| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265318 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Nhc Healthcare, Maryland Heights | 2920 Fee Fee Road<br>Maryland Heights, MO 63043 |

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|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview, and record review, the facility failed to ensure three-compartment sink sanitizer levels were at the appropriate levels and failed to use appropriate chemicals as a substitute. The facility also failed to ensure dietary staff stored scoops in a sanitary manner when scoops were observed inside containers of food products. This failure had the potential to affect all facility residents. The facility census was 200. 1. Observation and interview on 3/19/26 at 12:56 P.M., showed the Dietary Manager tested the sanitizing solution in the three-compartment sink with the facility's test strips. The test strip changed from light blue to light yellow upon entering the water. The Dietary Manager said the light yellow on the strip did not show the amount of sanitizing solution in parts per million (ppm) on the container, so the ppm level was unknown. The three-compartment sink is tested three times a day. It is tested at 7:00 A.M., after breakfast, and at 11:30 A.M. The Dietary Manager poured sanitizer into a small bucket and tested it with another test strip. The strip turned from light blue to light yellow. The Dietary Manager said he would drain the water from the sink and use a product called Dip It XP Concentrated Coffee and Tea De-Stainer as a sanitizer. The sanitization solution used by the facility and connected to the three-compartment sink was Ecolab's Solitaire. The Dietary Manager said the test strip did not reach the expected color, which was green, to indicate approximately 700 parts per million (ppm) lactic acid (active ingredient that kills bacteria) or 272 ppm Dodecylbenzenesulfonic Acid (DDBSA, surfactant that helps break down grease/soil). During an interview on 3/19/26 at 1:13 P.M., Dietary Aide (DA) D said he/she tested the sanitizing solution in the three compartment sink when he/she arrived at 6:00 A.M. and after breakfast. The test strip showed the appropriate level at 700 ppm lactic acid. During an interview on 3/19/26 at 1:15 P.M., DA E confirmed he/she ran the water and added sanitizer at 11:30 A.M. A test strip showed the appropriate level at 700 ppm lactic acid. During an interview on 3/19/26 at 1:17 P.M., the Dietary Manager said the sanitizer may be weak, but he would ask staff when the last time the water was changed. Review of the facility's three sink compartment sanitization checklist, showed on 3/1/26 through 3/19/26, the three sink compartment sanitization was checked three times a day with a 700-ppm lactic acid. Review of the facility's Ecolab test strips, showed the manufacturer's instruction for ppm ranges:-DDBSA (211-272 ppm target);-Lactic Acid (704 ppm and above);-A color chart identifying a green test strip result as within the effective sanitizing range. Review of Ecolab's Dip It XP, showed:-Coffee pot cleaner compound specially formulated to remove stubborn stains created by coffee, tea and foods in both hard and soft water conditions;-Effective on cups, mugs and dishware as well as directly in coffee makers and coffee or tea pots/urns;-Effective against coffee, tea and food soils. Review of Ecolab's Solitaire Concentrated Solid Detergent, showed:-Concentrated solid manual pot and pan detergent;-Streamlined Convenience - Push-button convenience eliminates measuring, pouring, waste and spillage. 2. Observation on 3/16/26 at 9:45 A.M., showed a large scoop inside the bulk sugar bin and a large scoop inside the thickener bin. Observation on 3/18/26 at 11:59 A.M., showed a large scoop inside the bread crumb bin and a large scoop inside the thickener bin. 3. During an interview on 3/19/26 at 1:55 P.M., Food and Nutrition Services Manager and Dietary Manager said the scoops are expected to be hung inside the bin. The scoops should not be inside the<br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | thickener or breadcrumbs due to due cross contamination. The Dietary Manager said the issue with the sanitizer in the three-compartment sink happened before and it needed to be turned up. They will contact Ecolab so they can check the sanitation level. He would also check to see if the testing strips were old. He expected staff to notify him if the testing strips were not showing the appropriate sanitization level. He did not know what happened during the three-sink test. 4. During an interview on 3/19/26 at 2:25 P.M., the Administrator said she expected staff to ensure the scoops are not left inside the bin. The scoops should be hooked inside the bin. She expected the three-compartment sink to be tested and for staff to respond appropriately if results do not show the appropriate sanitization level. |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure services provided met professional standards when staff failed to clarify wound care orders for one resident (Resident #140) and failed to provide wound care per physician orders for one resident (Resident #195). Five residents with wounds were chosen for an in-depth review and issues were found with two. The sample was 35. The census was 200. Review of the facility's Medication and Treatment Orders policy, dated revised April 2014, showed:-Medication shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state;-The signing of orders shall be by signature or personnel computer key. 1. Review of Resident #140's admission Minimum Data Set (MDS), a federallymandated assessment instrument completed by the facility staff, dated 2/23/26, showed:-Moderately impaired cognition;-Diagnoses included peripheral vascular disease (PVD, poor circulation) or peripheral artery disease (PAD, narrowing or blockage of the vessels that carry blood from the heart to the legs), diabetes, high cholesterol, stroke, and hemiplegia (paralysis on one side of the body) or hemiparesis (a slight weakness on one side of the body). Review of the resident's care plan, in use at the time of survey, showed:-Problem: Skin Integrity. Actual/Potential complications. Diagnoses of absence of other right toe(s), incontinent of bowel and bladder, history of falling, stroke affecting left non-dominant side, created 3/6/26;-Goal: Will maintain intact skin integrity thru 120 days from update/last review; -Interventions:--Aquacel Ag (antimicrobial wound dressing), cleanse area to right toe with wound cleanser, apply Santyl (an ointment used to debride ulcers), Aquacel Ag, and secure in place once daily;--Santyl, cleanse right toe ulcer with wound cleanser and apply nickel-thick layer and secure in place once daily. Review of the resident's progress note, dated 3/3/26 at 11:27 A.M., showed the resident seen and examined by Nurse Practitioner (NP), informed about the scab on his/her right foot fourth metatarsal toe, minimal bleeding noted. Site cleansed with wound cleanser, paint with betadine, secured with foam dressing. Treatment orders given by NP. Review of the resident's physician order sheet (POS) and Medication Administration Record (MAR)/Treatment Administration Record (TAR), dated 3/1/26 through 3/31/26, showed:-A physician order, dated 3/2/26, to cleanse wound on right foot fourth metatarsal (long, slim bone in the forefoot) toe with wound cleanser, paint with betadine (antiseptic), secured with foam dressing. Cleanse incision with wound cleanser, cover with a dry dressing once daily;--Documentation on the MAR/TAR showed the treatment completed on 3/3/26 through 3/6/26, 3/8/26 through 3/11/26, and 3/13/26 through 3/18/26. On 3/7/26, treatment documented as not administered with reason listed as discontinued. On 3/12/26, treatment documented as not administered with reason listed as resident unavailable;-A physician order, dated 3/4/26, for Santyl, cleanse right toe ulcer with wound cleanser, and apply nickel-thick layer and secure in place once a day;--Documentation on the MAR/TAR showed the treatment completed daily;-A physician order, dated 3/4/26, for Aquacel Ag, cleanse area to right toe with wound cleanser, apply Santyl, Aquacel Ag and secure in place once daily;--Documentation on the MAR/TAR showed the treatment completed daily. Observation on 3/18/26 at 10:00 A.M., showed the Wound Nurse removed the dressing from the resident's right foot and measured the wound on the right fourth toe as 0.8 centimeters (cm) by (x) 0.7 cm X 0.0 cm. The nurse cleaned the wound, applied Santyl, placed a dry dressing over the wound, and secured the dressing with tape. During an interview on 3/18/26 at 10:15 A.M. and at 10:35 A.M., Licensed Practical Nurse (LPN) A said the floor nurse was responsible for providing wound care. The Wound Nurse provided wound care once a week to monitor the wounds. The resident had a wound on his/her right fourth toe. LPN A looked in the computer and said the resident had three different treatment orders for the wound. LPN A already completed the treatment for today and he/she applied Santyl, Aquacel, and a dry dressing because that was what popped up in the computer. He/She did not know which order was the correct order. During the interview, LPN A asked LPN B about the<br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | treatment orders and LPN B looked in the computer and said he/she would have to check with the Wound Nurse because he/she could not discontinue orders. LPN A said if a resident had more than one treatment order, he/she would notify the Wound Nurse. If the Wound Nurse was not in the facility, he/she would call the physician to clarify the order. 2. Review of Resident #195's admission MDS, dated [DATE], showed:-Cognitively intact;-Diagnoses included cancer, arterial fibrillation (a-fib, irregular heart rhythm), PVD or PAD, and diabetes. Review of the resident's baseline care plan, dated 3/4/26, showed:-Goal: Disease/illness will be managed using standards of nursing practices until further instructions;-Interventions: Follow order for treatments. Review of the resident's progress note, dated 3/11/26 at 10:00 P.M., showed the resident hit right shin on metal side of bed resulting in skin tear. Wound noted to be bleeding profusely. Wound care initiated. Pressure applied to site using two abdominal absorbent dressing (ABD, dressing used to keep wounds dry) pad. Area dressed with kerlix (gauze) and compression wrap. Review of the resident's POS, in use at the time of survey, showed:-A physician order, start date 3/16/26, for skin tear: Apply triple antibiotic ointment (TAO), Aquacel, and apply dry dressing every shift until healed. End date 3/16/26;--Documentation on the MAR/TAR showed the treatment completed on 3/16/26;-A physician, dated 3/16/26, for skin tear: Apply TAO, Aquacel, and apply dry dressing once daily until healed;--Documentation on the MAR/TAR showed the treatment completed on 3/17/26. Observation on 3/18/26 at 9:35 A.M., showed the Wound Nurse removed the dressing from the resident's right shin. The dressing had 3/15/26, 7-3, and AJ written on it. During an interview on 3/19/26 at 9:52 A.M., the resident said staff left the dressing on his/her shin for two to three days, then the nurse changed it. The dressing was changed again today. He/She never refused to have the dressing changed. Review of the resident's progress note, dated 3/15/26 through 3/18/26, showed no documentation of the resident refusing his/her treatment, or the treatment being on hold. During an interview on 3/18/26 at 10:15 A.M. and at 10:35 A.M., LPN A said the Resident had a skin tear on his/her shin and the treatment was to be completed once a day. 3. During an interview on 3/18/26 at 10:25 A.M., LPN C said the nurse on the floor was responsible for wound care. If a resident refused his/her treatment, it would be documented in the resident's progress notes, or the nurse could mark refused on the treatment order on the MAR. Staff should document the date, shift, and their initials on completed dressings. Documenting the date on the dressing was important because it showed when the dressing was last changed. 4. During an interview on 3/18/26 at 10:45 A.M., the Director of Nursing (DON) said both the wound nurse and the nurse on the floor were responsible for completing wound treatments. The Wound Nurse completed treatments once weekly and the floor nurse completed treatments on the other days. The DON expected staff to follow physician orders and complete treatments as ordered. If a resident had more than one treatment order for a wound, he expected the nurse to clarify the wound orders. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals were stored in accordance with acceptable standards of practice. The facility identified four medication rooms and eight medication/treatment carts. Two medication rooms and five medication/treatment carts were checked for medication storage. Issues were found in both medication rooms and three medication/treatment carts. Staff failed to dispose of expired medications and treatment supplies and failed to date opened insulin pens and over-the-counter (OTC) medications. The sample was 35. The census was 200.Review of the facility's Medication Storage policy, revised 2/25/25, showed:-Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications;-Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are removed from inventory, disposed of according to procedures for medication disposal;-Medication storage conditions are monitored on a quarterly basis by the consultant pharmacist or pharmacy designee and corrective action taken if problems are identified;-Drugs dispensed in the manufacturer's original container will expire upon the manufacturer's expiration date, unless otherwise specified;-Certain medications or package types, such as IV solutions multiple dose injectable vials, blood sugar testing solutions and strips once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency. In these cases, the nurse may determine the expiration date based on opening, storage or usage as manufacturer specifies. For products that require shortened expiration dates upon opening, the nurse will document the date opened on the label. In the event a container has been opened and there is absence of an opened date, the expiration date will be calculated from the dispense date on the pharmacy label where available;-The nurse will check the expiration date of each medication before administering it;-All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining;-Medication items in the medication room will have expiration dates checked before moving to active supply on the medication carts;-Disposal of any medications prior to the expiration date will be required if contamination or decomposition is apparent;-Nursing staff should consult with the dispensing pharmacist for any questions related to medication expiration dates. 1. Observation of the Ivy Hall medication cart on 3/17/26 at 10:33 A.M., showed an open and expired box of BinaxNOW COVID-19 Antigen Self-Test (a rapid test for the qualitative detection of SARS-CoV-2 nucleocapsid protein antigen (virus that causes COVID-19)). Inside the top drawer, an opened bottle of acetaminophen 325mg (pain reliever and fever reducer), and a bottle of Senna tablets (laxative), opened and undated. Inside one of the middle drawers, a box of opened GenTeal Tears (lubricant eye drops) with 20 vials, expired 2/2026. A bottle of Chest Congestion Relief DM (cough medication), opened and undated. In the bottom drawer, a bottle of ProHeal Liquid Protein (high-calorie supplement), opened and undated. During an interview, Licensed Practical Nurse (LPN) F said nurses and pharmacy staff were responsible for checking expired items in the medication carts. 2. Observation of the 200 Hall medication room on 3/17/26 at 10:45 A.M., showed a caddy contained two xeroform gauze (non-adherent dressing used as a primary layer to maintain a moist wound environment and provide protection) pads were cut in half and opened, with edges exposed and dried out. In the treatment cart, an opened tube of Medihoney (antibacterial wound gel dressing) with expiration date 6/1/25, an opened tube of a pain-relieving cream with expiration date of 6/2025, and an IV start kit with expiration date 7/31/25. During an interview, Registered Nurse (RN) G said the nurses were responsible for checking medication and treatment expiration dates. 3. Observation of the 200 Hall (continued on next page) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | medication cart on 3/17/26 at 11:00 A.M., showed an insulin glargine (a long-acting insulin) pen, opened and undated. During an interview, RN G said the nurse who opened the insulin pen was responsible for dating it. The insulin expired based on the opened date. 4. Observation of the 300 hall medication cart on 3/17/26 at 11:06 A.M., showed one Novolog insulin (rapid-acting insulin) pen, opened on 2/11/26, expired on 3/15/26. A Fiasp FlexTouch insulin (fast-acting mealtime insulin) pen, opened on 2/14/26, expired on 3/16/26. In the opposite side of the top drawer, there was a bottle of Acetaminophen 325mg, opened and undated. 5. Observation of the 300 medication room on 3/17/26 at 11:18 A.M., showed a wash basin on the shelf contained two dressing kits which expired on 10/31/25. 6. During an interview on 3/19/26 at 11:04 A.M., the Director of Nursing (DON) said medications should be stored safely and securely. Expired medications and treatment supplies should be disposed of appropriately. Nurses were responsible for checking medication storage. The facility's audit team, which included nurses and pharmacists, completed monthly audits on medication carts and medication rooms. Insulin pens should be dated when opened. OTC medications should be dated when opened. He expected the staff to follow the facility's medication storage policies and procedures. |