

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Stonebridge Villa Marie		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 Edmonds Street Jefferson City, MO 65109	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42484</p> <p>Based on interview and record review, facility staff failed to ensure Level I Pre-Admission Screening (used to evaluate for the presence of psychiatric conditions to determine if a Pre-admission Screening and Resident Review (PASARR) level II screen is required) were completed for three (Resident #25, #48 and #59) of seven sampled residents. The facility census was 66.</p> <p>1. Review of the facility's PASARR Procedure policy, undated, showed staff are instructed as follows:</p> <p>-Regardless of source of payment and on the day of acceptance of the referral the Clinical Liaison will request a completed DA-124 A/B (form for the PASARR), a federally mandated screening process for individual with serious mental illness and/or mentally regarded/developmental disability related diagnosis who apply or reside in Medicaid Certified beds in a nursing facility;</p> <p>-If the DA-124 forms are received from a referral source prior to admission:</p> <p>a. If the resident does not trigger for a Level II screening and is not applying for Medicaid but is in a Medicaid certified bed the completed DA-124 A/B is placed in the client's chart under the Social Services tab until the client requires a Level II Screening or/and applies for Medicaid Reimbursement.</p> <p>b. If the resident is in a Medicaid Certified bed and has a Medicaid payer source but does not trigger for mental illness, submit the completed DA-124 A/B to the Central Office Medical Review Unit (COMRU) on the day of admission.</p> <p>c. If the resident is in a Medicaid certified bed, regardless of payer source, and triggers for a mental illness; a DA-124 A/B must be submitted along with a Level I Pre-Admission Screening to COMRU by the referring hospital. Review and determine if a Level II screening is required. This should be done prior to admission unless a valid special admission category has been determined. Central Office Medical Review Unit (COMRU) will notify the hospital regarding the ability to accept the referral. The Social Services Director (SSD) must notify the Clinical Liaison (acts as a mediator, who aids the communication between patients, family, and care professionals) immediately that a Level II screening is required, and the referral requires additional discharge planning follow up from the referring facility;</p> <p>-If the DA-124 forms are not received from a referral source prior to the day of admission:</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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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. The SSD will be responsible for collecting referring medical records to do an initial review of the Level I Pre-Admission Screening.</p> <p>b. If on pre-admission initial review the resident does not trigger for Level II Screening and is not applying for Medicaid but is in Medicaid certified bed the SSD will interview the resident/responsible party on day of admission and complete the Level I Pre-Admission Screening. The Level I Pre-Admission Screening will be forwarded to the primary care physician for signature. Upon receipt of the physician signature the Level I Pre-Admission Screening will be placed in the client's chart under the Social Services tab until the client requires a Level II screening and/or applies for Medicaid reimbursement.</p> <p>c. If on pre-admission initial review and if the resident is in a Medicaid certified bed and has a Medicaid payer source but does not trigger for mental illness, submit the completed Level I Pre-Admission Screening to the primary care physician for signature. Upon receipt of the physician signature, submit the DA-124 A/B and the Level I Pre-Admission Screening to COMRU;</p> <p>-If the resident is a nursing home transfer:</p> <p>a. The Clinical Liaison will be responsible for requesting a copy of the DA-124 A/B and Level I Pre-Admission Screening from the receiving facility.</p> <p>b. When persons transfer from one nursing facility to another and application for Medicaid is not indicated the original Pre-Admission Screening form must follow to the next facility.</p> <p>2. Review of Resident #25's Significant Change in Status Assessment (SCSA) Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/02/24, showed staff assessed the resident as:</p> <p>-admitted on [DATE] and Re-entered on 04/18/24 ;</p> <p>-Did not contain an evaluation with PASARR;</p> <p>-Moderate cognitive impairment;</p> <p>-Diagnoses of Dementia, Depression, and Schizophrenia;</p> <p>-Received anti-psychotic, antianxiety, and anti-depressant medication in the seven day look back period (period of time used to complete assessment).</p> <p>Review of the resident's medical record showed the record did not contain a level I Pre-Admission Screening or PASARR level II screen.</p> <p>3. Review of Resident #48's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-admitted on [DATE];</p> <p>-Did not contain an evaluation with the PASARR;</p> <p>-Entered from an Inpatient psychiatric facility;</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Severe cognitive impairment;</p> <p>-Diagnoses of Dementia, Anxiety, Depression, Psychotic Disorder, and Schizophrenia;</p> <p>-Received anti-psychotic, antianxiety, and anti-depressant medication in the seven day look back period (period of time used to complete assessment).</p> <p>Review of the resident's medical record showed the record did not contain a level 1 Pre-Admission Screening or PASARR level II screen.</p> <p>4. Review of Resident #59's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-admitted on [DATE];</p> <p>-Did not contain an evaluation with the PASARR;</p> <p>-Entered from another skilled nursing facility (SNF);</p> <p>-Moderately cognitively impaired;</p> <p>-Diagnoses of Non-Traumatic Brain Dysfunction and Psychotic Disorder (other than schizophrenia);</p> <p>Review of the resident's medical record showed the record did not contain a Level I Pre-Admission Screening or PASARR level II screen.</p> <p>5. During an interview on 08/09/24 at 09:37 A.M., the administrator said he/she started at the facility in March and there has been a big turnover in staff. Items such as PASARR's had not been reviewed due to other priorities addressed by the leadership.</p> <p>-During an interview on 08/09/24 at 6:53 P.M., the SSD said all current new residents have PASARRs which are complete. The previous SSD completed the PASARRs however it has been difficult to find the records. The SSD said PASARRs are ultimately his/her responsibility, but as he/she is new to the position he/she has not had the chance to fully locate and review all of the current residents' records.</p> <p>50432</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>33477</p> <p>Based on interview and record review, the facility staff failed to designate a person to serve as the Director of Food and Nutrition Services with the appropriate qualifications, when the facility did not employ a qualified dietitian or other clinically qualified nutrition professional full-time. This failure has the potential to affect all residents. The facility census was 66.</p> <p>1. Review of the facility's Food Services Manager policy, dated December 2008, showed the daily functions of the Food Services Department are under the supervision of a qualified Food Services Manager. The Food Services Manager is a qualified supervisor licensed by this state and is knowledgeable and trained in food procurement storage, handling, preparation, and delivery.</p> <p>Review of the dietary manager's (DM) personnel records showed a hire date for the DM position listed as 07/28/24. Review showed the records did not contain documentation of prior dietary manager experience in a nursing facility and certification or other education required for the director of nutritional services position.</p> <p>During an interview on 08/08/24 at 10:18 A.M., the DM said he/she had been the DM for about two weeks, and he/she did not have prior experience as a dietary manager in a nursing facility and he/she did not have a degree or certification related to food service management. The DM said the facility enrolled him/her in an online food protection manager's course at the beginning of the week, but he/she had not started the course yet. The DM said the RD only works part-time and the facility did not have any certified or clinically qualified nutritional staff employed full-time.</p> <p>During an interview on 08/09/24 at 1:43 P.M., the administrator said the previous DM, who had hired the current DM as a cook, quit without notice and he/she wanted to hire the DM's replacement from within the dietary department. The administrator said the facility's registered dietician works as a consultant on a part-time basis and the facility did not have any certified or clinically qualified nutritional staff employed full-time. The administrator said he/she did not know that the DM did not meet the requirements for the position.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>33477</p> <p>Based on observation, interview and record review, facility staff failed to serve food in accordance with the nutritionally calculated menus to all residents. The facility census was 66.</p> <p>1. Review of the facility's Menus policy, dated October 2008, showed the policy directed that menus shall meet the nutritional needs of the residents, be prepared in advance and be followed.</p> <p>2. Review of the facility menus, dated 08/08/24 (Week 2, Day 12), showed the menus directed staff to provide the residents on regular and dental/mechanical soft diet with a two inch by three inch cream cheese brownie at the lunch meal.</p> <p>Observation on 08/08/24 at 12:16 P.M., showed dietary staff with the noon meal, did not prepare or serve the cream cheese brownies as directed by the menus to residents who received regular and dental/mechanical soft diets.</p> <p>During an interview on 08/08/24 at 1:22 P.M., the dietary manager (DM) said staff should serve food in accordance with planned menus and he/she is responsible to ensure the full meal is served. The DM said he/she did not know why staff did not make the brownies and he/she just missed that staff did not provide the brownies.</p> <p>3. Review of the facility menus dated 08/08/24 (Week 2, Day 12), showed the menus directed staff to provide the residents on pureed diets with the following at the lunch meal:</p> <p>-A #6 (5.3 ounce) scoop of pureed cheeseburger on bun;</p> <p>-A #8 (four ounce) scoop of pureed french fries;</p> <p>-A #10 (3.2 ounce) scoop of pureed mandarin oranges;</p> <p>-A #10 scoop of pureed cream cheese brownie.</p> <p>Observations on 08/08/24 at 11:35 A.M., showed [NAME] F and [NAME] G pureed previously prepared portions of roast beef, green beans and cinnamon rolls. Observation showed the cooks placed unmeasured amounts of the pureed food items into two divided plates, covered the plates with plastic wrap and put the plates in the hot holding cabinet.</p> <p>During an interview on 08/08/24 at 11:36 A.M., [NAME] F said the previous dietary manager (DM) instructed him/her to puree leftover meats, vegetables and desserts to serve to the residents on pureed diets instead of serving them what is directed by the menus and staff serve the pureed diets this way for each meal.</p> <p>Observation on 08/08/24 during the lunch meal which began at 12:16 P.M., showed Dietary Aide (DA) H served Residents #1 and #34 the divided plates of pureed roast beef, green beans and cinnamon rolls.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/08/24 at 1:22 P.M., the DM said staff should serve food in accordance with planned menus, but staff, including him/herself, had been trained by the previous DM to use leftovers from day before to prepared the meals for purees instead of the menu, and he/she had trained the new staff under his/her management to do the same. The DM said staff were trained to make sure the pureed meals consisted of a meat, vegetable, bread and dessert and he/she did not know they were suppose to serve the residents on pureed diets in accordance with the menus.</p> <p>4. During an interview on 08/09/24 at 2:11 P.M., the administrator said staff should serve food in accordance with planned the menus and the cooks and DM are responsible to ensure all food items on the menus are served. The administrator said he/she just had a discussion with the dietary staff the previous week about using the menus and recipes and he/she did not know staff did not follow the menus.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>33477</p> <p>Based on observation, interview and record review, the facility staff failed to ensure prepared food items were served at a safe and appetizing temperature when the facility staff failed to maintain the internal temperatures of hot food items placed in hot holding at 140 F or higher. Facility staff also failed to reheat pureed food items to an internal temperature of 165 degrees Fahrenheit (F) before service to prevent the growth of food-borne pathogens and potential for food-borne illness. These failures have the potential to affect all residents who dined in one of two dining rooms. The facility census was 66.</p> <p>1. Review of the facility's Food Preparation and Service policy, dated July 2014, showed:</p> <ul style="list-style-type: none"> -Food service employees shall prepared and serve food in a manner that complies with safe food handling practices; -The danger zone for food temperatures is between 41 F and 135 F . This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness; -The longer foods remain in the danger zone the greater the risk for growth of harmful pathogens; -Previously cooked food must be reheated to an internal temperature of 165 F for at least 15 seconds; -Mechanically altered hot foods prepared for a modified consistency diet must stay above 135 F during preparation or they must be reheated to 165 F for at least 15 seconds; -The temperatures of foods held in steam tables will be monitored by food service staff. <p>2. Review of the facility's Food Safety Requirements policy, dated September 2022, showed:</p> <ul style="list-style-type: none"> -Food will be stored, prepared, distributed and served in accordance with professional standards for food service safety; -When preparing food, staff shall take precautions in critical control points in the food preparation process to prevent, reduce, or eliminate potential hazards; -Foods shall be prepared as directed until recommended temperatures for the specific foods are reached. Staff shall refer to the current Food and Drug Administration (FDA) Food Code and facility policy for food temperatures as needed; -Staff shall monitor the food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained. Staff shall refer to the current FDA Food Code and facility policy for food temperatures as needed; <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165 F. Ready-to-eat foods that require heating before consumption must be heated to at least 135 F;</p> <p>-Foods and beverages shall be distributed and served to residents in a manner to prevent contamination and maintain food at the proper temperature and out of the danger zone.</p> <p>3. Review of the facility menus, dated 08/08/24 (Week 2, Day 12), showed the menus directed staff to provide the residents on regular diets with a three ounce grilled cheeseburger on a bun and four ounces of french fries.</p> <p>Observation on 08/08/24 at 11:48 A.M., showed [NAME] F removed pans of prepared hamburger patties with melted cheese on top and french fries from the hot holding cabinet and, without checking the internal temperature of the food items, placed the pans into an insulated food cart for delivery to the dining room for service at the lunch meal.</p> <p>Observation on 08/08/24 at 12:16 P.M., showed staff wheeled the insulated cart of food to the memory care dining room and put the food on steamtable without checking the internal temperatures of the food items.</p> <p>Observation on 08/08/24 at 12:25 P.M., showed Dietary Aide (DA) H served food from the steamtable without checking the internal temperatures of the food items. Observation at this time showed the internal temperature of the hamburger patties with melted cheese measured 123 F.</p> <p>During an interview on 08/08/24 at 12:27 P.M., DA H said he/she does not check the internal temperatures of foods before he/she serves them.</p> <p>Observation on 08/08/24 at 12:44 P.M., showed the internal temperature of the hamburger patties with melted cheese measured 116 F and the internal temperature of the french fries measured 93 F.</p> <p>4. Review of the facility menus dated 08/08/24 (Week 2, Day 12), showed the menus directed staff to provide the residents on a dental/mechanical soft diets with a #10 scoop of ground cheeseburger on a bun made with once ounce of cheese and four ounces of soft chopped french fries with ketchup.</p> <p>Observation on 08/08/24 at 11:54 A.M. showed [NAME] F removed a pan of prepared hamburger patties with melted cheese on top from the food warmer, stacked the patties on a cutting board and then used a knife to cut the patties into small diced pieces. Observation showed the cook transferred the diced meat and cheese into a metal food preparation pans and, without checking the internal temperature, placed the pans in the insulated food service carts for delivery to the dining rooms for the lunch meal.</p> <p>During an interview on 08/08/24 at 11:56 A.M., [NAME] F said the diced hamburger patties with cheese were to be served to the residents on mechanical soft diets.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/08/24 at 12:16 P.M., showed staff wheeled the insulated cart of food to the memory care dining room and put the food on steamtable without checking the internal temperatures of the food items. Observation showed the staff placed the pan of diced hamburger patties with melted cheese into a cold well of the steamtable. Observation showed staff had not turned the heat to the steamtable well on at this time.</p> <p>Observation on 08/08/24 at 12:25 P.M., showed DA H served food from the steamtable without checking the internal temperatures of the food items. Observation at this time showed the internal temperature of the diced hamburger patties with melted cheese measured 105 F.</p> <p>During an interview on 08/08/24 at 12:27 P.M., DA H said he/she does not check the internal temperatures of foods before he/she serves them.</p> <p>Observation on 08/08/24 at 12:44 P.M., showed the internal temperature of the diced hamburger patties with melted cheese measured 106 F and the internal temperature of the french fries measured 93 F.</p> <p>5. Observations on 08/08/24 at 11:35 A.M., showed [NAME] F and [NAME] G pureed previously prepared portions of roast beef, green beans and cinnamon rolls. Observation showed the cooks placed unmeasured amounts of the pureed food items into two divided plates and, without checking the internal temperatures of the food items, covered the plates with plastic wrap and put the plates in the hot holding cabinet.</p> <p>During an interview on 08/08/24 at 11:36 A.M., [NAME] F said the previous dietary manager (DM) instructed him/her to puree leftover meats, vegetables and desserts to serve to the residents on pureed diets instead of serving them what is directed by the menus and staff serve the pureed diets this way for each meal. The cook said the previous DM just showed him/her how to make the purees and he/she does not follow recipes.</p> <p>Observation on 08/08/24 at 11:48 A.M., showed [NAME] F removed the plates of pureed food from the hot holding cabinet and, without checking the internal temperature of the food items, placed the plates into an insulated food cart for delivery to the dining room for service at the lunch meal.</p> <p>Observation on 08/08/24 at 12:16 P.M., showed staff wheeled the insulated cart of food to the memory care dining room and put the food on steamtable without checking the internal temperatures of the food items. Observation showed the staff placed placed the two plates of pureed food into a cold pan placed into a cold well of the steamtable. Observation showed staff had not turned the heat to the steamtable well on at this time.</p> <p>Observation on 08/08/24 at 12:25 P.M., showed DA H served the food from the steamtable without checking the internal temperatures of the food items. Observation at this time showed the internal temperature of the pureed roast beef measured 74 F, the internal temperature of the pureed green beans measured 72 F, and the internal temperature of the pureed cinnamon roll measured 77 F.</p> <p>During an interview on 08/08/24 at 12:27 P.M., DA H said he/she does not check the internal temperatures of foods before he/she serves them.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/08/24 at 12:44 P.M., showed the internal temperature of the pureed roast beef and pureed green beans measured 74 F and the internal temperature of the pureed cinnamon roll measured 75 F. Observation showed DA H served the plates of cold pureed food to Residents #1 and #34.</p> <p>6. During an interview on 08/08/24 at 1:22 P.M., the DM said the serving temperatures of hot foods items should be at least 145 F and if it drops below that temperature then staff should reheat the food to 165 F before they serve it. The DM said staff are responsible the check the internal temperature of food items after they are prepared and before they are served. The DM said he/she did not know staff did not check the internal temperatures of food before service.</p> <p>7. During an interview on 08/09/24 at 2:29 P.M., the administrator said foods should be cooked to appropriate temperatures based on the food item and kept out of the temperature danger zone of 41 F to 132 F. The administrator said if the temperature of hot foods fall into the danger zone, staff should reheat the food to 165 F. The administrator said staff should check the temperature of food after it is cooked, processed, such in the case of pureed foods, and before they are served. The administrator said the dietary staff were educated the previous week on food temperature requirements and he/she did not know staff did not check the internal temperatures of food before service.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>33477</p> <p>Based on observation, interview and record review, facility staff failed to prepare and serve food items at an appropriate texture for 10 of 10 residents (Residents #9, #20, #24, #25, #29, #32, #47, #48, #51 and #58) who received dental/mechanical soft diets. The facility census was 52.</p> <p>1. Review of the facility's Menus policy, dated October 2008, showed the policy directed menus shall meet the nutritional needs of the residents, be prepared in advance and be followed.</p> <p>Review of the facility's Standardized Recipes policy, dated April 2007, showed the policy directed standardized recipes shall be developed and used in the preparation of foods and only tested , standardized recipes will be used to prepare foods.</p> <p>Review of the facility's recipe for Ground Cheeseburger on Bun, dated 2002, showed the recipe direct staff to place one prepared hamburger patty per serving into the food processor and grind into small pieces. Review showed the recipe directed staff to place a #10 (3.2 ounce) scoop of the ground hamburger patty and one ounce of cheese on a hamburger bun for service.</p> <p>Review of the meal tray service cards for Residents #9, #20, #24, #25, #29, #32, #47, #48, #51 and #58, showed the cards directed staff to provide the residents with a dental/mechanical soft diet.</p> <p>Review of the facility menus dated 08/08/24 (Week 2, Day 12), showed the menus directed staff to provide the residents on a dental/mechanical soft diet with a #10 scoop of ground cheeseburger on a bun with once ounce of cheese.</p> <p>Observation on 08/08/24 at 11:54 A.M. showed [NAME] F removed a pan of prepared hamburger patties with melted cheese on top from the food warmer, stacked the patties on a cutting board and then used a knife to cut the patties into small diced pieces. Observation showed the cook transferred the diced meat and cheese into a metal food preparation pans and placed the pans in the insulated food service carts for delivery to the dining rooms for the lunch meal.</p> <p>During an interview on 08/08/24 at 11:56 A.M., [NAME] F said the diced hamburger patties with cheese were to be served to the residents on mechanical soft diets and that is the dietary manager (DM) trained him/her to prepare the mechanical soft meat.</p> <p>Observation on 08/08/24 during the lunch meal service which began at 12:16 P.M., showed dietary staff served a #16 (two ounce) scoop (1.2 ounces less than directed by the menus) of the diced hamburger patties with cheese on a bun to Residents #9, #20, #24, #25, #29, #32, #47, #48, #51 and #58. 08/08/24 01:35 PM Observation also showed, upon eating the diced hamburger with cheese on a bun, Resident #9 began to cough repeatedly.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Stonebridge Villa Marie		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 Edmonds Street Jefferson City, MO 65109	
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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/08/24 at 1:22 P.M., the DM said staff should prepared foods in accordance with the recipes and serve food in accordance with planned menus, but staff, including him/herself, had been trained by the previous DM to just cut food items for the mechanical soft diets with a knife and he/she had trained the new staff under his/her management to do the same. The DM said the previous DM said that they were to cut the foods with a knife because the residents did not like the food ground up in the food processor, but after some thought, not all of the residents who receive mechanical soft diets would be cognitively able to make that choice so he/she did not know why the previous DM had said that. The DM said the staff should still serve the food items at the portions directed by the recipes and menus and he/she did not know that staff did not follow the portion sizes on the menu.</p> <p>During an interview on 08/09/24 at 2:11 P.M., the administrator said staff should serve food in accordance with planned the menus, which included the portion sizes listed, and the foods listed on the menus should be prepared in accordance with the recipes. The administrator said he/she just had a discussion with the dietary staff the previous week about using the menus and recipes and he/she did not know staff did not follow the recipes or menus. The administrator said meats for mechanical soft diets should be ground in the food processor and not cut up by hand unless otherwise directed by the recipes.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33477</p> <p>Based on observation, interview and record review, the facility staff failed to store food in a manner to prevent potential contamination and outdated use. Facility staff failed to thaw frozen foods in a manner to prevent the growth of food-borne pathogens and cross-contamination with ready-to-eat food items. Facility staff failed to allow sanitized dishes to air dry before being stacked in storage to prevent the growth of food-borne pathogens. Facility staff failed cover kitchen waste containers when not in actual use to deter the attraction of pests and rodents. Facility staff failed to perform hand hygiene as often as necessary, using approved techniques, to prevent cross-contamination. These failures have the potential to affect all residents. The facility census was 66.</p> <p>1. Review of the facility's Food Receiving and Storage policy, dated July 2014, showed:</p> <ul style="list-style-type: none"> -Foods shall be received and stored in a manner that complies with safe food handling practices; -All foods stored in the refrigerator or freezer will be covered, labeled and dated; -Uncooked and raw animal products and fish will be stored separately in drip-proof containers and below fruits, vegetables and other ready-to-eat foods. <p>Review of the facility's Food Preparation and Service policy, dated July 2014, showed:</p> <ul style="list-style-type: none"> -Potentially hazardous foods, including raw meats, which might contaminate other foods or the food preparation area, will be prepared in specified areas using appropriate measures to prevent cross-contamination; -Food preparation staff will adhere to proper hygiene and sanitary practices to prevent the spread of food-borne illness. <p>Review of the facility's Food Safety Requirements policy, dated September 2022, showed:</p> <ul style="list-style-type: none"> -Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage; -Practices to maintain safe refrigerated storage included: <ul style="list-style-type: none"> *Separation of raw foods from each other and storing the raw foods on shelves below fruits, vegetables and other ready-to-eat foods; *Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded; and *Keeping foods covered or in tight containers. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 08/06/24 at 6:49 P.M., showed the reach-in refrigerator by the drink station contained 12 unlabeled and undated pitchers of various beverages. Observation showed one of the 12 pitchers opened to the air. Observation showed an accumulation of food debris on the bottom shelf.</p> <p>Observations on 08/06/24 at 6:53 P.M., showed the glass-front refrigerator contained:</p> <ul style="list-style-type: none"> -An undated metal pan of tartar sauce; -An opened and undated bottle of lime juice; -An opened and undated jar of mayonnaise; -An undated bag of shredded cheese opened to the air; -An undated piece of cake opened to the air; -An undated plastic container of orange sections; -A pan of patties in stainless steel tray undated and over the oranges <p>Observations on 08/06/24 at 7:00 P.M., showed the walk-in refrigerator contained:</p> <ul style="list-style-type: none"> -A plastic container of pineapple dated 2-7 and 3-16; -A large undated metal pan which contained bread soaking in an unidentified liquid, opened to the air; -Undated pieces of chocolate cake; -An undated plastic container of peas. <p>Observations on 08/08/24 at 11:07 A.M., showed the reach-in refrigerator by the drink station contained six undated and unlabeled pitchers of various beverages. Observation showed a large amount of red liquid and food debris on the bottom shelf and the left facing gasket seal heavily soiled.</p> <p>Observations on 08/08/24 at 11:10 A.M., showed the bread rack contained:</p> <ul style="list-style-type: none"> -An undated plastic bag that contained two hardened hamburger buns opened to the air; -An opened and undated plastic bag that contained four hamburger buns; -An opened and undated 16 ounce (oz.) package of sweet rolls; -An opened and undated plastic bag that contained two hot dog buns with mold growth on the buns and the bag; -An undated plastic resealable bag that contained four biscuits with mold growth on the biscuits; <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-An undated plastic resealable bag of bread sticks;</p> <p>-An undated and unlabeled plastic resealable bag of hardened cookies.</p> <p>Observation on 08/08/24 at 11:15 A.M., showed the second reach-in refrigerator by the drink station contained four undated and unlabeled two liter containers of various beverages, two undated and unlabeled 16 oz. containers of liquids and 16 undated and unlabeled pitchers of red liquid.</p> <p>During an interview on 08/08/24 at 11:19 A.M., the dietary manager (DM) said staff should date and label all opened and prepared food items and store them in sealed containers. The DM said staff had been trained on these requirements, but knew he/she continued to have staff who repeatedly did not date and label the food as instructed. Who is responsible for monitoring? Does anyone monitor?-Please see the interview with the DM on 08/8/24 at 4:20 P.M.</p> <p>Observations on 08/08/24 at 12:04 P.M., showed the glass-front refrigerator contained:</p> <p>-An opened and undated 30 oz. bottle of yellow mustard;</p> <p>-An opened and undated 20 oz. bottle ketchup;</p> <p>-An opened and undated 64 oz. jar of mayonnaise;</p> <p>-An opened and undated 11.5 oz. bottle of mayonnaise;</p> <p>-An opened and undated 30 oz. jar of grape jelly;</p> <p>-An unlabeled plastic resealable bag of an unidentifiable ground meat dated 8/4 opened to the air and a plastic resealable bag of cooked sausage links dated 8/7 stored shelf next to ready-to-eat foods, which included white cheese slices;</p> <p>-A plastic resealable bag of cooked sausage links dated 8/8 stored on bottom shelf next to loaf of sliced bread.</p> <p>During an interview on 08/08/24 at 12:10 P.M., the DM said foods that need to be cooked should not be stored near ready-to-eat food items and he/she did not know why staff had a loaf of bread in the refrigerator.</p> <p>Observation on 08/08/24 at 4:02 P.M., showed the aides preparation station contained an opened and undated 48 oz. jar of extra crunchy peanut butter and an opened and undated five pound container of creamy peanut butter.</p> <p>Observation on 08/08/24 at 4:05 P.M., showed the dry goods storage pantry contained a prepared graham cracker crust, removed from it's original packaging, covered with plastic wrap and undated. Observation showed an opened and undated five pound package of sweet cream pancake and waffle mix stored in an undated plastic resealable bag.</p> <p>Observation on 08/08/24 at 4:16 P.M., showed the walk-in freezer contained an opened and undated-plastic bag which contained two corndogs and an undated case of beef patties opened to the air.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 08/08/24 at 4:19 P.M., showed the walk-in refrigerator contained:</p> <ul style="list-style-type: none"> -an undated case of raw sausage links opened to the air; -an undated case of raw bacon opened to the air; -an opened and undated 15 oz. jar of salsa con queso; -three opened and undated 16 oz. containers of whipped topping; -an opened and undated five pound container of cottage cheese; -an opened and undated five pound container of sour cream; -a plastic container of previously prepared shredded chicken dated 8/1; -an undated plastic container of pineapple; -a plastic container of pineapple dated 8/3; -an opened and undated one gallon container of ranch salad dressing; -an opened and undated one gallon container tartar sauce opened and undated; -four plastic sleeves of raw muffin mix stored over ready-to-eat tossed salad; -two opened and undated one gallon containers of caesar salad dressing. <p>During an interview on 08/08/24 at 4:20 P.M., the DM said left over food items should be discarded after three days and raw foods should not be stored near ready-to-eat foods. The DM said all staff are responsible to ensure food is stored properly and he/she tries to look at it once a week, but he/she had been preoccupied with trying to keep food in the kitchen because the previous DM, who changed all the passwords to their food ordering systems, quit without notice and left them with a mess.</p> <p>During an interview on 08/09/24 at 1:48 P.M., the administrator said opened and prepared food items should be labeled, dated with the date it is opened or made and stored in a sealed container. The administrator said leftover foods should be discarded after three days and staff should not store raw foods near ready-to-eat foods. The administrator said all dietary staff are responsible to monitor the food storage, but the DM, who had been trained on food storage requirements, is responsible to monitor food storage at least once a week. The administrator said they just did a complete clean out of the refrigerators the previous week and knew that food storage was an issue. The administrator said the previous DM, who they discovered did everything for the staff, recently quit without notice, they were just trying to keep the kitchen running and they just had not had a chance to retrain the staff.</p> <p>2. Review of the facility's Food Preparation and Service policy, dated July 2014, showed:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Potentially hazardous foods, including raw meats, which might contaminate other foods or the food preparation area, will be prepared in specified areas using appropriate measures to prevent cross-contamination;</p> <p>-Food preparation staff will adhere to proper hygiene and sanitary practices to prevent the spread of food-borne illness.</p> <p>-Foods will not be thawed at room temperature. Review showed the policy directed staff directed staff to thaw frozen foods:</p> <p>-In the refrigerator in a drip-proof container;</p> <p>-Submerged in cold running water;</p> <p>-In the microwave oven when cooked and served immediately after;</p> <p>-As part of a continuous cooking process.</p> <p>Observation on 08/08/24 at 11:10 A.M., showed four 32 ounce bags of frozen broccoli florets on countertop next to multiple packages of prepared hamburger buns.</p> <p>During an interview on 08/08/24 at 11:19 A.M., the DM said staff were thawing the broccoli to use for the evening meal. The DM said the broccoli should not have been left on countertop next to a ready-to-eat food item and frozen foods should be thawed in the refrigerator or under running water. Since the DM knew it was thawing on the counter-why did they not do something about it?</p> <p>During an interview on 08/09/24 at 1:55 P.M., the administrator said food should be thawed in the refrigerator or submerged in cold running water and should not be left on countertop to thaw. The administrator said staff should also not store foods that need cooked next to ready-to-eat foods and staff were trained on these requirements.</p> <p>3. Review of the facility's Dishwashing Machine Use policy, dated March 2010, showed the policy directed staff to allow dishes to air-dry before they are put away after they are washed.</p> <p>Observation on 08/06/24 at 6:47 P.M., showed multiple metal food preparation/service pans stacked together wet on the storage rack.</p> <p>Observation on at 08/08/24 12:00 P.M., showed Dietary Aide (DA) I removed sanitized kitchenware from the mechanical dishwasher while wet and stacked them in storage. Observation also showed 12 metal food preparation/service pans of various sizes stacked together wet on the storage rack.</p> <p>During an interview on 08/08/24 at 1:22 P.M., the DM said staff should allow dishes to air dry before they are put away. The DM said some staff were trained on this requirement, but he/she had not had time to train all the staff. The DM said DA I had been trained to allow dishes to dry and he/she did not know that the DA did not allow the dishes to dry before he/she put them away.</p> <p>During an interview on 08/09/24 at 2:37 P.M., the administrator said staff should allow dishes to air dry before they are put away and staff should be trained on this requirement.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. Review of the facility's Food-Related Garbage and Rubbish Disposal policy, dated April 2006, showed All garbage and rubbish containers shall be provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use.</p> <p>Observation on 08/08/24 at 10:56 A.M., showed the waste container in the mechanical dishwashing station, which contained food and paper waste, uncovered and the area unattended by staff.</p> <p>Observation on 08/08/24 at 11:31 A.M., showed the waste container in mechanical dishwashing station, which contained food and paper waste, remained uncovered and the area unattended by staff.</p> <p>Observation on 08/08/24 at 4:00 P.M., showed the waste container in mechanical dishwashing station, which contained food and paper waste, uncovered and the area unattended by staff.</p> <p>Observation on 08/08/24 at 4:33 P.M., showed the waste container in the mechanical dishwashing station, which contained food and paper waste, remained uncovered and the area unattended by staff.</p> <p>During an interview on 08/08/24 at 4:53 P.M., the DM said staff should cover waste containers when not in use and before they leave an area. The DM said some staff had been trained on this requirement, but he/she had not had time to train all the staff. The DM said he/she did not know staff left the waste containers uncovered.</p> <p>During an interview on 08/09/24 at 2:36 P.M., the administrator said waste containers should be covered all the time and staff are trained on that requirement.</p> <p>5. Review of the facility's Preventing Foodborne Illness-Employee hygiene and Sanitary Practices policy, dated October 2008, showed:</p> <p>-Food services employees shall follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness;</p> <p>-All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents;</p> <p>-Employees must wash their hands:</p> <p>a. After personal body functions (i.e., toileting, blowing/wiping nose, coughing, sneezing, etc.);</p> <p>b. After using tobacco eating or drinking;</p> <p>c. Whenever entering or re-entering the kitchen;</p> <p>d. Before coming in contact with any food surfaces;</p> <p>e. After handling raw meat, poultry or fish and when switching between working with raw food and working with ready-to-eat food;</p> <p>f. After handling soiled equipment or utensils;</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 08/08/24 at 12:32 P.M., showed the paper towel dispenser at the sink in the kitchenette of the memory care unit did not contain paper towels. Observation showed when Dietary Aide (DA) H washed his/her hands at the sink, the DA scrubbed his/her hands with soap for five seconds, rinsed his/her hands, turned the faucet off with his/her wet bare hands, picked up a cleaning cloth from the countertop and dried his/her hands with the cloth. Observation showed the DA donned gloves and continued to serve food to residents at the lunch meal. Observations showed the DA used the same gloved hands to reach into a pan that contained pickles and pickle juice to put pickles on a plate, get a lettuce leaves, tomato slices and onion slices from another pan to put on the plates, open the refrigerator and obtained ketchup, opened a cabinet and then obtained hamburger buns to put on the plates.</p> <p>Observation on 08/08/24 at 12:46 P.M., showed DA H removed his/her soiled gloves and washed his/her hands at the kitchenette sink. Observation showed when the DA washed his/her hands, the DA scrubbed his/her hands with soap for seven seconds, rinsed his/her hands, turned the faucet off with his/her wet bare hands, picked up the previously used cleaning cloth from the edge of the sink and used the cloth to dry his/her hands. Observation showed the DA then donned gloves and continued to serve food to residents in the memory care unit.</p> <p>Observation on 08/08/24 at 12:52 P.M., showed DA H removed his/her soiled gloves and washed his/her hands at the kitchenette sink. Observation showed when the DA washed his/her hands, the DA scrubbed his/her hands with soap for 10 seconds, rinsed his/her hands, turned the faucet off with his/her wet bare hands, picked up the previously used cleaning cloth from the edge of the sink and used the cloth to dry his/her hands. Observation showed the DA then donned gloves and continued to serve food to residents in the memory care unit.</p> <p>During an interview on 08/08/24 at 1:12 P.M., DA H said he/she did not get trained on hand hygiene upon hire, but he/she already knew the proper procedures to use to wash his/her hands. The DA said staff should scrub their hands with soap for 20 seconds when they wash their hands, turn the faucet off with a paper towel and not their bare hands and then dry their hands with a paper towel. The DA said he/she did not have paper towels to turn the faucet off or dry his/her hands. The DA said if he/she does not have paper towels then he/she should ask for some to be brought and not use his/her bare hands to turn off the faucet. The DA said he/she did not know if it was okay to repeatedly reuse cloth towels to dry his/her hands or not. The DA said he/she knew that he/she did not scrub his/her hands with soap for 20 seconds when he/she washed his/her hands and he/she was just in a hurry. The DA said gloves should be changed between tasks and after they touch anything dirty. The DA said he/she was in a hurry and just did not think to change his/her gloves as often as he/she should.</p> <p>Observation on 08/08/24 at 1:16 P.M., showed the DM washed his/her hands in the memory care kitchenette sink. Observation showed when the DM washed his/her hands, the DM scrubbed his/her hands with soap for three seconds, turned the faucet off with his/her wet bare hands, dried his/her hands with the cloth towel hung over the sink, previously used by DA H to dry his/her hands, donned gloves and then used his/her gloved hands to hold prepared french fries and hamburger patties with melted cheese to chop them with a knife for service to residents at the lunch meal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Stonebridge Villa Marie		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 Edmonds Street Jefferson City, MO 65109	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/08/24 at 1:22 PM, the DM said he/she did not get trained on hand hygiene upon hire, but knew when and how to properly wash his/her hands. The DM said gloves should be changed when you change tasks, between different food items and anytime you touch something dirty. The DM said staff should scrub their hands with soap for 20 seconds when they wash their hands, turn the faucet off with a paper towel and dry their hands with a paper towel. The DM said he/she tries to be mindful about how long he/she scrubs his/her hands with soap, but could not say that he/she always scrubbed his/her hands with soap for 20 seconds. The DM said he/she did not have paper towels to turn the faucet off with and dry his/her hands, but that should not be an excuse to not wash hands properly. The DM said germs are spread when hands are not cleaned properly and he/she had not had an opportunity to train staff on hand hygiene since he/she became the DM about two weeks ago.</p> <p>During an interview on 08/09/24 at 2:00 P.M. , the administrator said staff should change their gloves and wash their hands between tasks and after they touch anything dirty. The administrator said the refrigerator and drawer handles would be considered dirty and gloves should be changed after contact with these items. The administrator said staff should also use utensils to serve food and not use their gloved hands to handle multiple different food items. The administrator said staff should also wash their hands when they are visibly dirty, before they prepare and serve food and after they touch anything dirty. The administrator said staff should scrub their hands with soap for 20 seconds and turn the faucet off with a paper towel and not their bare hands when they wash their hands. The administrator said if staff do not have paper towels to turn off the faucet and dry their hands, they should find some before they wash their hands and not use a cleaning cloth to dry their hands. The administrator said all staff are trained on glove use and hand hygiene upon hire as part of their orientation.</p> <p>42484</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Stonebridge Villa Marie		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 Edmonds Street Jefferson City, MO 65109	
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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>38417</p> <p>Based on interview and record review, facility staff failed to designate one or more individuals with specialized training in Infection Prevention and Control (IPC) as the Infection Preventionist (IP) for the facility's infection prevention and control program. The facility census was 66.</p> <p>1. Review of the facility's policies showed staff did not provide a policy in regard to the qualifications of the Infection Preventionist.</p> <p>2. During an interview on 08/08/24 at 12:22 P.M., Licensed Practical Nurse (LPN)/Assistant Director of Nursing (ADON) said he/she enrolled in the required IP training Monday night or Tuesday morning after the DON put his/her notice in. The LPN/ADON said he/she is not a trained IP.</p> <p>During an interview on 08/08/24 at 12:44 P.M., the administrator said the former Director of Nursing (DON) had been enrolled in the IP training since hired back in April and had not completed the course prior to turning in his/her resignation on Monday. The Administrator said the ADON and another Registered Nurse (RN) who works at the facility are now enrolled in IP training, so the facility has a back up. The Administrator said the facility did not have an IP since April.</p>		