| i Department of Hea | Ith and Senior Services | | | | |
|--|--|--|---|---|--|
| NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
| OF CORRECTION | I IDENTIFICATION NUMBER: | A. BUILDING: | | COWIFE | ,_, |
| | | | | l c | |
| | MOA-0014 | B. WING | | | 5/2016 |
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| I DEDDODICTIVE HEALTH SEDVICES / DLANNIS | | | | | |
| SAINT LOUIS, MIO 63108 | | | | | |
| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL | CROSS-REFERENCED TO THE APPROPRIATE | |
| Initial Comments | | L 000 | | | |
| conducted on 05/1 until 05/25/16, for o | 7/16, and continued off-site complaint #MO00114829. The | | | | |
| partment of Health and Se | enior Services DER/SUPPLIER REPRESENTATIVE'S SIG | | TITLE | | (X6) DATE |
| | PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L D Initial Comments An on-site, unannor conducted on 05/1 until 05/25/16, for coallegation was four | MOA-0014 PROVIDER OR SUPPLIER STREET AD 4251 FOR SAINT LC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An on-site, unannounced allegation survey was conducted on 05/17/16, and continued off-site until 05/25/16, for complaint #MO00114829. The allegation was found to be unsubstantiated. | INTOF DEFICIENCIES (A1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING: MOA-0014 PROVIDER OR SUPPLIER PROVIDER OR SUPPLIER STREET ADDRESS, CITY, 3 4251 FOREST PARK/SAINT LOUIS, MO 63 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An on-site, unannounced allegation survey was conducted on 05/17/16, and continued off-site until 05/25/16, for complaint #MO00114829. The allegation was found to be unsubstantiated. | INTO DEFICIENCIES OF CORRECTION (X1) PROVIDER SUPPLIER MOA-0014 STREET ADDRESS, CITY, STATE, ZIP CODE 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY VILL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An on-site, unannounced allegation survey was conducted on 05/17/16, and continued off-site until 05/25/16, for complaint #MO00114829. The allegation was found to be unsubstantiated. | INTO DEFICIENCIES OF CORRECTION (X1) PROVIDERS (X1) A BUILDING (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) BUILDING (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X8) M |