

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>40290</p> <p>Based on interview and record review, the facility failed to ensure services provided met professional standards of practice when the facility failed to complete neuro checks (neurological assessments) following unwitnessed falls for two residents, including one fall in which the resident reported he/she hit his/her head (Residents #41 and #27). The sample was 18. The census was 84.</p> <p>Review of the facility's Fall policy, dated August 2019, showed:</p> <p>-Policy: It is the policy of this facility to evaluate each resident immediately after a fall;</p> <p>-Procedure included:</p> <p>-If the fall was unwitnessed or involved a potential head injury, initiate neurological assessment per facility policy;</p> <p>-Document relevant post-fall clinical findings, such as neurological checks, in the resident's record.</p> <p>Review of the facility's Neurological Checks policy, revised January 2022, showed:</p> <p>-Policy: It is the policy of the facility to ensure proper neuro checks at the time a resident falls and hits their head or has an unwitnessed fall. Each resident will have neuro checks completed so the facility can provide immediate care;</p> <p>-Purpose:</p> <p>-To determine the degree of injury so that proper care can be rendered in a timely manner;</p> <p>-To evaluate condition;</p> <p>-Procedure included:</p> <p>-Complete neurological assessment form;</p> <p>-Vital Signs and Neuro Assessment Status Post Fall:</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 265121	Facility ID: 265121 If continuation sheet Page 1 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Every 15 minutes's x one hour, then;</p> <p>-Every 30 minutes x one hour, then;</p> <p>-Every hour x four hours, then;</p> <p>-Every four hours x 24 hours;</p> <p>-The nurse will place the completed assessment in the medical records box at the nurse's station;</p> <p>-Medical records staff will then scan assessment into resident's chart.</p> <p>1. Review of Resident #41's medical record, showed:</p> <p>-Diagnoses included Parkinson's disease (brain disorder causing unintended or uncontrolled movements), repeated falls, unsteadiness on feet, other abnormalities of gait and mobility, dementia with mood disturbance, Alzheimer's disease with late onset, and visual hallucinations;</p> <p>-An order, dated 8/4/24, for Eliquis (blood thinner) 5 milligrams (mg) by mouth twice daily.</p> <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <p>-Problem: At risk for falls related to poor safety awareness, vision loss, and dementia;</p> <p>-Approaches included documentation of falls on 8/4/24 and 8/30/24.</p> <p>Review of the resident's progress note, dated 8/4/24, showed nurse summoned to room via Certified Nurse Aide (CNA). As the nurse entered the room, the resident noted on the floor in sitting position in front of a chair. Resident noted to be agitated, demanding for staff to get him/her up off the floor. The nurse along with CNA explained that the nurse needed to assess before transferring and resident became upset, yelling at staff. When the nurse asked if the resident hit his/her head, the resident yelled, Yes. The nurse asked the resident to point to the spot that was hit on the head. No complaints of pain with range of motion, so the nurse and CNA used a gait belt and attempted to transfer the resident from the floor to a standing position, and resident screamed out for help and demanded the nurse and CNA to stop. Nurse attempted to unbuckle the gait belt to look at the resident's skin, and the resident yelled at the nurse and CNA to leave him/her alone while snatching the gait belt. Resident in chair post fall.</p> <p>Review of the resident's post fall summary, dated 8/4/24, showed:</p> <p>-Vital signs: Refused;</p> <p>-Fall was witnessed: No.</p> <p>Review of the resident's medical record, showed no neuro checks documented following the fall on 8/4/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's progress note, dated 8/30/24, showed at 5:00 P.M., CNA found resident sitting on the floor in the bathroom and notified the nurse. The resident was sitting on his/her buttocks with legs outstretched. Full range of motion to all extremities, no signs/symptoms of injury, denies pain. Assist of two with a gait belt to help him/her stand.</p> <p>Review of the resident's post fall summary, dated 8/30/24, showed:</p> <p>-Vital signs: Blank;</p> <p>-Fall was witnessed: No.</p> <p>Review of the resident's medical record, showed no neuro checks documented following the fall on 8/30/24.</p> <p>During an interview on 9/9/24 at 11:47 A.M., the resident said he/she was doing fine and had no concerns. The resident was unable to answer questions specific to his/her medical history.</p> <p>2. Review of Resident #27's medical record, showed:</p> <p>-Diagnoses included stroke, hemiplegia (paralysis to one side of the body) following stroke affecting right dominant side, aphasia (language impairment), and dementia with other behavioral disturbance;</p> <p>-An order, dated 6/15/24, for aspirin 81 mg., one tab by mouth once daily;</p> <p>-A progress note, dated 5/27/24 at 8:30 P.M., showed the resident found sitting on the floor next to his/her bed smiling and talking, Pretty, pretty, pretty. Assessed, no signs/symptoms of injury found. Assist of two with gait belt to get him/her back in bed.</p> <p>Review of the resident's post fall summary, dated 5/24/24, showed:</p> <p>-Vital signs: Blank;</p> <p>-Fall was witnessed: No;</p> <p>-Level of consciousness/mental status: Intermittent confusion.</p> <p>Review of the resident's medical record, showed no neuro checks documented following the fall on 5/24/24.</p> <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <p>-Problem: Impaired cognition related to inability to express wants/needs. Resident has history of stroke with impaired communication and impacted mobility. Diagnosis of vascular dementia;</p> <p>-Problem: Resident had a stroke in 2017, which resulted in aphasia. He/She is only able to shake head for yes or no. The only word he/she uses with clarity is Pretty;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Problem: At risk for falls related to history of stroke, weakness, psychotropic medication use, history of falls;</p> <p>-Approaches included documentation of fall on 5/24/24.</p> <p>During an attempted interview on 9/9/24 at 11:38 A.M., the resident was unable to respond to questions and repeatedly said, Pretty.</p> <p>3. During an interview on 9/12/24 at 9:28 A.M., Licensed Practical Nurse (LPN) E said after an unwitnessed fall, the nurse is to immediately complete a neurological assessment. After the initial assessment, the nurse fills out a neuro check flow sheet on paper, where they complete the specified assessments, such as pupil checks, blood pressure, and level of consciousness. The assessments on the neuro check form are completed every 15 minutes four times, then every 30 minutes for two times, then every hour for four hours, and then every four hours for 24 hours. The purpose of a neurological assessment is to assess for any type head injury or change in condition. It is especially important when the residents are on blood thinners or aspirin to complete the neuro assessments because the medications could worsen a brain injury.</p> <p>4. During an interview on 9/12/24 at 10:47 A.M., LPN A said after an unwitnessed fall, the nurse completes a head to toe assessment on the resident, including assessing their vital signs, pain, and range of motion. The nurse starts the resident on neuro checks and completes a post-fall assessment in the electronic medical record (EMR). Neuro checks are done on paper and the nurse notifies the oncoming shift of the need to continue the neuro checks until 72 hours after the fall. Neuro checks are to be completed at the intervals indicated on the neuro check flow sheet. Once the neuro check sheet is completed after the 72 hours following the fall, the flow sheet goes to medical records. Neuro checks are done to rule out a head injury. Neuro checks are particularly important for residents on blood thinners and residents who are unable to tell staff what happened with the fall.</p> <p>5. During an interview on 9/11/24 at 1:51 P.M., the Director of Nurses (DON) said she was unable to locate documentation to show completion of neuro checks following the unwitnessed falls for Residents #41 and #27. Resident #41 is alert and oriented times two to three with confusion. He/She has hallucinations and is visually impaired. Resident #27 is alert and oriented times one to two. Neither resident would be able to tell staff what happened following a fall. Neuro checks should be completed for the 72 hours following all unwitnessed falls for all residents, and any witnessed fall in which the resident hits their head. Neuro checks are performed to make sure there is no head injury. Neuro checks are documented on a paper flow sheet, then given to medical records to be filed in the resident's medical record.</p> <p>6. During an interview on 9/12/24 at 11:31 A.M., the Administrator said documentation of neuro checks completed following the unwitnessed falls for Residents #41 and #27 could not be located. He expected neuro checks to be completed following unwitnessed falls to ensure there is no unseeable injury. Neuro checks should be retained in the resident's medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40290</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good grooming and personal hygiene in accordance with their needs and preferences (Residents #24 and #11). The sample was 18. The census was 84.</p> <p>Review of the facility's AM (morning) Care policy, dated August 2019, showed:</p> <p>-Policy: It is the policy of this facility to provide the necessary morning care and services based upon the comprehensive assessment of a resident and consistent with the resident's needs and choices, or order to maintain or improve a resident's ability to carry out the activities of daily living;</p> <p>-Purpose included:</p> <p>-To prepare the resident for their day;</p> <p>-To maintain oral health and bodily hygiene;</p> <p>-To provide for physical comfort;</p> <p>-To maintain the resident's desired physical appearance;</p> <p>-Procedure included:</p> <p>-Review resident specific plan of care interventions, assistance, devices, supplies and instructions;</p> <p>-Follow resident preferences as stated in the care plan;</p> <p>-Assist the resident with grooming according to their preferences (make up application, shaving and hair removal, hair care and styling, etc.);</p> <p>-Transport resident to their desired location (e.g. dining room) or ensure that call bell is in place if the resident is remaining in their room. If the resident is bed bound, position in a safe position for breakfast.</p> <p>1. Review Resident #24's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/19/24, showed:</p> <p>-Cognitively intact;</p> <p>-Rejection of care behavior not exhibited;</p> <p>-Lower extremity impairment on both sides;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Substantial/maximal assistance for upper body dressing;</p> <p>-Dependent for showering/bathing</p> <p>-Dependent for personal hygiene;</p> <p>-Dependent for sitting to lying, lying to sitting, chair/bed to chair transfers;</p> <p>-Diagnoses included multiple sclerosis (MS, disease of the central nervous system), dementia, and depression.</p> <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <p>-Problem: Resident is at risk for alteration in psychosocial well-being and mood state related to memory loss, history of depression and anxiety, diagnosis of MS and overall decline in mobility;</p> <p>-Problem: Self-care deficit for ADL performance as result of end state MS. Resident is able to feed him/herself but is total assist with other ADLs;</p> <p>-Goal: Resident's needs will be anticipated and met in next 90 days;</p> <p>-Approaches included:</p> <p>-Assist resident to transfer into Broda (reclining chair) chair and assist to position for comfort while up and for transport distances;</p> <p>-Bed mobility assistance of one to two staff;</p> <p>-Transfer via Hoyer lift (mechanical lift) assistance of two staff;</p> <p>-Walking in room and locomotion on neighborhood dependent to be pushed in Broda chair;</p> <p>-Dressing assist of one staff;</p> <p>-Bath/shower assistance of one to two staff, twice a week;</p> <p>-No documentation of the resident refusing care or to get out of bed.</p> <p>Review of the resident's medical record, showed no documentation of refusals of hygiene care or refusals to get out of bed during the past 90 days.</p> <p>Observation on 9/9/24 at 11:48 A.M., showed the resident in bed wearing a hospital gown with yellow stains on the front, below the collar of the gown. The fingernails on the resident's right hand were long and jagged with sharp edges. During an interview, the resident said staff sometimes give him/her bed baths. Staff do not trim or file his/her nails. He/She would like staff to look at his/her nails because they need to be taken care of. He/She cannot walk and staff have to get him/her out of bed. Staff said they cannot get him/her out of bed today.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 9/9/24 at 12:33 P.M., 1:04 P.M., and 6:18 P.M., showed the resident in bed with the same hospital gown on.</p> <p>Observation on 9/10/24 at 8:03 A.M., showed the resident in bed, wearing the same hospital gown as the day before, with yellow stains on the front of the gown. The nails on his/her right hand were long and jagged with sharp edges and a light brown substance underneath the nails.</p> <p>Observation on 9/10/24 at 10:47 A.M., showed the resident in bed, wearing the same stained hospital gown. During an interview, the resident said staff last changed his/her hospital gown a couple days ago. He/She wants to get out of bed today, but staff have not offered to get him/her up. His/Her fingernails are the same, and he/she would really like them to be addressed. His/Her fingernails really are a mess and it is really important to him/her that they get done.</p> <p>Observation on 9/10/24 at 1:23 P.M., showed the resident in bed, wearing the same stained hospital gown. The fingernails on his/her right hand were long and jagged with a light brown substance underneath. During an interview, the resident said staff did not get him/her out of bed today and he/she hopes they do tomorrow.</p> <p>Observation on 9/11/24 at 7:55 A.M., showed the door to the resident's room closed. Certified Nurse Aide (CNA) C and CNA D walked down the hall, and CNA C asked CNA D who else needed to get up for the day. CNA D said one resident up the hall needs get his/her treatment before he/she gets up, and another resident will get up later. CNA D said he/she will handle Resident #24.</p> <p>Observation on 9/11/24 at 9:41 A.M., showed the resident in bed, wearing the same stained hospital gown he/she had been wearing since 9/9/24. The fingernails on his/her right hand remained untrimmed with a light brown substance underneath the nails. During an interview, the resident said staff have not offered to get him/her up today. His/Her hospital gown has not been changed in days and his/her fingernails have not been trimmed, and he/she would like to be changed and have his/her nails trimmed.</p> <p>Observation on 9/11/24 at 12:14 P.M., showed the resident in bed in his/her room.</p> <p>During an interview on 9/11/24 at 12:17 P.M., Licensed Practical Nurse (LPN) B said the resident's legs are contracted and he/she requires a Hoyer lift for transfers. The resident is total care and does well with hygiene care. He/She does not refuse hygiene care. LPN B expects residents' nails to be cleaned and trimmed daily during morning care. He/She expects staff to change residents' hospital gowns daily and when soiled. Staff should offer to get bedbound residents out of bed daily.</p> <p>During an interview on 9/11/24 at 1:11 P.M., CNA D said he/she personally asked the resident if he/she wanted out of bed earlier, and the resident said he/she did not want to get up. Staff should provide nail care while providing daily care to residents. Hospital gowns should be changed daily.</p> <p>Observation on 9/11/24 at 1:13 P.M., showed the resident in bed in his/her room, wearing the same stained hospital gown. LPN B wet a washcloth in the resident's bathroom sink. During an interview, LPN B said he/she was getting ready to wash the resident's hands. He/She acknowledged the fingernails on the resident's right hand need to be trimmed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 9/11/24 at 12:42 P.M., CNA C said resident nails should be trimmed and cleaned by the CNAs during morning daily care. Hospital gowns should be changed daily and as needed.</p> <p>During an interview on 9/11/24 at 11:55 A.M., LPN A said he/she expects nursing staff to clean and trim resident nails as part of the resident's daily care. Hospital gowns should be changed daily and when soiled. He/She expects staff to offer to assist residents out of bed daily and to honor their preferences for assistance.</p> <p>2. Review of Resident #11's admission MDS, dated [DATE], showed:</p> <ul style="list-style-type: none">-Cognitively intact;-No rejection in care;-Both upper extremities have impairment;-Requires some touching assistance from staff for showering and bathing, toilet hygiene, and upper and lower body dressing;-Requires set up or clean up assistance from staff for personal hygiene. <p>Review of the resident's care plan, in use at the time of survey, showed it did not address the resident's ADL needs.</p> <p>Review of the resident's face sheet dated 9/10/24, showed diagnoses included heart failure, end stage renal (kidney) disease, diabetes, chronic (long-term) wound, muscle weakness, rectal cancer, unsteadiness on feet, and reduced mobility.</p> <p>Review of the resident's shower schedule dated 9/2 through 9/8/24, showed the resident received one shower on 9/5/24.</p> <p>During observation and interview on 9/9/24 at 11:30 A.M., the resident sat in his/her room in his/her wheelchair. The resident's hair appeared oily. The resident said he/she has only been receiving showers about once a week and that the last shower he/she received was 9/5/24. The resident would like a shower at least twice a week or more often. He/She requires assistance covering her Quinton Catheter (a tube surgically inserted tube into large blood vessel in the chest used for dialysis, a treatment to clean the body's blood supply of impurities). He/She will sometimes have swelling in his/her hands that makes his/her fingers difficult to move. He/she would also like some supervision from staff getting in and out of the shower to make sure he/she doesn't fall.</p> <p>During observation and interview on 9/10/23 at 7:50 A.M., the resident's hair appeared oily. The resident said that his/hair was oily, and he/she just he/she tries to keep it combed since he/she cannot wash it him/herself.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During observation and interview on 9/11/24 at 9:35 A.M., the resident was in his/her bathroom standing at the sink getting his/her coccyx (tailbone) dressing changed by LPN K. The resident's hair appeared oily and in string-like segments. When the resident's wound treatment was completed, the resident sat in his/her wheelchair and combed his/her oily hair. The resident was getting ready to go to the facility chapel to say the Rosary.</p> <p>During an interview on 9/12/24 at 9:28 A.M., LPN E said the resident requires one person assistance with showering and would expect staff to cover his/her Quinton catheter so that his/her hair could be washed. Residents have scheduled shower days and should have showers twice a week.</p> <p>During an interview on 9/12/24 at 9:40 A.M., CNA L said the resident requires minimal assistance with his/her showers. He/She would need assistance with covering his/her Quinton catheter, making sure it doesn't get wet when his/her hair gets washed. The resident also requires assistance getting in and out of the shower. Resident showers are to be completed twice a week.</p> <p>3. During an interview on 9/11/24 at 1:51 P.M., the Director of Nurses (DON) said Resident #24 is total care. Staff should offer to get him/her up daily. The resident does not refuse care, or assistance with hygiene. Nail care should be provided to residents as part of their daily care. CNAs can trim and file nails. Hospital gowns and clothing should be changed daily and when soiled. If a resident has ongoing refusals of care or getting of bed, it should be documented on their care plan. All residents in the building require assistance bathing and showering. Resident #11 is more independent than many residents on the Grand Hall, but she would expect the staff to offer and provide assistance to the resident for all his/her needs.</p> <p>4. During an interview on 9/12/24 at 11:31 A.M., the Administrator said he expects nail care to be provided to residents as part of their daily care. Certified Medication Technicians (CMTs) have been asked to check this when they see the residents for medication administration. He expects staff to change hospital gowns or clothing daily and as needed. He expects staff to offer to get bedbound residents out of bed daily. If a resident refuses to get out of bed, or refuses hygiene assistance, staff should document this in the resident's medical record. He expects staff to provide and assist residents with their showers twice a week.</p> <p>42795</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>42795</p> <p>Based on observation, interview and record review, the facility failed to provide a pre-assessment and post assessment communication form to the dialysis center for one resident (Resident #11) receiving hemodialysis (a treatment to clean the body's blood supply of impurities). The sample was 18. The census was 84.</p> <p>Review of the facility's Hemodialysis Access Policy revised, 1/10/18, showed:</p> <ul style="list-style-type: none"> -Documentation (for Dialysis Communication forms): -Location of the hemodialysis access point; -Condition of the dressing and any interventions required at the time of assessment; -Prior date or shift of dialysis completed; -Report received from dialysis clinic registered nurse (RN); -Resident observation post-dialysis from nurse assessment of resident and access site; -Physician notifications of unusual observations. <p>Review of Resident #11's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/26/24, showed:</p> <ul style="list-style-type: none"> -admitted : 8/19/24; -Cognitively intact; -Receives hemodialysis. <p>Review of the resident's care plan, in use at the time of survey, showed it did not address the resident's hemodialysis treatments.</p> <p>Review of the resident's face sheet dated 9/10/24, showed diagnoses that included heart failure, end stage renal (kidney) disease, and diabetes.</p> <p>Review of the resident's physician order sheets (POS) dated September, 2024, showed;</p> <ul style="list-style-type: none"> -An order, with a start date 8/20/24, hemodialysis on Tuesdays, Thursdays, and Saturdays. <p>During observation and interview on 9/9/24 at 11:30 A.M., the resident said he/she goes to dialysis on Tuesday, Thursday and Saturday around 11:00 A.M., and the facility provides transportation. No paperwork was ever sent with him/her to or from dialysis. The resident had a dressing covering his/her right chest dialysis catheter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 9/10/24 at 1:10 P.M., Licensed Practical Nurse (LPN) K, said no paperwork or any forms were sent with the dialysis residents. The only paperwork that was sent was the POS on the first day of treatment.</p> <p>During an interview on 9/11/24 at 7:35 A.M., Registered Nurse RN S said there is a communication form that the facility uses for dialysis residents to take with them. It usually includes vital signs, weights, and any new orders or changes with the resident.</p> <p>During an interview on 9/11/24 at 10:00 A.M., the Director of Nurses (DON) said there were no completed dialysis communication forms in the resident's medical record. She would expect staff to utilize the dialysis communication forms that include pre and post treatment assessments.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>44948</p> <p>Based on observation, interview and record review the facility failed to ensure a medication administration error rate of less than 5%. Out of 25 opportunities for error, three errors occurred, resulting in a medication error rate of 12% which affected two residents (Residents #34 and #9). The sample was 18. The facility census was 84.</p> <p>Review of the facility's Medication Administration policy, revised 8/2019, showed:</p> <p>-All personnel administering medications will ensure that the medication given is the correct medication, the correct dose, the correct person, the correct administration time, and the correct route of administration.</p> <p>1. Review of Resident #34's physician order sheet (POS), showed an active physician order for Refresh Tears eye drops to be given once daily.</p> <p>Observation and interview on 9/10/24 at 6:45 A.M. showed Certified Medication Technician (CMT) I administered morning medications to Resident #34. CMT I sanitized his/her hands and noted that the resident's daily Refresh Tears eye drops (for dry eyes) were not available on the cart. CMT I asked the floor nurse to check the emergency kit (e-kit) in the facility medication room for the medication, but it was not available. CMT I re-ordered the medication from the pharmacy and completed Resident #34's medication administration without administering the medication. CMT I said the pharmacy makes two runs to the facility per day, once in the afternoon and once around 4 A.M., and medications can sometimes be delivered same day if ordered early enough. CMTs and nurses are expected to re-order medications from the pharmacy when they begin to run low on current supply, not when the medication runs out.</p> <p>Review of the resident's medication administration record on 9/11/24 at 9:35 A.M., showed the ordered Refresh Tears eye drops had not been administered on 9/10/24.</p> <p>2. Review of Resident #9's POS, showed an active physician order for PreserVision Eye drops and Thera-M multivitamin to be given once daily.</p> <p>Observation and interview on 9/10/24 at 6:58 A.M. showed CMT I administering morning medications to Resident #9. CMT I sanitized his/her hands and noted the resident's PreserVision Ocular Vitamins (eye drops containing vitamins key to eye health) and daily Thera-M multivitamin (multivitamin containing vitamins and iron) were missing from the cart. The floor nurse checked the e-kit and stock medications for CMT I and was unable to find the medications. CMT I again re-ordered the medications from the pharmacy and completed the resident's medication administration without administering the missing medications.</p> <p>Review of the resident's medication administration record on 9/11/24 at 9:37 A.M., showed the ordered Thera-M multivitamin and PreserVision eye drops were not administered on 9/10/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. During interview on 9/11/24 at 1:55 P.M. the facility Director of Nursing (DON) said all medications should be administered to residents per physician orders, and staff who cannot find a medication on the cart should check the e-kit and the facility's stock medications. If the medication cannot be found in either of those places, staff are instructed to contact the pharmacy to try and resolve the issue. Staff should document the medication as not given if it could not be located, and it should be administered at the soonest appropriate administration time.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>42795</p> <p>44948</p> <p>Based on observation, interview and record review, the facility failed to ensure drugs and biologicals were labeled and stored per acceptable standards of practice. Problems were noted in one of two identified facility medication rooms and in two of four medication administration carts. The facility census was 84.</p> <p>Review of the facility's Medication Storage in the Facility policy, no noted revision date, showed:</p> <p>-Medications and biologicals are stored safely, securely, and properly following the manufacturer or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications;</p> <p>-Outdated, contaminated, or deteriorated drugs and biologicals in containers which are cracked, soiled, or without closure will be immediately withdrawn from stock. They will be disposed of according to drug disposal procedures and reordered from the pharmacy if a current order exists;</p> <p>-The nurse will check the expiration date of each medication before administering it.</p> <p>1. Observation on 9/10/24 at 10:41 A.M. of the facility's first floor medication room, showed:</p> <p>-One 12 ounce (oz) bottle of Milk of Magnesia (a medication used to treat upset stomach, constipation, and heartburn) ordered for Resident #22 expired as of July 2024;</p> <p>-One box of Albuterol Sulfate inhalation aerosol solution packets (a medication used to treat coughing, wheezing, chest tightness, and difficulty breathing) expired as of October 2023;</p> <p>-One box of Covidien Xeroform Occlusive gauze strips with 3% Bismuth (a petroleum-based fine mesh gauze impregnated with an antimicrobial medication to aid in wound healing) expired as of July 31, 2022;</p> <p>-One box containing 12 KerraFoam gentle border foam dressings (foam wound dressings used to aid in wound healing) expired as of May 2023;</p> <p>-One half-full gallon container of white distilled vinegar expired as of April 8, 2024;</p> <p>-Three total punch cards of Divalproex (a medication used to treat seizure disorders and some forms of migraine headaches) 500 milligram tablets ordered for Resident #30. One punch card expired as of May 9, 2024 with one tablet left, one punch card expired June 7, 2024 with 23 tablets left, and one punch card expired as of July 2, 2024 with 30 tablets left.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 9/10/24 at 10:58 A.M. of a first floor nurse treatment cart, showed a Glucagen Hypokit 1 milligram glucagon (a medication used to quickly counteract critically low blood sugar levels) expired as of August 31, 2024.</p> <p>Observation on 9/10/24 at 11:06 A.M. of a first floor Certified Medication Technician (CMT) cart, showed a 30-tablet punch card for Senokot (stool softener) ordered for Resident #50, expired as of June 14, 2024 with 27 tablets left in the card.</p> <p>During interview on 9/10/24 at 12:18 P.M. CMT I said CMTs and treatment nurses are responsible for auditing carts on the hall for expired or discontinued medications, and are expected to waste them per facility policy if found. CMT I was not aware of any routine or formal process for this auditing at the facility.</p> <p>During interview on 9/11/24 at 12:22 P.M. Licensed Practical Nurse (LPN) B said night shift staff are typically responsible for auditing the medication rooms and ensuring expired medications are removed, but all staff are expected to participate in removing expired medications and biologicals as an ongoing process. LPN B said facility administration asked nurses and CMTs randomly to go perform high-sensitivity medication audits to ensure insulin and other time-sensitive medications were not expired, but was unaware of a routine audit process for medication rooms or treatment carts. LPN B said facility administration would expect staff to remove an expired medication and waste it per facility policy if found on a cart or in a facility medication room.</p> <p>2. Observation on 9/9/24 at 1:05 P.M., showed a medication cart on the Grand Unit located near the dining area, unlocked, and unattended by staff. CMT J was assisting the residents with meals. At 1:07 P.M., CMT J returned to the unlocked medication cart.</p> <p>Observation on 9/10/24 at 7:50 A.M., showed CMT J standing at the medication cart on the Grand Unit near the dining room. Resident #11 was self-propelling him/herself in his/her wheelchair out of the dining room and returning to his/her room. CMT J walked away from the unlocked medication cart to take Resident #11's blood pressure in the Grand Unit hallway around the corner from where the medication cart was positioned. The medication cart was left unlocked and unattended. At 7:53 A.M., CMT J returned to the medication cart.</p> <p>Observation and interview on 9/10/24 at 8:25 A.M., showed a medication cart located on the Grand Unit near the dining area, unlocked, and unattended by staff. CMT J assisted residents in the dining room. Resident #26 sat in his/her wheelchair directly next to the unlocked medication cart. The resident said he/she was waiting on his/her medication. At 8:28 A.M., CMT J returned to the medication cart and administered Resident #26's medications. At 8:33 A.M., CMT J walked away from the unlocked medication cart to assist in the dining room. At 8:35 A.M., CMT J returned to the medication cart.</p> <p>During an interview on 9/11/24 at 12:10 P.M., LPN K said the medication carts are to be locked every time the medication cart is left unattended.</p> <p>During an interview on 9/11/24 at 12:07 P.M., CMT G said the medication carts are to be locked every time a staff member walks away from it. No matter how long it is going to be, an unattended medication cart is to be always locked. The reason why the medication cart should be locked is for resident safety. On the Grand Unit there are dementia residents, and they may try to get inside the cart and take medications out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>3. During an interview on 9/11/24 at 1:51 P.M., the facility Director of Nursing (DON) said Nurses, CMTs, and nursing administration are responsible for auditing the medication rooms and carts for expired medications and biologicals, and would expect medications found in these places outside of expiration date to be wasted per facility policy. The DON said she expects staff to lock the medication carts every time the cart is left unattended to ensure resident safety.</p> <p>4. During interview on 9/12/24 at 11:31 A.M. the facility Administrator said he would expect medication carts to be kept locked when not in use by staff, and medications should be stored in accordance with acceptable standards of practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40290 42795</p> <p>Based on observation, interview and record review, the facility failed to follow acceptable infection control standards by not implementing Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce the transmission of multidrug-resistant organisms (MDROs) that employs targeted gown and glove use during high contact resident care activities) as recommended by the Centers for Disease Control and Prevention (CDC) and required by the Centers for Medicare and Medicaid Services (CMS) for residents with central lines to include dialysis access sites and wounds requiring treatments (Residents #70 and #11). In addition, the facility failed to ensure staff wore N-95 respirator masks in rooms of residents positive for COVID, who were on airborne (precautions that reduce the risk of an airborne transmission of infections airborne droplets) and droplet precautions (precautions that reduce the risk of large-particle droplet transmission or infectious agents), and the facility failed to ensure staff wore surgical masks properly as a means of source control on the facility's first floor, where the facility identified a COVID outbreak, in accordance with the facility's policy and the Director of Nurse's (DON) expectations (Residents #30, #21, and #132). The sample was 18. The census was 84.</p> <p>Review of the facility's Enhanced Barrier Precautions policy, developed 4/2/24, showed:</p> <p>-Purpose: Prevention of transmission of resistant organisms in all settings to employees, residents and visitors is a major concern;</p> <p>-Enhanced barrier precautions reinforces the proper procedure for hand hygiene to promote clean hands by everyone before entering and leaving the room of any resident, regardless of diagnosis; It also includes directions for all providers and staff to also wear gloves and a gown for the following high contact resident care activities:</p> <p>-Dressing;</p> <p>-Bathing or showering;</p> <p>-Transferring;</p> <p>-Changing linens;</p> <p>-Providing hygiene;</p> <p>-Change briefs or assisting with toileting;</p> <p>-Device care or use: Central line, urinary catheter (a tube that drains the bladder), a feeding tube (a surgically inserted tube into the abdomen that provides liquid nutrition and medications), tracheostomy (a surgically developed opening in the windpipe that assists with breathing);</p> <p>-Wound care: Any skin opening requiring a dressing;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-EBP signage shall be placed outside of the resident room for all entering the room to see.</p> <p>Review of the facility's Updated COVID-19 with Ending of Public Health Emergency policy, updated 5/11/23, showed:</p> <p>-Purpose: Provide safe care and protect the safety of all residents, families, staff, volunteers and contractors from exposure to COVID-19;</p> <p>-Caring for a resident with suspected COVID-19;</p> <p>--The resident should immediately be placed in transmission-based precautions (airborne, contact, droplet, and standard precautions) with any staff entering the room wearing gown, gloves, N95 respirator, and face shield or goggles;</p> <p>--Source control (masks), the use of surgical masks by all persons entering the building shall be based on community metrics and cases of COVID in the building;</p> <p>--Source control shall be required for all who enter the building based upon cases in the building.</p> <p>1. Review of Resident #70's medical record, showed;</p> <p>-Diagnoses included Stage III (full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling.) pressure ulcer to right heel, Alzheimer's disease with late onset, and dementia.</p> <p>-A physician order, dated 8/19/24, for right heel cleanse with normal saline (NS), apply Hydrofera Blue (moist wound dressing), cover with foam dressing, three times a week for wound.</p> <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <p>-Problem: Fragile skin. Triggered area: Pressure ulcers;</p> <p>-Approaches included Enhanced Barrier Precautions, start date 8/9/24 and goal date 11/7/24.</p> <p>Observation and interview on 9/9/24 at 11:09 A.M., showed no signage regarding EBP outside of the resident's room. During an interview, the resident said he/she has a wound on his/her right heel. He/She wore a dressing on his/her heel.</p> <p>Observations on 9/10/24 at 10:52 A.M. and 9/11/24 at 6:46 A.M., showed no signage regarding EBP outside of the resident's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 9/11/24 at 9:47 A.M., showed no signage regarding EBP outside of the resident's room. Certified Nurse Aide (CNA) N entered the room and donned gloves. He/She did not wear a gown. With gloved hands, CNA N removed the sock on the resident's right foot. There was a dressing on the resident's right heel. As CNA N held the resident's right calf, his/her left forearm rubbed the outer portion of the resident's right foot. During an interview, CNA N said the resident has had a wound on his/her right heel for a couple of months now. The resident is not on EBP. EBP is for residents with open areas, like pressure ulcers. The resident used to have an EBP sign, but it is gone now. The EBP signs are posted by the Infection Preventionist. The EBP signs tell staff what Personal Protective Equipment (PPE) to wear, which just means gloves for residents on EBP. EBP just means staff have to wear gloves when they provide direct care that requires touching the resident, like dressing, changing, or transferring them.</p> <p>2. Review of Resident #11's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/26/24, showed:</p> <p>-Cognitively intact;</p> <p>-Receives hemodialysis (filtering the blood).</p> <p>Review of the resident's face sheet, dated 9/10/24, showed diagnoses that included: Heart failure, end stage renal (kidney) disease, diabetes, and chronic (long term) ulcer to the back with the fat layer exposed.</p> <p>Review of the resident's physician order sheets (POS) dated September, 2024, showed;</p> <p>-An order, with a start date 8/20/24, hemodialysis on Tuesday, Thursday, and Saturday;</p> <p>-An order, with a start date 8/21/24, cleanse coccyx (tailbone) wound with wound normal saline, apply Manuka Honey coated dressing (a specialized wound dressing), cover with a dry dressing or a foam dressing; daily and as needed (PRN).</p> <p>During observation and interview on 9/9/24 at 11:30 A.M., the resident said he/she goes to dialysis on Tuesday, Thursday, and Saturday around 11:00 A.M. and the facility provides transportation. The resident had a dressing covering his/her right chest dialysis catheter (a tube surgically inserted for hemodialysis). The resident also said that he/she has a wound to his/her backside that requires a daily dressing change. The resident has never seen the staff wear an isolation gown when they provide his/her care.</p> <p>Observation and interview on 9/11/24 at 9:40 A.M., showed outside the resident's room was signage that read Stop, EBP, providers and staff must also wear gloves for high contact resident care activities :Dressing; Bathing or showering; Transferring; Changing linens; Providing hygiene; Change briefs or assisting with toileting; Device care or use: Central line, urinary catheter, a feeding tube, tracheostomy; Wound care: any skin opening requiring a dressing. In the resident's bathroom, Licensed Practical Nurse (LPN) K provided wound care to the resident's coccyx area with gloves on. LPN K did not have an isolation gown on. LPN K said that EBP was something new, and it is just extra precautions that staff have to take. According to the sign, he/she said he/she should have worn an isolation gown while providing the residents wound care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During an interview on 9/11/24 at 8:08 A.M., Certified Medication Technician (CMT) O said the EBP signs outside of resident rooms mean to make extra sure to wear gloves</p> <p>During an interview on 9/11/24 at 12:42 P.M., CNA C said the orange signs outside of some resident rooms mean that resident is on EBP. He/She was not sure what EBP means. He/She thought it meant to just make sure he/she wore gloves and a mask when in the resident's room, and to wash his/her hands constantly in those rooms.</p> <p>During an interview on 9/11/24 at 11:55 A.M., LPN A said residents who have wounds, catheters, and ports are placed on EBP. The admitting nurse was responsible for hanging signage outside of the resident's room regarding EBP. The Infection Preventionist (IP) also follows up with this. The EBP signs indicates which PPE to use. Staff will not know to wear certain PPE for EBP if the EBP sign is not posted. For residents on EBP, it is expected that staff wear gowns and gloves while providing any direct care to the resident.</p> <p>During an interview on 9/11/24 at 12:17 P.M., LPN B said residents who receive dialysis, or who have catheters or wounds are placed on EBP. Upon admission or when there is a change, such as a new wound, nurses are responsible for hanging EBP signs outside of resident rooms when the resident is on EBP. The EBP sign tells staff what PPE to wear and staff will not know they should wear certain PPE unless the sign is posted.</p> <p>4. During an interview on 9/11/24 at 1:51 P.M., the Director of Nurses (DON) said residents with wounds, catheters, and dialysis ports should be on EBP. Resident #70 should be on EBP because he/she has a wound on his/her heel. EBP means gowns and gloves are worn by staff when providing any kind of direct care. Gowns are typically found in the resident bathrooms and should be restocked by night shift staff. Gowns can also be located in the clean utility room. All nurses and the IP are responsible for posting EBP signs outside of resident rooms.</p> <p>5. During an interview on 9/12/24 at 8:29 A.M., the IP said the facility has completed multiple in-services regarding EBP. EBP is used for residents with wounds, indwelling devices, or an MDRO. Anyone from the clinical team can put the EBP sign up on the resident's door. The use of EBP for residents with wounds is a little bit more vague. The process of normal healing does not have to be on EBP. Just because someone has a pressure ulcer, it doesn't mean they should be on EBP. For residents with pressure ulcers, a collaborative discussion is held about the resident. The wound company and risk assessment committee give input as to whether or not a resident is placed on EBP. Some residents have wounds that progress or regress, and this determines whether they are on or off EBP. Resident #70 was on EBP before and was recently removed. He/She was seen by the wound company on Monday (9/9/24) and was determined to have some regression in his/her wound. Staff brought the wound regression to the IP's attention on Wednesday. If a coworker identifies a wound regression, a discussion of placement on EBP should be held that day. If the wound company identifies a wound regression, the IP doesn't really get those reports right away. The expectation is for staff to follow the guidance and to wear the PPE as indicated while in direct contact with residents on EBP.</p> <p>During an interview on 9/12/24 at 10:14 A.M., the IP said the CDC guidance for EBP in regard to wounds is vague. It is a grey area and no one is comfortable taking on that thought process. A resident with dry eschar (dead tissue) would not require EBP, but they would if they had weeping eschar. In a perfect world, people would have the free flow of thought if a wound goes back and forth between weeping and dry. If she were to send out an edict about this, staff would question her judgment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. During an interview on 9/12/24 at 11:31 A.M., the Administrator said he expected residents on EBP to have placards outside of their rooms to indicate they are on EBP. Nursing and the IP make the determination of when a resident is on EBP. EBP is used for residents with catheters, MDROs, and wounds. He expected staff to wear the appropriate PPE during the activities specified on the EBP signs.</p> <p>7. Review of the facility's Airborne Precautions sign, undated, showed everyone must put on a fit-tested N-95 or higher level respirator before room entry. Remove respirator after exiting the room and closing the door.</p> <p>Review of the facility's Droplet Precautions sign, undated, showed everyone must make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit.</p> <p>Observation and interview on 9/11/24 at 12:50 P.M., showed rooms [ROOM NUMBERS] with the doors closed and several signs posted outside of each door. Signs posted included residents on isolation, Airborne Precautions, Droplet Precautions, donning PPE guidance, and doffing PPE guidance. CNA D exited room [ROOM NUMBER] and stood in the hallway with no mask on. During an interview, CNA D said the signs outside of the resident rooms tell staff what PPE to wear. He/She had to wear full PPE in room [ROOM NUMBER] because the resident in that room has COVID. CNA D donned a surgical mask, a gown, and gloves, then entered room [ROOM NUMBER]. CNA D did not wear an N95 mask when entering the resident's room. At 1:11 P.M., CNA D exited room [ROOM NUMBER] with no mask on. He/She walked down the hall and entered room [ROOM NUMBER] with no mask on. Signs outside of room [ROOM NUMBER] showed the resident was not on isolation.</p> <p>8. During an interview on 9/9/24 at 10:07 A.M., the DON said five residents on the first floor have tested positive for COVID. Surgical masks are required on the first floor, and additional PPE is required in the rooms of COVID positive residents.</p> <p>9. Observations on 9/9/24 at 10:59 A.M. and all days of the survey from 9/9/24 through 9/12/24, showed signs posted outside of the first floor unit as follows:</p> <p>-A sign showed, COVID outbreak. All first floor staff must wear face mask;</p> <p>-A sign showed, masks help protect everyone. We ask that all patients, visitors, staff and others working here wear a mask that covers their mouth and nose while in our facility.</p> <p>Observation on 9/10/24 at 8:53 A.M., showed Activity Assistant (AA) H entered the first floor unit from the main hall. He/She wore a surgical mask over his/her mouth, leaving his/her nose uncovered. He/She pulled the surgical mask over his/her nose and it fell back down, leaving his/her nose uncovered again. He/She approached Resident #30, who was not wearing a mask while seated in the common area. AA H knelt down to speak face to face with the resident, approximately two feet away, while wearing his/her surgical mask over his/her mouth and not his/her nose.</p> <p>Observation on 9/10/24 at 10:58 A.M., showed CMT I entered the first floor unit from the main hall with no surgical mask on. He/She walked through the common area and approached Resident #21, who was not wearing a mask while seated in the common area. CMT I spoke to the resident, approximately two feet away, while not wearing a mask. CMT I continued walking through the common area to the [NAME] hall, while not wearing a mask.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of the first floor resident hall on 9/10/24 at 6:40 A.M. showed Lab Technician T entered the unit with no mask on. Lab Technician T walked onto the unit halfway down the facility's Main hall past room [ROOM NUMBER] before putting on a surgical mask.</p> <p>Observation of the first floor resident hall on 9/10/24 at 6:47 A.M. showed Housekeeper U emptying the soiled linen closets on the hall. Housekeeper U wore one glove on the right hand and was not wearing a glove on the left hand. Housekeeper U touched handrails and door handles on the hall without sanitizing the ungloved hand or donning a second glove, and emptied all soiled linen closets on the hall in this fashion. Housekeeper U was also wearing a surgical mask under the chin and not covering his/her mouth or nose.</p> <p>Observation on 9/10/24 at 11:00 A.M., showed Dietary Aide (DA) M exited the kitchen through the door leading to the first floor dining room, with no mask on. He/She crossed through the dining room, passing by Residents #21 and #132, who were seated in the common area without masks on. DA M entered the restroom by the dining room and exited a minute later, without a mask on, again passing by Residents #21 and #132, as he/she exited the first floor unit.</p> <p>Observation on 9/11/24 at 9:45 A.M., showed the Admissions Specialist at the first floor Main hall nurse's station with a surgical mask on his/her chin, leaving his/her nose and mouth uncovered, while talking to three staff at the nurse's station.</p> <p>Observation on 9/11/24 at 7:22 A.M., showed Housekeeper F exited the housekeeping closet on the [NAME] hall, by room [ROOM NUMBER], wearing a surgical mask on his/her chin, leaving his/her nose and mouth uncovered. Housekeeper F walked down the [NAME] hall toward the dining room, passing by one resident in the hallway and one resident in the dining room, who were not wearing masks.</p> <p>10. During an interview on 9/11/24 at 12:42 P.M., CNA C said the first floor is positive for COVID, so staff need to wear surgical masks at all times while on the floor. Masks need to cover the nose and mouth to prevent the spread of COVID.</p> <p>During an interview on 9/11/24 at 11:55 A.M., LPN A said seven residents on the first floor have tested positive for COVID. Staff have to wear surgical masks at all times in all areas on the first floor. Surgical masks must be worn so they cover the nose and the mouth. In the rooms of residents who are positive for COVID, staff must wear a N-95 mask, gown, gloves, and eyewear. The signs outside of the resident's door indicate which precautions to take and which PPE to use.</p> <p>During an interview on 9/11/24 at 12:17 P.M., LPN B said seven residents on the first floor tested positive for COVID, and one of the residents is currently in the hospital. All staff were expected to wear surgical masks at all times while working on the first floor. Surgical masks should cover the nose and the mouth to prevent the spread of germs.</p> <p>11. During an interview on 9/11/24 at 1:51 P.M., the DON said the facility has COVID positive residents on the first floor. It was expected that staff, from all departments, wear surgical masks while on the first-floor unit. Masks should be worn over the nose and mouth to help prevent transmission. It was expected that visiting health professionals wear surgical masks as well. It is expected that staff wear the appropriate PPE as indicated on the signs posted outside of resident rooms. In the rooms of residents who are positive for COVID, staff should wear an N-95 mask, gown, gloves, and eyewear.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>12. During an interview on 9/12/24 at 8:29 A.M., the IP said there is an outbreak of COVID on the first floor of the facility. Once the facility identified an outbreak, it became expected that staff wear a surgical mask while in the workspace on the first floor. Surgical masks should be worn to cover the nose and mouth completely and correctly. Under outbreak circumstances, it would be inappropriate for staff to remove their mask and enter another resident's room without putting on a new mask. PPE should be removed in the doorway of the resident's room. After removing their PPE, staff should sanitize their hands and replace their mask. Staff from all departments are expected to wear their masks properly while in outbreak mode. It is expected that visiting professionals wear masks as well.</p> <p>13. During an interview on 9/12/24 at 11:31 A.M., the Administrator said he expected staff from all departments to wear surgical masks at all times while on the first floor. Surgical masks are being used to protect the staff and the residents. He expected staff to doff PPE before leaving a resident's room and to put on new PPE.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive Chesterfield, MO 63017	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>42795</p> <p>Based on interview and record review, the facility failed to ensure Certified Nursing Assistants (CNA) received a minimum of 12 hours of ongoing education annually for four out of five sampled CNAs (CNA Q, CNA N, Certified Medicine Technician (CMT) R and CNA P). The census was 84.</p> <p>A policy related to CNA 12-hour training was not provided by the facility.</p> <p>1. Review of CNA Q's employee file showed:</p> <p>-Hire date: 5/18/23;</p> <p>-CNA hours of training completed: 0.</p> <p>2. Review of CNA N's employee file showed:</p> <p>-Hire date: 3/23/23;</p> <p>-CNA hours of training completed: 3.</p> <p>3. Review of CMT R's employee file showed:</p> <p>-Hire Date: 3/16/09;</p> <p>-CNA hours of training completed: 10.6.</p> <p>4. Review of CNA P's employee file showed:</p> <p>-Hire Date: 10/2/14;</p> <p>-CNA hours of training completed: 11.7.</p> <p>5. During an interview on 9/11/24 at 1:55 P.M., the Director of Nursing (DON) said the CNAs were expected to complete their 12 hour annual training by their anniversary date. They are expected to complete them independently without being reminded.</p> <p>6. During an interview on 9/12/24 at 11:35 A.M., the Administrator said he would expect CNA staff to complete their 12 hour annual education by their anniversary date.</p>		