

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265831	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Monarch Springs Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 894 Leland Avenue University City, MO 63130	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>06401</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to promote a dignified dining experience by serving beverages in disposable cups, and food on disposable plates at meals for one Resident (R) 24 and one of two dining rooms of 23 sample residents. This failure had the potential to affect all residents who were served meals prepared in the facility's one of one kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Dinnerware and Dining Services, revised 01/24, indicated, To ensure residents receive meals served consistent with proper dining expectations, in a clean and attractive setting and with oversight to support feeding needs. To comply with federal and state regulations governing dining services.</p> <p>1. Observation on 07/09/24 from 12:35 PM to 1:25 PM, revealed residents in the 300-hall dining room were being served and eating their lunch meals. Further observations of the 300-hall lunch meal service revealed 18 of 22 residents eating in this dining room were served frosted cake on a small disposable Styrofoam plate and 15 of 22 residents were served beverages in disposable Styrofoam cups.</p> <p>2. Observation on 07/11/24 from 12:33 PM to 1:22 PM, revealed residents in the 300-hall dining room were being served and eating their lunch meals. Further observation of the 300-hall lunch meal service revealed 19 of 23 residents eating in this dining room were served a brownie for dessert on a small disposable Styrofoam plate and 15 of 23 residents were served beverages in disposable Styrofoam cups.</p> <p>3. Review of R24's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/29/24, located in the resident's electronic medical record (EMR) under the RAI (Resident Assessment Instrument) tab revealed a Brief Interview for Mental Status (BIMS) score of 15 of 15, which indicated the resident was cognitively intact.</p> <p>Observation on 07/09/24 at 12:40 PM revealed R24 was in the facility's 300 hall dining room waiting to be served his lunch meal. Observation revealed staff served R24, two beverages in disposable Styrofoam cups and a piece of cake on a small disposable Styrofoam plate.</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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 07/09/24 at 3:51 PM, R24 stated at meals the facility served desserts on disposable Styrofoam plates and beverages in disposable Styrofoam cups. R24 stated he would prefer to receive his food on regular dishware and beverages in regular cups instead of Styrofoam.</p> <p>Observation on 07/10/24 at 12:50 PM revealed R24 was in the facility's 300 hall dining room eating his lunch meal. Observation revealed staff served R24 a beverage in disposable Styrofoam cup.</p> <p>Observation on 07/11/24 at 12:50 PM revealed R24 was in a facility's 300 hall dining room eating his lunch meal. Observation of the resident's meal revealed he was served cake on a disposable Styrofoam plate and two beverages in disposable Styrofoam cups.</p> <p>During an interview on 07/10/24 at 3:01 PM, the Dietary Manager (DM) stated the kitchen did not have enough regular plates and cups for the entire resident meal service, so at meals the dietary staff served resident food on disposable plates and beverages in disposable cups.</p> <p>During an interview on 07/12/24 at 12:38 PM, the facility's consultant Registered Dietitian (RD) stated residents should not be served food and beverages in disposable plates and cups at meals because it was a dignity issue. The RD stated more regular dining service dishware would be ordered, so residents would not be served food on disposable plates and beverages in disposable cups.</p> 39411		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>06401</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to maintain a clean and comfortable environment for two of the two dining rooms. This failure had the potential to affect all residents who ate meals in the facility's two dining rooms.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Housekeeping, indicated Cleaning Schedule and Protocols: Regular Cleaning: Specify the frequency and procedures for daily cleaning of resident rooms, common areas, bathrooms, and high-touch surfaces. Deep cleaning: Outline the procedures for periodic deep cleaning of carpets, upholstery, and other surfaces.</p> <p>1. Observations of the facility's 300 hall dining room, during resident meal service, revealed the following concerns with the dining room's environment:</p> <p>a. Observation on 07/09/24 from 12:35 PM to 1:25 PM, revealed 22 residents were in the facility's 300 hall dining room being served and eating their lunch meals. Observations of the dining room's environment revealed chairs were stained and unclean with dried food spills, walls were unclean with what appeared to be dried food, and window curtains were unclean and stained.</p> <p>Observation on 07/09/24 from 1:10 PM to 1:25 PM, revealed Certified Nurse Assistant (CNA) 3 fed a randomly observed resident her lunch meal in the 300-hall dining room at a table which was very unbalanced. The table was observed to rock up and down as CNA3 fed the resident her lunch meal.</p> <p>b. Observation on 07/10/24 from 12:48 PM to 1:33 PM revealed residents were in the facility's 300 hall dining room being served and eating their lunch meals. Observations of the dining room's environment revealed chairs were stained and unclean with dried food spills, walls were unclean with what appeared to be dried food, and window curtains were unclean and stained.</p> <p>c. Observation on 07/11/24 from 12:33 PM to 1:02 PM, revealed 23 residents were in the facility's 300 hall dining room being served and eating their lunch meals. Observations of the dining room's environment revealed chairs were stained and unclean with dried food spills, walls were unclean with what appeared to be dried food, and window curtains were unclean and stained.</p> <p>2. Further observations of the facility's two dining rooms on 07/12/24, prior to the resident lunch meal service, revealed the following:</p> <p>a. Observation of the facility's 300 hall dining room on 07/12/24 at 10:57 AM, with the Administrator present, revealed 10 of 20 dining room chairs were stained and had dried food spills present, fourteen of sixteen window curtains were stained and unclean, four of 20 dining room chairs were unbalanced, and three of 12 dining room tables were unbalanced. One of the unbalanced dining room tables had a very loose base which did not touch the floor. This dining room table was fully supported by two of its sides being placed directly on top of the two tables positioned next to it which elevated the table's base off the floor.</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 07/12/24 at 10:57 AM, the Administrator confirmed the above observations of the environment of the 300-hallway dining room. The Administrator stated the housekeeping staff and dietary staff were responsible for cleaning the dining rooms and the maintenance staff were responsible for ensuring dining room tables and chairs were balanced and in good repair.</p> <p>Review of the facility's 300 hallway maintenance book revealed an uncompleted Maintenance Request, dated 03/10/24, regarding a dining room table being wobbly.</p> <p>During an interview on 07/12/24 at 11:20 AM, the Maintenance Director (MD) revealed he was not aware of the unbalanced tables and chairs that were currently in the 300-hallway's dining room. The MD also stated he was also not aware of the uncompleted Maintenance Request dated 03/10/24 that was in the 300 hallway's maintenance book regarding a dining room table being wobbly.</p> <p>b. Observation of the facility's 200 hall dining room on 07/12/24 at 11:15 AM, with the Administrator present, revealed 4 of 8 dining room chairs were stained and had dried food spills present.</p> <p>During an interview on 07/12/24 at 11:15 AM, the Administrator confirmed the four unclean and stained chairs that were in the facility's 200 hallway dining room and stated it was the housekeeping department's responsibility to clean the chairs in the facility's dining rooms.</p> <p>During an interview on 07/12/24 at 11:25 AM, the Housekeeping Supervisor (HKS) stated the cleaning of the chairs in the facility's dining rooms on the 200 and 300 hallways was not on the housekeeping's schedule for routine cleaning. The HKS also stated she did not know when the chairs and curtains were last cleaned in the facility's dining rooms.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessments for one of three residents (Resident (R) 3) reviewed for Preadmission Screening and Resident Review (PASARR) of 23 sample residents. This failure placed the residents at risk of having unmet care needs and services.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, PASARR Policy and Procedure. indicated In Missouri, PASARR (Preadmission Screening and Resident Review) is an essential process designed to ensure that individuals with serious mental illness (SMI) or intellectual disabilities (ID) receive appropriate care in nursing homes.</p> <p>Review of the Resident Assessment Instrument (RAI) Manual 3.0, dated 10/19, revealed .If an Minimum Data Set (MDS) assessment is found to have errors that incorrectly reflect the resident's status, then that assessment must be corrected .</p> <p>Review of R3's Face Sheet found under the Resident tab of the electronic medical record (EMR) revealed R3 was admitted to the facility on [DATE] with a diagnosis of schizophrenia.</p> <p>Review of R3's annual MDS assessment, located in the EMR under the RAI tab, with an Assessment Reference Date (ARD) of 06/14/24 indicated R3 had an active diagnosis of schizophrenia and had not been evaluated by level II PASARR and determined to have a serious mental illness and/or mental retardation or a related condition.</p> <p>During an interview on 07/12/24 at 9:00 AM, the facility's Social Service Director Assistant (SSDA) stated R3 was previously evaluated by level II PASARR. The SSDA explained she located a PASARR Level II evaluation for R3 in the resident's paper file.</p> <p>Review of the paper copy of R3's Level II PASARR evaluation, dated 01/17/23 and provided by the SSDA specified, The PASRR Level II Evaluation indicated that your needs at this time CAN be met in a Nursing Facility.</p> <p>During an interview on 07/12/24 at 4:00 PM, the MDS Coordinator (MDSC) stated she completed the PASARR section on R3's 06/14/24 annual MDS. The MDSC explained since R3's PASARR level II screening was not available in the resident's EMR she would not have known the resident had a PASARR evaluation completed. The MDSC confirmed R3's annual MDS of 06/14/24 inaccurately assessed the resident's PASARR status. The MDSC stated she would correct R3's annual MDS assessment to reflect the resident had a PASARR Level II evaluation completed.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30622</p> <p>Based on observations, record review, interview, and facility policy review, the facility failed to provide services based on acceptable standards of practice by specifically failing to accurately check a finger stick glucose level and failing to keep a clean field clean during wound care for two of two residents (Resident (R) 3 and R8) reviewed for professional standards of 23 sample residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Obtaining a Finger Stick Glucose Level, dated 2001, revealed . (8) Obtain a blood sample by using a sterile lancet (a spring-loaded lancet or manual lancet). Discard the first drop of blood if alcohol is used to clean the fingertips because alcohol may alter the results.</p> <p>Review of the facility's policy titled, Wound Care, dated 2001, revealed (4). Put on exam glove. Loosen tape and remove dressing. (5) Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly.</p> <p>1. Review of R3's Face Sheet located under the Resident tab of the electronic medical record (EMR) revealed R3 was admitted to the facility on [DATE] which included diagnosis of type two diabetes mellitus with neuropathy, unspecified.</p> <p>Review of R3's annual Minimum Data Sheet (MDS) with an Assessment Reference Date (ARD) of 06/14/24, located under the Resident Assessment Instrument RAI tab of the EMR, revealed R3 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicating R3 was cognitively intact.</p> <p>Review of R3's care plan, dated 06/27/24 and located under the Care Plan tab of the EMR, indicated R3 has type 2 diabetes and receives insulin and oral hypoglycemics. She is at risk for adverse consequences such as hyper/hypoglycemia and bruising due to injections. Approaches on the care plan included monitoring for signs and symptoms of hyper/hypoglycemia and monitoring blood sugars as ordered.</p> <p>Review of R3's active orders for July 2024, located under the Orders tab of the EMR, did not indicate how many times a day R3 should have had her blood sugar checked.</p> <p>During an observation and interview on 07/10/24 at 4:36 PM, Licensed Practical Nurse (LPN) 1 checked R3's blood sugar. LPN1 did not discard the first drop of blood prior to checking the blood sugar. LPN1 stated she should have discarded the first drop of blood prior to checking the sugar.</p> <p>During an interview on 07/11/24, at 3:37 PM, the Director of Nursing (DON) stated you should introduce yourself, explain what you are going to do, and gather your supplies. The DON stated you then cleanse the finger with alcohol, let it air dry, stick the finger with the lancet, discard the first drop of blood with gauze and not the alcohol pad, and then use the next drop for the test sample.</p> <p>2. Review of R8's Face Sheet located under the Resident tab of the EMR revealed R8 was admitted to the facility on [DATE] with diagnoses which included dementia in other diseases classified elsewhere, Alzheimer's, reduced mobility, and unspecified protein calorie malnutrition.</p> <p>(continued on next page)</p>		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of R8's annual MDS, dated [DATE] and located under the RAI tab of the EMR, revealed R8 had a BIMS score of four out of 15 indicating R3 was severely cognitively impaired.</p> <p>Review of R8's care plan with an edited date of 05/02/24 and located under the Care Plan tab of the EMR, indicated R8 was at risk for and had a history of pressure ulcers/pressure injury r/t immobility, incontinence, and comorbidities. Approaches for wound healing on the care plan included administering wound treatment as ordered.</p> <p>Review of R8's current physician orders, dated July 2024, revealed the following order, dated 03/11/24: apply skin prep to the right hip, allow to dry, and cover with a foam dressing.</p> <p>During an observation on 07/11/24 at 9:08 AM, LPN3 removed the old dressing from the right hip and placed it on the paper towels with the clean supplies.</p> <p>During an interview on 07/11/24 at 9:27 AM, LPN3 stated she should not have placed the old dressing on the clean field. LPN3 stated the old dressing should have been placed in a trash bag or trash can.</p> <p>During an interview on 07/11/24 at 1:53 PM, the DON stated the staff should use a trash can or trash bag for dirty items. The DON stated the dirty items should not be placed on the clean field.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>06401</p> <p>Based on observation, record review, and interview, the facility failed to ensure the daily posted nurse staffing information contained complete information which included the total number and actual hours worked of licensed and unlicensed staff on duty. This failure had the potential to affect all residents and visitors to the facility.</p> <p>Findings include:</p> <p>Observation on 07/12/24 at 1:15 PM revealed the facility's nurse staffing information was posted in the facility's front lobby behind the receptionist's desk. Review of the posted 07/12/24 staffing information revealed it only contained information regarding the total number of licensed and unlicensed staff who were on duty during the Day Shift and did not contain any information for the Night Shift for Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Medication Technician (CMT), and Certified Nurse Assistant (CNA) staff.</p> <p>During an interview on 07/12/24 at 1:15 PM, the Receptionist (R) 1 stated the receptionist filled out the facility's daily nurse staffing information, posted it at the front lobby receptionist desk and retained copies of prior postings.</p> <p>Review of the facility's daily posted nurse staffing information from 06/01/24 to 07/11/24, which were provided by R1, revealed these postings only contained the number of licensed and unlicensed staff on the Day Shift, and contained no information for the night shift for RN, LPN, CMT, and CNA staff.</p> <p>During an interview on 07/12/24 at 1:20 PM, the Human Resource Manager (HRM), confirmed the facility's daily posted nurse staffing information only included the number of the licensed and unlicensed staff who worked on the Day Shift and did not include any staffing information for the Night Shift.</p> <p>During an interview on 07/12/24 at 1:34 PM, R1 stated she was not aware she needed to include information on the daily posted staffing information sheet for the night shift but would include this information on future postings.</p> <p>During an interview on 07/12/24 at 3:29 PM, the Administrator confirmed the facility's daily posted nurse staffing information only contained the number of licensed and unlicensed nursing staff on duty during the day shift and did not contain any staffing information for the night shift. The Administrator stated the facility did not have a policy for the daily posting of nurse staffing information, but it was expected the posting would include all required information.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30622</p> <p>Based on observations, interviews, and facility policy review, the facility failed to ensure expired medications and supplies were removed from one of one treatment carts, one of one medication rooms and failed to ensure one of one treatment cart and one of two nurse carts were locked. This had the potential to affect any resident who might be administered expired medications/use of expired supplies. The unlocked carts had the potential to be accessed by unauthorized residents, staff, and visitors.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Labeling and Storage, dated 2001, indicated (2) The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner, and (3). If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.</p> <p>During an observation of the medication room for Hall 300 on 07/10/24 at 9:48 AM, alongside the Licensed Practical Nurse (LPN) 1, the following expired items were found:</p> <ul style="list-style-type: none"> -One vial of ipratropium bromide albuterol sulfate (medication used for breathing treatments in a nebulizer) containing one vial, expired 02/23 -Five test tubes for viruses, mycoplasma, and chlamydia, expired on 04/12/21, the five swabs with the vials expired on 09/22. -Two test tubes for viruses expired on 01/08/19 and the swabs expired on 03/20. -Four [NAME] Brand test kits (used for testing for sexually transmitted diseases and to culture wounds) expired on 04/01/24. -Four sterile testing swabs expired on 08/11/23. -Two BD brand Eswab Collection and transport system for Aerobic, Anaerobic, and Fastidious bacteria expired on 05/31/23. -Four Eswab collection and preservation kits for aerobic, anaerobic, and fastidious bacteria expired on 08/31/23. -Five universal transport medium translucent with red cap tube format (utm-rt) 3ml test tubes w/o (without) beads transport and preservation medium for viral molecular diagnostic testing expired 01/31/24. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Twenty-four tubes utm-3ml test tubes w/o beads transport medium for viral molecular diagnostic testing expired on 05/31/24.</p> <p>-Thirty-nine-nine acetaminophen suppositories expired on 04/24.</p> <p>-Six prochlorperazine 25 mg expired on 04/24.</p> <p>During an interview on 07/10/24 at 9:48 PM, LPN1 verified the expiration dates and, that the testing supplies and expired medications were still available for resident use. LPN1 stated the night shift nurse should have checked the medication room. LPN1 did not know if the nurse was responsible for checking the medication expiration dates.</p> <p>During an interview on 07/10/24 at 2:00 PM, the Director of Nursing (DON) stated each shift should have checked the medication room for expired medications and supplies. The DON verified the supplies in the medication room were still available for resident use.</p> <p>During an observation on 07/10/24 at 3:42 PM, the treatment cart on Hall 200 was unlocked and parked in front of the elevator. The following expired items were located on the cart:</p> <p>-Nine xeroform petrolatum two by two dressings expired on 03/23/24.</p> <p>-One container of zinc oxide cream expired on 09/23.</p> <p>-Twelve boxes of covid-19 tests with two tests per box expired on 11/07/23.</p> <p>-One box of covid-19 tests with four tests inside it expired on 11/07/23.</p> <p>During an interview on 07/10/24 at 3:55 PM, LPN2 stated she knew her cart should have been locked. LPN2 stated she thought it was ok to leave it unlocked if she was sitting at the nurses' station and could see it. LPN2 verified the expired covid-19 test kits, petrolatum dressings, and zinc oxide were still available for resident use. She stated the CDC (Centers for Disease Control and Prevention) gave an extension for the self-administering covid-19 tests that extended the expiration by seven months. LPN2 stated the tests came from the CDC and that extension expired the end of June 2024.</p> <p>During an observation and interview on 07/11/24 at 8:57 AM, the nurse cart on Hall 300 was left unattended and unlocked. LPN3 was the charge nurse and stated she knew she should not leave the cart unlocked.</p> <p>During an interview on 07/11/24 at 1:51 PM, the DON stated she expected the staff to keep the treatment and medication carts locked when they are not using them. She stated staff should not keep the carts unlocked even while sitting at the nurses' station.</p>		

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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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>06401</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to serve food that was palatable for three of four (Residents (R) 3, R12, and R24) reviewed for food palatability of 23 sample residents. This had the potential to affect 49 of 49 residents who consumed food that was prepared from the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Menus and Meal Preparation, with a revision date of 01/24, indicated Meals shall be prepared according [to] the facility approved menu. The menu shall be approved by the Licensed Registered Dietitian in the state of practice. Corresponding recipes shall be used in conjunction with meal service. When convenience or semi-convenience foods are prepared, the manufacturer directions shall be used in place of recipes.</p> <p>1. Review of R24's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/29/24, located in the resident's electronic medical record (EMR) under the RAI (Resident Assessment Instrument) tab revealed a Brief Interview for Mental Status (BIMS) score of 15 of 15, which indicated the resident was cognitively intact.</p> <p>During an interview on 07/09/24 at 10:50 AM, R24 stated the food served at meals was not good and the coffee and food served at meals was cold.</p> <p>Observation on 07/10/24 at 1:05 PM revealed R24 had finished his lunch meal and was exiting the 300-hall dining room. During an interview at this time R24 stated his lunch meal was Terrible. R24 explained the noodles were not seasoned and the meat lacked flavor. R24 stated his food was warm today but tasted terrible. Observations of R24's finished lunch meal revealed he only took bites of the noodles and the beef patty with gravy that he was served at this meal.</p> <p>2. Review of R12's quarterly MDS with an ARD of 06/29/24, located in the resident's EMR under the RAI tab revealed a BIMS score of seven of 15, which indicated the resident had severely impaired cognition.</p> <p>During an interview on 07/09/24 at 10:37 AM, R12 stated the food did not always taste good and sometimes was not hot when served at meals.</p> <p>Observation on 07/10/24 at 1:33 PM revealed R12 had finished his lunch meal and was exiting the 300-hall dining room. During an interview at this time R12 stated his lunch was not good. R12 explained the food he was served did not have any taste. R12 stated the noodles and beef patty with gravy that he was served at lunch lacked flavor. R12 added, The food just does not taste good here. Observations of R12's finished lunch meal revealed he only took bites of the noodles and the vegetables and ate about half of the beef patty with gravy that he was served at this meal.</p> <p>3. Review of R3's annual MDS with an ARD of 06/14/24, located in the resident's EMR under the RAI tab revealed a BIMS score of 13 of 15, which indicated the resident was cognitively intact.</p> <p>(continued on next page)</p>		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 07/10/24 at 10:31 AM, R3 stated sometimes the food was good and sometimes it was not. The resident stated the food was not always hot at meals and she ate her meals in the dining room.</p> <p>During an interview on 07/10/24 at 3:01 PM, the Dietary Manager (DM) stated that lunch was chopped pepper steak and buttered pasta noodles. The DM was asked to produce the recipe for the chopped pepper steak. The DM stated that they had used a recipe but could not locate it. The DM continued to search the menu book but could not locate a recipe for chopped pepper steak. The DM stated that recipes were just used as reference but just sometimes knew the recipe by heart.</p> <p>During an interview on 07/12/24 at 12:38 PM, the Registered Dietitian (RD) stated that they did not require the use of recipes if the item was pre-made. The RD stated she would expect the staff to follow manufacturers' instructions for pre-made items. The RD stated the DM followed an order guide for each menu, so she was aware of what was being ordered for the menu. The RD could not recall if the pepper steak was a pre-made entree. The DM stated there was no more pepper steak so they could not produce manufactures instructions.</p> <p>39411</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39411</p> <p>Based on observations, interviews, document review, and facility policy review, the facility failed to ensure cleanliness and ensure food stored in one of one kitchen and in the unit nourishment room, was labeled, dated, and not expired. The failure had the potential to increase the prevalence and spread of foodborne illness and infection for 49 census residents.</p> <p>Findings include:</p> <p>Review of the facility's undated job description titled, Dietary Manager indicated it was the responsibility of DM to ensure compliance with regulatory standards during food preparation, storage, and service.</p> <p>Review of the facility's undated policy titled, Sanitation, indicated that the can opener should be cleaned after each use and unbolted from the table monthly to thoroughly clean the table where the base rests. Further review revealed that the ceilings need to be in good repair.</p> <p>1. During an observation on [DATE] at 8:55 AM the following items were observed in dry storage and verified by [NAME] (C) 1 during the initial kitchen tour:</p> <p>-Eight re-packaged bags of cereal with no label or date.</p> <p>-Fourteen bowls of cereal with no label or date.</p> <p>-Fifteen loaves of bread with no date.</p> <p>-Eight packages of hamburger buns with no date.</p> <p>During an observation on [DATE] at 8:55 AM the following was observed in cold storage and verified by C1 during the initial kitchen tour:</p> <p>-An observation of the walk-in freezer's temperature log revealed missing temperatures from [DATE] to [DATE].</p> <p>-There was water leaking from the walk-in refrigerator. Observation of the interior of the walk-in refrigerator revealed towels on the floor of the walk-in soaked in water.</p> <p>-Additional observations revealed bottled maraschino cherries with a date of ,d+[DATE] (no year documented), sweet relish with a date of ,d+[DATE] (no year documented) and 33 thawed Ready Shakes with manufacturers instructions to use within 14 days of thawing. There were no dates as to when the shakes expired.</p> <p>During an observation on [DATE] at 8:55 AM the following was observed in preparation areas and verified by C1 during the initial kitchen tour:</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>-There was a one-gallon bottle of pan cleaner and a spray bottle of Spic and Span stored on the shelf with cooking utensils.</p> <p>-Cook1 tested the sanitizer bucket on the cook's table. The test strip indicated there was no sanitizer in the bucket. During an interview on [DATE] at 8:55 AM, C1 stated he used sanitizer from the pot sink in the bucket and did not know why it wasn't registering on the test strip.</p> <p>2. During a second observation of the kitchen with the Dietary Manager (DM) present on [DATE] at 11:54 AM, there was water leaking from the walk-in refrigerator. Observation of the cook's preparation area revealed the tabletop can opener was dirty with black substance encrusted around the edge and base seams of the opener. Additionally, there were 12 water-stained ceiling tiles and three missing ceiling tiles above the preparation area exposing the pipes and venting.</p> <p>During an interview on [DATE] at 1:23 PM, the Administrator stated that a work order had been placed for the walk-in refrigerator in the kitchen and they did not know what was causing the leak.</p> <p>During an interview on [DATE] at 3:01 PM, the DM stated that items needed to be labeled and dated before placing them in storage and staff had been trained.</p> <p>During an observation on [DATE] at 12:48 PM, the third-floor nourishment refrigerator revealed no thermometer and no temperatures documented. There were three ham and cheese sandwiches stored on top of the refrigerator with no date and no cooling mechanism. An observation of the interior of the refrigerator revealed sticky shelves and melted popsicles stuck to the ice in the freezer box.</p> <p>During an interview on [DATE] at 12:38 PM, the Registered Dietitian (RD) stated that she was not aware there was not a thermometer in the nourishment refrigerator and agreed the temperature should have been monitored and the sandwiches refrigerated.</p>		

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Dispose of garbage and refuse properly.</p> <p>39411</p> <p>Based on observations, interview, and facility policy review, the facility failed to ensure the facility's dumpster container lids were kept closed when not in use for 49 census residents.</p> <p>Findings include:</p> <p>The facility's undated policy titled, Sanitation indicated The Dietary Department will hold, transfer, and dispose of waste in a manner that does not create a nuisance or a breeding place for insects and rodents, or otherwise permit the transmission of disease .keep dumpster lids closed at all times and keep dumpster and dumpsite area clean and free of debris.</p> <p>During an initial tour observation on 07/09/24 at 8:55 AM, the dumpster container area, located on the side of the building, was observed. The dumpster container had two separate lids. One lid was observed open. Inside the dumpster there were multiple bags of garbage. The container was full, and the bags were visible over the top of the bin. Further observation revealed there was garbage on the ground around the bin. There was an odor around the area of the garbage bin.</p> <p>During an observation with the Dietary Manager (DM) on 07/10/24 at 3:01 PM, both lids to the bin were open exposing several bags of garbage in the bin and garbage on the ground around the bin. During an interview, the DM stated, I can see that. The lids should be closed.</p> <p>During an observation on 07/12/24 8:33 AM, the outside garbage bin remained open, with garbage on the ground around the bin. Staff were observed disposing of garbage without closing the lid.</p>		

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F 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>22411</p> <p>Based on interviews, and document review, the facility failed to ensure that a facility with more than 120 beds employed a full time qualified social worker which included a bachelor's degree in social work or a bachelor's degree in a human services field and one year of supervised social work experience. This failure has the potential to cause residents to not receive the necessary services to maintain as normal a possible lifestyle.</p> <p>Findings include:</p> <p>Review of the facility's undated job description titled, Social Worker Job Description, revealed The Social worker and/or social worker designee in a nursing home setting plays a crucial role in providing comprehensive social services to residents, their families, and caregivers. They assess residents' psychosocial needs, develop care plans, and coordinate services to enhance residents' quality of life and ensure their well-being.</p> <p>During an interview on 07/10/24 at 1:15 PM with the Administrator and Director of Nursing (DON), the Administrator revealed the facility was currently working with the local office to decrease the number of beds to 118 and they were currently licensed for 130 beds. The Administrator stated they currently did not have a full-time license social worker. She stated the current Social Service Director (SSD) had a certification as a social service designee in long-term care facilities.</p> <p>During an interview on 07/12/24 at 1:13 PM, the Social Service Director (SSD) revealed not being a licensed social worker but was functioning in the full-time position as the social worker. The SSD stated she had a certification for a social service designee in long-term care facilities. The SSD stated she did not have a degree.</p> <p>Review of the certification for Social Service Director (SSD), revealed a Certificate of Attendance, dated December 2017 for the satisfactory completion of the 36-hour basic online course for Social Service Designee in long-term care facilities. The program was recognized by the Missouri Department of Health and Senior Services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>22411</p> <p>Based on interviews and facility policy review, the facility failed to ensure infection control measures were appropriately implemented and maintained for Legionellosis assessment and prevention in the facility. This failure has the potential to affect 49 of 49 census residents.</p> <p>Finding Include:</p> <p>Review of website for ASHRAE [he American Society of Heating, Refrigerating and Air-Conditioning Engineers] titled Risk Management for Legionellosis, dated 10/15, located https://www.ashrae.org/, indicated .The design engineer first needs to evaluate which requirements of the standard apply to their project. This evaluation determines if the project contains any of the following building risk factors .Health-care facility with patient stays over 24 hours .Facilities designated for housing occupants over age 65 .The risk of disease or illness from exposure to Legionella bacteria is not as simple as the bacteria being present in a water system. Other factors that contribute to the risk are environmental conditions that promote the growth and amplification of the bacteria in the system, a means of transmitting this bacteria (via water aerosols generated by the system), and the ultimate exposure of susceptible persons to the colonized water that is inhaled or aspirated by the host providing a pathway to the lungs. The bacteria are not transmitted person-to-person, or from normal ingestion of water. Susceptible persons at high risk for legionellosis include, among others, the elderly, dialysis patients, persons who smoke, and persons with medical conditions that weaken the immune system .</p> <p>Review of facility's undated policy titled, Nursing Home Legionella Water Policy, revealed the objective of the policy is to minimize the risk of Legionella contaminations in our water system and to protect the health of our residents, staff, and visitors. The policy statement includes, Conduct a comprehensive risk assessment of all water systems within the facility at least annually to identify potential sources of Legionella growth and spread. The assessment will be carried out by qualified personnel or a third-party expert.</p> <p>During an interview on 07/11/24 at 5:44 PM, the Administrator stated, The facility does not have a water legionella system, there was no diagram that provided information of the flow of the water, a comprehensive assessment had not been completed, nor has the water been tested . The administrator stated understanding the Water Legionella requirements for long term care, but the facility had not been following the requirements.</p> <p>During an interview on 07/12/24 at 3:41 PM the Maintenance Director (MD) revealed not being aware of the water legionella program and requirements. When asked about the comprehensive risk assessment of the water systems in the facility, the MD indicated that he did not know what that meant.</p>		