facility. Resident #2 said he/she was 1. that same day, and he/she ponsible party. He/She lity D, and not to the facility ords.	F 83	55		
	to local hospitals via (EMS). Observation on 12/1 three residents remapeople identified the floor. At that time, a health agency, who units, walked freely an alarm continued the said they were not put the facility and show the Administrator said volunteers on any of of the home health a floor. She and the More to the Administrator said volunteers on any of the home health a floor. She and the More transfer of the force of the floor.	Emergency Medical Services 5/23 at 11:15 P.M., showed sined on the fifth floor. Two mselves as volunteers on the representative from a home had previously been on other on the floor. At 11:18 P.M., to sound. The two volunteers of the dup to help. on 12/15/23 at 11:30 P.M., d she did not know of any in the units, nor was she aware agency representative on the Marketing Director went to the standard medical services.				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		DATE SURVEY COMPLETED
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F 835	Administrator said to 34 residents still in to going to Facility B at the Administrator sat worked. The Marke phones did not work duty. The Administrated did not work. Observation on 12/1 members of the fire area of the building. time, one of the fire to start on the 5th flow evacuating residents. During an interview the St. Louis EMS Covacuate the building. During an interview Resident #14 said h. During an interview Resident #14 He/She added that is residents were leaved behind; their whole work Resident #15 said hold be going to Facility I there. During an interview Resident #15 said hold going an interview Resident #15 said hold going to Facility I there.	er. At 11:42 P.M., the her knowledge, there were he building and they were all and Facility C. At 11:48 P.M., id the Internet and phone ting Director informed her the and there was no security on ator verified the phone lines 6/23 at 12:05 A.M., showed department in the main lobby During an interview at that fighters said they were going for and work their way down, s. on 12/16/23 at 12:45 A.M., hief said his goal was to g. on 12/16/23 at 12:50 A.M., e/she wanted to go to Facility on 12/16/23 at approximately staff person said they were to Facility K, not Facility J. It was very sad that these ang all of their belongings	F8	35		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		OATE SURVEY OMPLETED
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F 835	Continued From pag	ge 48 was going to be moving.	F 8	35		
		on 12/16/23 at 1:28 A.M., obody had told him/her that be moving.				
	Administrator from F Resident #18's medi but another unknow	on 12/16/23 at 2:30 A.M., the facility M said she had local chart and medications, in facility took the resident to lid it was "a free for all up				
	Resident #7 was the floor. He/She lay in 4:12 A.M., showed a person exited the elesaid everyone was of When told Resident	6/23 at 4:10 A.M., showed e only person on the third his/her bed. Observation at an unknown female staff evator onto the floor. He/She off of the floor at that time. #7 was in his/her room, the she did not realize anyone				
	EMS assisting Resid	6/23 at 12:50 A.M., showed dent #3 to a stretcher. No n-floor unit, where he/she				
	Resident #4 said he been for over an hou really angry. At that informed the resider was quite upset. Th isn't (he/she)?" EMS minutes later, talking continued to be upset in bed, and a third re	on 12/16/23 at 12:55 A.M., /she was really wet and had ur. He/She said he/she was time, the ADON was at requested assistance and e ADON responded, "when it is entered the room a few g with the resident who et. Two other residents were esident ambulated in the sentative from another facility.				

			X3) DATE SURVEY COMPLETED				
		265524	B. WING _				C 16/2023
	ROVIDER OR SUPPLIER			2415 NORTH	RESS, CITY, STATE, ZIP CODE I KINGSHIGHWAY IIS, MO 63113	<u>, 12, </u>	10/2020
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 835	residents on the third the floor. Two reside the second floor. The floor (Resident #5) re EMS had to physical stretcher, while he/sl assist with the transf Observation on 12/10 A.M., showed multipl Several facilities were their vehicles, EMS to stretchers, and the Cosecured the front des #6 refused to leave, concerns that his/her where he/she was, a refused to go. EMS (antipsychotic) inject lifting him/her to a stresident #8 was the facility. Review of Resident #6 his/her diagnoses indicommunication deficionganization/ though	6/23 at 1:22 A.M., showed 8 d floor. One nurse was on ents and Nurse I remained on e last resident on second efused to leave, and several ly lift the resident to a ne protested. Nurse I did not er. 6/23 at midnight through 5:30 le residents in the lobby. e loading personal items in ransported residents on city Police were onsite and sk. At 4:00 A.M., Resident Resident #7 repeated reparents would not know and Resident #8 loudly administered two Haldol ions prior to several EMS retcher. At 5:30 A.M., last resident to leave the	F	335			
	condition characteriz schizophrenia, such delusions, and symp such as mania and d disorder and intellect	toms of a mood disorder, lepression), persistent mood					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		OATE SURVEY OMPLETED
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F 835	Continued From pag	e 50 d not return to any of the	F8	35		
	resident floors. The observed on the resi the final floor sweep Department. Observ	Administrator was not dent floors, including during s conducted by the Fire ation showed the facility charge of the evacuation				
	the DON said on Frice receiving calls at 5:3 and staff saying the tried to get staff to compare own account at 6:00 either. This is the that two times they were into work. The DON the elevator and told time. They went up, the Administrator said stager Owner A saying two owners about machinistrator read it Administrator and as Owner A said, you need to said, you need to say the said of the pool of th	ne had an email from CFO she needed to call the other aking payroll. After the				
	other owners and tol what to tell people at Administrator told the working on it. The fir checks were sent. T was wired through a but at different times came down and ask ok on day shift and e and did their jobs. N The DON was on the	d him he needed to tell her				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP IDENTIFICATION NUMBER: A. BUILDING		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG _		Ι,	3
		265524	B. WING				16/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NODTUVI	EW VILLAGE			2	415 NORTH KINGSHIGHWAY		
NORTHVI	EW VILLAGE			s	SAINT LOUIS, MO 63113		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 835	you know what I know she would call a dephad an email that was Corporate Nurse. The avenues and there was blaming the other two owners wouldn't nothing to tell the state out the phone number it and handed it out. numbers, they were DON also called Owneverything "went left Some were also in the quiet and others were know who called the evening shift was the She went out front a herself. She also triccouldn't get through. She did not know who knows she looked up and DON from Facility C, and evacuation. She say from Facility E there unsure how to organ 10:00 P.M. after she her nerves. She say and nurses sent by the Physician L. There whomes came to see could look through the family members. The nurses were supposing where, but it was blaming the same to see could where, but it was said the same to see could look through the same the same to see could look through the same to see could look through the same the same to see could look through the same to see could look through the same the same the same through the same		F	835			

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	I	12/10/2020
(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 CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 835	organized. They we from floor to floor. Thome. It was overwell to of department he was on vacation. He Before you knew it, were bombarded. So what she had to say beat up over Owner called 911 about the Administrator called elevator, you can't of When the DON left, Administrator. Nurse would stay. She got morning, the door we in there, the Director who runs the gift she receptionist. They were Resident #10 had be with family and he/se During an interview Family Member (FN discharged his/her in hight, 12/15/23. FM in the facility, not a contacted about the facility did him/her were puring an interview FM N/Power of Attorior was over the second of the following an interview FM N/Power of Attorior was over the second of the following an interview FM N/Power of Attorior was over the second of the following an interview FM N/Power of Attorior was over the second of the following an interview FM N/Power of Attorior was over the second of the following an interview FM N/Power of Attorior was over the second of the se	or to floor and it wasn't could take residents with them this is not how you close a helming and there were not a geads there. Housekeeping the uman Resources was off. The halls of the people were gone. The halls of the standard over the standard	F 8	35		
	resident had been s facility on 12/16/23	osed and where exactly the sent. He/She went to the and people were going in and N didn't go upstairs because				

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		COM	(X3) DATE SURVEY COMPLETED		
		265524	B. WING		l	C / 16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	12	116/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 835	Continued From pag	e 53	F 83	35		
	O said the facility dis relatives with no noti personal belongings Observation on 12/1 the alarm sounding selection. During an interthe alarmed stairwell going out of that stai Multiple times, Nurse Staff did not respond Observation on 12/1 the alarm sounding In During an interview, been on duty since of identify how many reseveral representation medical records, bag medication carts, obtresident belongings. Staff did not respond Observation on 12/1 Nurse I with an unstermed He/She said, "I gotta The alarm continued 2. Observation on 12 a "Code Green" was entered the Administ that meant. She told and said it was probased the selection of the s	5/23 at 9:55 P.M., showed several times on the third rview, Nurse H said it was . He/She said people were rwell, moving people. H said, "See what I mean.?" It to the stairwell. 5/23 at 10:15 P.M., showed oudly on the second floor. Nurse I said he/she had lay shift. Nurse I could not sidents were on the unit. It was from other facilities read aged medications from the stained medical records and Nurse I turned off the alarm. It to the alarm. 5/23 at 10:27 P.M., showed eady gait and limping. go" to no one in particular. to sound. 2/15/23 at 8:43 P.M., showed called overhead. Staff rator's office and asked what I them it was an elopement ably a particular resident. Of the units to determine who eave her office to investigate.				
	During an interview of	on 12/15/23 at 9:47 P.M.,				

) DATE SURVEY COMPLETED			
		265524	B. WING			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		12/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 835	not find him/her. The and also called 911. During an interview the DON said she did Code Green. The Awere on the 4th flook on 3, outside. She saw no one. She to the police and guard resident left with and noticed. Staff from from floor to floor. Review of the reside resident had a Legal Administrator. The arthritis, schizophrer symptoms which call hallucinations, disort thinking and lack of collection of symptowhere there has been reality) and bipolar of associated with epis from depressive low. During an interview the Marketing Direct delusional at baseling Review of the policed 2:34 P.M., showed postation (7.4 miles from a check the welfare Resident #1 sitting of the store with several the store wi	ent #1 eloped and they could ey tried to call the guardian on 12/21/23 at 10:56 A.M., idn't know who called the DON, Nurse J and the DON r. They looked and saw CNA e also looked outside and id staff to tell Nurse H to call dian. She believes the other home and no one other facilities were going ent's record, showed the I Guardian/Public resident's diagnoses included hia (a chronic brain with in include delusions, ganized speech, trouble with motivation), psychosis (a ms that affect the mind, en some loss of contact with disorder (a disorder codes of mood swings ranging is to manic highs). on 12/15/23 at 10:57 P.M., for said Resident #1 is	F 83	35		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		265524	B. WING			C 12/16/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u> </u>	12/10/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 835	for a family member spoke with the reside aid the resident son the confusion. The L resident is not able to decisions. He/She retransported to the he would make arrabe conveyed to anothe conveyed to anot	ance, as he/she was waiting to pick him/her up. Police ent's Legal Guardian who mehow walked away during legal Guardian said the or make his/her own medical equested the resident be obspital for an evaluation, then angements for the resident to other facility. Gency Room record, showed M., patient brought to ment per Police Department for patient eloped from nursing lesses no acute complaints a grandiose delusions. In 12/21/23 at 2:05 P.M., the first said the resident remained department. Another facility ont, but required the resident to sion prior to admission. Int #9's quarterly Minimum dederally mandated ted 8/3/23, showed staff int as: In pairment; imptoms not directed towards I high blood pressure,	F 83	35		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			B) DATE SURVEY COMPLETED	
		265524	B. WING			C
	ROVIDER OR SUPPLIER	200024		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	<u> </u>	12/16/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 835	remain safe and will remain safe and safe safe safe safe safe safe safe safe	e attendance in activities in, physical exercise, or it. If resident voices a desire edirect him/her. Monitor per inform charge nurse and impts to leave the facility liately initiate Code Green if ent. 02/08/2023: Alteration in aired memory, disorganized delusions, poor decision behaviors) related to orderline Personality water running in sink and turns it off. Removes the dist/sleep on metal framing. The arrow of the interval of the interva	F 8	35		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		OATE SURVEY OMPLETED
		265524	B. WING _			C 12/16/2023
	ROVIDER OR SUPPLIER EW VILLAGE		1	STREET ADDRESS, CITY, STATE, ZIP COE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 835	related to falls. Med effect through next During an interview the DON said she of "got out". Staff thin around Natural Bridhas told them to cal a guardian. He/She mental illness and particular and second review of 1:17 PM, showed DCFO, Owner B's chregistered agent for advising of resident concerns regarding B and Facility C and facilities and a second contact. No response During an interview and Owner A, CFO been losing money been funding losses including Owner C, payroll, however, the would receive their check that week an employees. Most owere Medicaid recipulating on interview the DON said staff to 12/22/23. They will	ication will have a therapeutic review. on 12/21/23 at 10:56 A.M., ouldn't tell how Resident #9 k they have seen him/her ge and Kingshighway. She I the police. The resident has e is oriented. He/She has boor decision making. ent #9's whereabouts are f an email dated 12/16/23 at HSS administration emailed ief financial officer, and the Northview Village, Inc, medical information needed, residents relocated to Facility d the payroll status at those and request for immediate se was received on 12/16/23. on 12/17/23 at 1:22 PM, CFO stated Northview Village has for years and Owner A has so. Two financial backers, were asked to help cover the ey did not do so. The facility Medicaid reimbursement d they should be able to pay f the facility's 170+ residents	F8	335		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		265524	B. WING			C
	ROVIDER OR SUPPLIER	20002-4		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 NORTH KINGSHIGHWAY SAINT LOUIS, MO 63113	·	12/16/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 835	no response from the problems and she tole	e 58 owners. They had staffing d him recently they had to rould have done this decently	F8	35		

Missouri Department of Health and Senior Services

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					_ c	;
		08058	B. WING		12/1	6/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTHVII	EW VILLAGE		H KINGSHIGH			
		SAINT LOU	IIS, MO 63113			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
A4003	19 CSR 30-85.042(3) Responsibilities	Operator/Administrator	A4003			
	compliance with all ap The administrator sha empowered to make of operation of the facility responsible for the act administrator 's response oversight of residents appropriate nursing and This regulation is not Class II*	tions of all employees. The consibilities shall include the to assure that they receive and medical care. II/III met as evidenced by: ed at F835. tion is merited due to the				
A4016	residents. 19 CSR 30-85.042(16	6) No Adverse Effect-Res	A4016			
	omit any duty in a ma	any contact with the y shall not knowingly act or nner which would materially he health, safety, welfare or				
		met as evidenced by: cited at F835 and E20.				
A4074	19 CSR 30-85.042(65 Voluntary Leave	5) Protective Oversight,	A4074			
	hour protective oversi	eceive twenty-four- (24-) ight and supervision. For ne premises on voluntary				

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

TITLE (X6) DATE

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		08058	B. WING		12	C / 16/2023	
	ROVIDER OR SUPPLIER	2415 NC	ADDRESS, CITY, STATE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPL		(X5) COMPLETE DATE	
A4074	leave, the facility shaprocedure to inquire guardian of the residing resident's estimated facility, and of the resion voluntary leave. If This regulation is no Class I* See the deficiency ci	all have, at a minimum, a of the resident or resident's ent's departure, of the length of absence from the sident's whereabouts while 'II t met as evidenced by:	A4074				

| | Missouri Department of Health and Senior Services

STATE FORM YF6E11 If continuation sheet 2 of 2