STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265120	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Sophia Health & Rehabilitation Center	936 Charbonier Road Florissant, MO 63031

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide reasonable accommodations of individual needs and preferences when staff denied access to the adjoining bathroom for two residents (Residents #6 and #17). Staff removed the bathroom doorknobs on two-bathroom doors of the adjoining bathroom to prevent the two residents from having access to the toilet. Staff did not know which resident may have clogged the bathroom toilets. This required the residents to ask staff to unlock the main bathroom on the hall when they needed to void of urine or have a bowel movement. The sample was 18. The census was 160. 1. Review of Resident #6's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/4/25, showed: -Moderate cognitive impairment; -Wheelchair; -Toilet hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement, dependent; -Toilet transfer: The ability to get on and off a toilet or commode, dependent; -Urinary continence: frequently incontinent; -Bowel continence: occasionally incontinent; -Diagnoses include hypertension and Alzheimer's disease. Review of the resident's care plan, showed: -Focus: Date initiated: 4/10/24, resident has an Activities of Daily Living (ADL) self-care performance deficit related to pain in right shoulder, weakness, and unsteady gait; -Goal: Resident will maintain current level of function in transfers and toilet use; -Interventions included: Resident requires supervision for toileting. Resident can stand and pivot using the grab bar. Transfers: Resident needs supervision with transfers; (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-No documentation related to clogging bathroom toilets. Review of the resident's progress note, dated showed: -On 4/15/25 at 12:05 P.M., a Social Service note: patient care plan meeting held. Patient and Power of Attorney (POA) present; -No documentation related to the resident clogging the toilet; -No documentation of the resident clogging the toilet and/or history of clogging the toilet of anything from 1/4/25 through 5/16/25. Observations on 5/19/25 at 2:17 P.M. and 5/20/25 at 9:29 A.M., showed the resident's bathroom doorknob was missing. The door was locked and unable to be opened without Maintenance staff assistance. During an interview on 5/19/25 at 2:17 P.M., the resident said there had not been a doorknob on his/her door for six months. He/She had to use a urinal. He/She wanted to use the toilet in his/her bathroom. He/She had to hold his/her bowels until he/she could make it to the bathroom up front. Sometimes, he/she couldn't hold it and would have to change his/her pants. He/She didn't know the code to get into the bathroom. He/She had to tell staff when he/she needed to go to the bathroom. He/She said Maintenance had not come to his/her room to look at or fix his/her bathroom door. They came to remove the doorknob but that was all. During an interview on 5/19/25 at 2:45 P.M., Certified Nurse Aide (CNA) L couldn't say how long the bathroom doorknob had been off. He/She said there should be a doorknob on the resident's bathroom door. He/She didn't know why the doorknob was off the door. The resident had a urinal and had to go up front to use the toilet. The resident did not have the code to the main bathroom. During an interview on 5/19/25 at 2:40 P.M., CNA K said some residents clogged up the toilet every day, that's why the portable blower/dryer was in the hallway, drying the floor. As far as he/she knew, the resident had never clogged up the toilet, but the resident had a roommate that had clogged the toilet up before. That roommate wasn't there anymore. There were two bathrooms near the nurse station for the resident to use. Observation and interview on 5/19/25 at 2:50 P.M., showed Maintenance Worker M removed keys from his/her pocket and jiggled the gold latch assembly inside the hole where the doorknob would have been. Maintenance Worker M said he/she was told the doorknob was removed because the resident had a behavior of clogging the toilet. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/19/25 at 3:00 P.M., the Maintenance Supervisor said the bathroom door was locked because the resident smeared feces and clogged the toilet. He said the resident seemed ok at first but thought his/her mental state was different know. The facility had been trying to work with the resident. They left his/her bathroom open a really long time. The resident defecated in his/her hand and smeared it on the wall, sink and toilet seat. The resident had put a whole roll of toilet paper in the toilet which clogged it up. Maintenance was constantly re-doing rooms because the clogged toilet caused flooding. The Maintenance Supervisor said he couldn't figure out what to do with the resident. There was feces on the wall, bed and mattress. Feces would be everywhere. The bathroom door was locked because the resident smeared feces and clogged the toilet. You couldn't make a person do something he/she didn't want to do. It's an unhealthy situation but the facility was trying to work with the resident. The housekeeping and nursing staff shouldn't have to clean up feces every day. The resident was not in his/her right mind. He and the team came up with the idea to get the resident a bedside commode, but the resident won't use it. They have a remodeling project in the works for the resident's bathroom and were waiting on material. They didn't want to open the bathroom back up for the resident to just mess it up again. 2. Review of Resident #17's quarterly MDS, dated [DATE], showed the following: -Moderate cognitive impairment; -Diagnoses include heart failure (e.g. congestive heart failure (CHF, a chronic condition in which the heart doesn't pump blood as well as it should) and pulmonary edema, a condition caused by excess fluid in the lungs), diabetes, and hypertension; -Toileting hygiene: Partial/moderate assistance. Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs but provides less than half the effort; -Toilet transfer: Partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs but provides less than half the effort; Review of the resident's care plan, showed: -Focus: Date initiated 7/31/23, Resident has bladder incontinence; -Goal: Resident will remain free from skin breakdown due to incontinence and brief use; -Interventions included: Ensure the resident has unobstructed path to the bathroom; -Focus: Date initiated: 2/22/25, History of behavior problems. Resident clogs the toilet with foreign object; -Goal: Will have no evidence of behavior problem through the next review date; -Interventions included: Resident has access to the main bathroom; -No documentation related to a specific toilet clogging incident. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's progress notes, dated 1/1/25 through 5/11/25, showed no documentation of any toilet clogging incident. Observations of the resident's room on 5/19/25 at 2:20 P.M. and 5/20/25 at 11:36 A.M., showed the bathroom doorknob missing. The door was locked and was unable to be opened without assistance from Maintenance staff. There was plastic in the sink, trash can, and bedside commode. During an interview on 5/19/25 at 2:45 P.M., CNA L said he/she couldn't say how long the bathroom doorknob had been off. He/She said there should be a doorknob on the resident's bathroom door. He/She didn't know why the doorknob was off the door. The resident had a bedside commode in his/her room or he/she could use the main bathroom up front. The resident did not have the code to the main bathroom. Observations of the resident's room on 5/19/25 at 9:29 A.M. and 5/20/25 at 11:36 A.M., showed approximately one cup of yellow liquid pooled in a clear green trash can liner located in the corner of the resident's room. The yellow liquid moved around in the clear green liner when the trash can was moved around. During an interview on 5/20/25 at 11:40 A.M., Housekeeper Aide J said the resident pooped and urinated in the sink and trash can in his/her room. Housekeeper Aide J said he/she was just on the way to clean the resident's room. He/She was not surprised by the urine in the trash can and said the resident urinated in the trash can all the time. That was why the trash liner was in the trash can. During an interview on 5/21/25 at 10:20 A.M., CNA F said he/she was familiar with the resident. Staff had to change the resident sometimes because he/she was wet. Staff had to let the resident into the bathroom because he/she didn't have the code. There was always someone at the desk to let the resident into the bathroom in the main bath/shower room up front. CNA F wasn't sure how long the bathroom doorknob had been broken or missing from the resident's bathroom door. He/She didn't know if the resident used the trash can in his/her room to relieve himself/herself. CNA F didn't know anything about any residents clogging up the toilet. 3. During an interview on 5/21/25 at 10:15 A.M., Licensed Practical Nurse (LPN) I said Residents #6 and #17 both used the bathroom in their rooms. He/She didn't know the residents' adjoining bathroom doorknobs had been removed and said it was probably a maintenance issue. LPN I had not heard anything about either resident stopping up or clogging the toilet. LPN I was pretty sure no one was clogging up the toilet. He/She didn't know Resident #17's care plan said he/she clogged the toilet or had a history of clogging the toilet. Both residents used the main toilet up front but neither had the code to that bathroom. Staff had to let the resident into the bathroom. There was always someone at the nurse's desk who could let the resident into the bathroom. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. During an interview on 5/21/25 at 10:58 A.M., the Administrator said she didn't know which resident clogged the toilet, so they just locked the bathroom up. When Resident #6 would go into the room bathroom, he/she would say the toilet was running over. One resident put socks and other items into the toilet and clogged it up. She didn't know for sure which resident clogged the toilet up. They both had roommates who were discharged but she thought it may have been one of them. She didn't know for sure. The toilet caused other toilets on that hall to run over and flood the floor. Residents #6 and #17 both had roommates at one time, but they moved. Resident #6 would tell staff when he/she wanted to go to the main shower/bathroom up front. Staff would let both residents in the bathroom, so neither resident had to wait. They both had bedside commodes to use in their rooms. Resident #6 had a urinal. Resident #17 was given a urinal, but he/she didn't use it. Resident #17 also clogged up the sink. There was plastic in Resident #17's sink, trash can, and bedside commode. Resident #6's care plan should have had documentation related to a history of clogging the toilet. She expected the MDS Coordinator and nursing to update resident care plans. Having the residents go to the main bath/shower room instead of the bathroom in their rooms was so staff could help them and check the toilet right after the residents were finished. If the residents went to the bathroom in their rooms, staff were not there. That was when the residents put things down the toilet to clog it. As long as the residents' bathroom was open, it would continue to flood. They had to keep calling a plumbing company because the facility's equipment wasn't long enough to unblock the clog. She said the flooding of the bathroom and floors was a safety concern. The residents had access to a bedside commode and the main bathroom up front. She didn't necessarily think it was an issue with the residents not having access to the bathroom in their rooms because other alternate methods were given.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe, clean, comfortable and homelike environment when staff did not clean and maintain sanitary conditions in an adjoining resident bathroom for two residents (Resident #6 and Resident #17). The sample was 17. The census was 160. Review of the facility's Safe Homelike Environment policy, last reviewed 4/28/22, showed: -Policy: In accordance with resident's rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk; -Definitions: -Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) resident's room, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas; -Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but was not limited to equipment used in the completion of the activities of daily living; -Procedure: Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment; -General considerations: -Minimize odors by disposing of soiled lines promptly and reporting lingering odors and bathrooms needing cleaning to Housekeeping Department; -Report any unresolved environmental concerns to the Administrator. 1. Review of Resident #6's comprehensive Minimum Data Set (MDS) a federally mandated assessment instrument completed by facility staff, dated 4/4/25, showed: -Moderate cognitive impairment; -Wheelchair; -Toilet hygiene: Dependent; -Toilet transfer: Dependent; -Urinary continence: Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding); (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Bowel continence: Occasionally incontinent (one episode of bowel incontinence); -Diagnoses include hypertension and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions). Observations on 5/19/25 at 2:17 P.M. and 5/20/25 9:29 A.M., showed Resident #6's adjoining bathroom doorknobs were missing and not accessible to the residents. 2. Review of Resident #17's quarterly MDS, dated [DATE], showed the following: -Moderate cognitive impairment; -Diagnoses include heart failure (e.g. congestive heart failure (CHF, a chronic condition in which the heart doesn't pump blood as well as it should) and pulmonary edema, a condition caused by excess fluid in the lungs), diabetes, and hypertension; -Toileting hygiene: Partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs but provides less than half the effort; -Toilet transfer: Partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs but provides less than half the effort; 3. Observations on 5/19/25 at 2:20 P.M. and 5/20/25 at 11:36 A.M., showed Resident #6 and Resident #17's adjoining bathroom doorknobs were missing and not accessible to the residents. During an interview and observation on 5/19/25 at 2:50 P.M., Maintenance Worker M said he/she was told the doorknob was removed because the residents had behaviors of clogging the toilet. Observation showed Maintenance Worker M take a key and jiggled something in the latch assembly inside the hole where the doorknob would have been. Observation inside the bathroom, showed a large pile of white soiled towels on the floor, pushed back towards the rear wall between the side wall and toilet at Resident #6's entrance to the bathroom. There were brown smears above the tile near the door frame of Resident #17's entrance to the bathroom. There was something solid and dark colored at the bottom of the toilet bowel. The wall across from the toilet did not have tile. The wall looked like it had brown cardboard on it. Maintenance Worker M said they were going to remodel the bathroom. During an interview on 5/19/25 at 3:00 P.M., the Maintenance Supervisor said the bathroom door was locked because the residents smeared feces and clogged the toilet. He and the team came up with the idea to get both residents their own bedside commode. Resident #6 would defecate in his/her hand and smear on the wall/sink/toilet seat. Resident #6 had put a whole roll of toilet paper in the toilet which clogged it up. 4. Observations of Resident #17's room, showed: -On 5/19/25 at 9:29 A.M., approximately a cup of yellow liquid pooled in the corner of a clear green trash can liner inside a black trash can; (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 5/20/25 at 11:36 A.M., showed a black trash can with a clear green plastic liner inside of it. There was a yellow liquid inside the trash can. The yellow liquid moved around in the clear green trash bag when the trash can was moved around. During an interview on 5/20/25 at 11:40 A.M., and 5/21/25 at 9:32 A.M.,Housekeeper Aide J said the resident pooped and urinated in the sink and trash can. The resident will poop all over the room. He/She urinated in the trash can too. Housekeeper Aide J said he/she was just on the way to clean the resident's room. He/She was not surprised by the urine in the trash can and said the resident urinated in the trash can all the time. That was why the trash liner was in the trash can. He/She cleaned the resident's room every day. The plastic liners were in the trash can because he/she urinated inside of the trash can. When he/she cleaned the room, he/she removed the trash bag with urine, cleaned the trash can and replaced the liner. 5. During an interview on 5/21/25 at 10:58 A.M., the Administrator said she knew about the dirty/soiled bathroom because the Maintenance Supervisor told her what Maintenance Worker M saw when the bathroom was unlocked. She expected the bathroom to have been cleaned before the bathroom was locked up. She said the staff who left the bathroom that way was no longer an employee. She expected housekeeping and other staff to follow the facility's cleaning policy.