

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

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265627	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/13/2023
NAME OF PROVIDER OR SUPPLIER Garden View Care Center of Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 Chesterfield Pointe Parkway 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30687</p> <p>See the deficiency cited at event ID G4IH12.</p> <p>Based on interview and record review, the facility failed to use a proper transfer technique in accordance with the resident's plan of care. A staff member failed to safely assist a resident during a Hoyer lift (mechanical lift) transfer and the Hoyer lift tipped over, landing on top of the resident and a Certified Nurse Aide (CNA). This affected one of five sampled residents (Resident #2). The census was 77.</p> <p>Review of the facility's policy on Safe Lifting and Movement of Residents, undated, showed the following:</p> <ul style="list-style-type: none"> -Policy: Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents; -Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan; -Such assessment shall include: Residents' preferences for assistance, resident's mobility, resident's size, weight-bearing ability, cognitive status, whether the resident's cooperative with staff and the resident's goals for rehabilitation, including restoring or maintaining functional abilities; -Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices; -Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary; -Staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques; -Maintenance staff shall perform routine checks and maintenance of equipment used for lifting to ensure that it remains in good working order. <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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy, showed no documentation of a Hoyer lift transfer requiring two person assistance.</p> <p>Review of Resident #2's care plan, dated 6/1/23, showed the following:</p> <ul style="list-style-type: none"> -Focus: Resident requires two assist for activities of daily living (ADLs) of transfers with a Hoyer lift; -Goal: Resident requires total dependence with all ADLs. Staff to assist with all ADLs as needed while maintaining dignity; -Intervention: Provide assistive devices: High back wheelchair. Assure the high back wheelchair has foot pedals and foot buddy. Give verbal reminders not to attempt to transfer out of the wheelchair without assistance. <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/16/23, showed the following:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Behaviors of hallucinations, delusions and verbal behaviors; -Total dependence with transfers with two person assistance; -One fall with no injury; -Diagnoses of progressive neurological condition, high blood pressure, diabetes and Alzheimer's Disease. <p>Review of the resident's Incident Note, dated 9/13/23 at 6:58 A.M., showed a CNA notified this writer that an incident occurred when he/she and another CNA were Hoyer lifting a resident out of bed and into a broda (high back) wheelchair. The Hoyer lift turned over, pinning the CNA and the resident underneath for a brief moment. The CNA immediately got up, overturned the Hoyer lift and placed the resident in his/her broda chair. The resident complained of right ear and head pain and was holding his/her right shoulder. The resident's right ear is dark purple and swollen, no active bleeding noted. After talking to the hospice staff and the resident's family, a decision was made to send the resident to the hospital for further evaluation.</p> <p>Review of the resident's nurse's note, dated 9/13/23 at 1:10 P.M., showed the resident returned from the hospital accompanied by two Emergency Medical Technicians. The resident's family member was waiting in his/her room and is aware of his/her return. There were no new orders noted and all tests were negative. The resident complained of pain to his/her right ear and right shoulder. Pain medication was given at that time. The resident's right ear was purple with a slight edema noted and edema noted to the back of the resident's head on the right side.</p> <p>During an interview on 10/11/23 at 9:45 A.M., the resident said he/she did have a fall but did not remember the details. Observation at that time, showed the resident had three stitches to his/her left lower eyebrow.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 10/12/23 at 12:55 P.M., CNA L said he/she got the resident ready to transfer on the Hoyer lift. CNA L said he/she went to get another CNA to assist with the Hoyer lift transfer. They both finished preparing the resident for transfer. CNA L was at the control panel of the Hoyer lift and the other CNA was near the resident's feet. CNA L said as he/she pulled the Hoyer lift, the other CNA had the resident's feet but then turned away. CNA L said before he/she knew it, he/she, the resident and the Hoyer lift all went down. The other CNA did not have hands on the resident before the fall. CNA L looked at the Hoyer lift before the transfer and there were no issues. The last time he/she was inserviced on Hoyer lift transfers was at a previous facility. CNA L had been with this facility since March 1, 2023 and has been a CNA for [AGE] years.</p> <p>During an interview on 10/13/23 at 9:55 A.M., CNA M said he/she and another CNA were getting the resident ready to transfer. CNA M said during the transfer he/she released the resident and turned away to get the resident's wheelchair. CNA M was not hands on with the resident during the transfer but he/she should have been to guide the resident to the wheelchair.</p> <p>During an interview on 10/12/23 at 11:10 A.M., the Administrator and the Director of Nursing (DON) said they expected both staff members to be completely hands on during the Hoyer lift transfer to prevent an accident. The Administrator did not hear about the staff member turning away during the transfer. The Administrator said the DON gathered statements. The DON said she did address the concern about being hands on during a Hoyer lift transfer by inservicing CNA M but did not know if she documented it.</p> <p>MO00225259</p>		