

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Fountainbleau Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  2001 North Kingshighway Cape Girardeau, MO 63701	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>49754</p> <p>Based on interview and record review, the facility failed to ensure that Nurse Aide (NA) Registry checks were completed prior to the employment start date for seven employees out of a sample of ten employees and failed to ensure their policy addressed checking the NA Registry for all employees prior to employment. The facility also failed to follow their policy to ensure the Criminal Background Check (CBC), Employee Disqualification List (EDL) or Family Care Safety Registry (FCSR) were completed prior to the employment date for one employee out of a sample of ten employees. The facility's census was 29.</p> <p>Review of the facility's Compliance and Ethics-Screening Employees, Contractors and Volunteers policy, dated December 2020, showed:</p> <ul style="list-style-type: none"> <li>- Employees, contracted individuals and volunteers are screened for violations of fraud, abuse and/or ethics violations prior to employment or engagement;</li> <li>- Background screening and investigations are conducted prior to employment or engagement to ensure that employees, contractors and/or volunteers meet at least the following criteria: Competency evaluations have been met (through the state nurse aide registry for nurse aides).</li> </ul> <p>Review of the facility's Licensure, Certification, and Registration of Personnel policy, revised April 2007, showed:</p> <ul style="list-style-type: none"> <li>- Our facility conducts employment background screening checks, reference checks, license verification and criminal conviction investigation checks in accordance with current federal and state laws;</li> <li>-The policy did not address checking the nurse aide registry for employees other than nurse aides.</li> </ul> <p>1. Review of Certified Medication Technician/Certified Nurse Aide (CMT/CNA) B's personnel file showed:</p> <ul style="list-style-type: none"> <li>- Hire date of 09/22/23;</li> <li>- The facility failed to check the NA Registry for CMT/CNA B prior to hire date.</li> </ul> <p>2. Review of Housekeeper C's personnel file showed:</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Hire date of 11/15/23;</li> <li>- The facility failed to check the NA Registry for Housekeeper C.</li> <li>3. Review of Licensed Practical Nurse (LPN) D's personnel file showed: <ul style="list-style-type: none"> <li>- Hire date of 11/28/23;</li> <li>- The facility failed to check the NA Registry for LPN D.</li> </ul> </li> <li>4. Review of Dietary Aide E's personnel file showed: <ul style="list-style-type: none"> <li>- Hire date of 12/01/23;</li> <li>- The facility failed to check the CBC and EDL list prior to hire date, and failed to check the NA Registry for Dietary Aide E.</li> </ul> </li> <li>5. Review of Registered Nurse (RN) F's personnel file showed:- Hire date of 12/28/23; <ul style="list-style-type: none"> <li>- The facility failed to check the NA Registry for RN F.</li> </ul> </li> <li>6. Review of LPN G's personnel file showed: <ul style="list-style-type: none"> <li>- Hire date of 01/03/24;</li> <li>- The facility failed to check the NA Registry for LPN G.</li> </ul> </li> <li>7. Review of Dietary Aide H's personnel file showed: <ul style="list-style-type: none"> <li>- Hire date of 02/23/24;</li> <li>- The facility failed to check the NA Registry for Dietary Aide H prior to hire date.</li> </ul> </li> </ul> <p>During an interview on 08/07/24 at 3:35 P.M., the Director of Nursing (DON) said Human Resources (HR) checks the NA Registry and employees can't work until they are cleared.</p> <p>During an interview on 08/08/24 at 5:00 P.M., the Administrator said she would expect the NA Registry to be checked for all employees prior to hire and all employees to have a background check before they are hired.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39360</p> <p>Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a transfer to the hospital, including the reason for transfer, and failed to notify the Office of the State Long-Term Care Ombudsman for two residents (Resident #1 and Resident #15) out of 12 sampled residents and one resident (Resident #13) outside the sample. The facility's census was 29.</p> <p>Review of the facility's Transfer/Discharge policy, dated October 2022, showed:</p> <ul style="list-style-type: none"> <li>- Residents who are sent emergently to an acute care setting, such as a hospital, are permitted to return to the facility;</li> <li>- The Transfer/Discharge notice is given as soon as practicable but before the transfer or discharge when the health and/or safety of the individuals in the facility would be endangered due to the clinical or behavioral status of the resident, or an immediate transfer or discharge is required by the resident's urgent medical needs;</li> <li>- Notices are provided in a form and manner that the resident can understand;</li> <li>- Notices of Transfer are provided to the resident and/or resident's representative as soon as practicable before the transfer, and to the long-term care (LTC) Ombudsman when practicable.</li> </ul> <p>Review of the facility's Discharge to Hospital Protocol, undated, showed:</p> <ul style="list-style-type: none"> <li>- Obtain order to send to the hospital of choice for evaluation. Write a telephone order and order in the computer to send to emergency room (ER) for evaluation;</li> <li>- Under resident profile in electronic health record, print the transfer/discharge record to send to the hospital;</li> <li>- Under orders, print medication review sheet with current orders to send to hospital;</li> <li>- Send a purple copy of the purple cardstock Out of Hospital Do Not Resuscitate (DNR) form from the chart;</li> <li>- Have resident sign a copy of the Bed Hold Policy. If the resident is unable to sign this form, contact the responsible party and inform them of this policy. Please document on the form and in the nurses notes that the resident and/or responsible party were notified of this policy. A copy of the signed policy needs to go with the resident and a copy needs to be placed in the chart under admission records.</li> </ul> <p>1. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> <li>- Transferred to the hospital on 02/25/24, and readmitted to the facility on [DATE];</li> </ul> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- No documentation that the resident or resident's responsible party had been notified in writing.</li> </ul> <p>2. Review of Resident #13's medical record showed:</p> <ul style="list-style-type: none"> <li>- Transferred to the hospital on 03/04/24, and readmitted to the facility on [DATE];</li> <li>- Transferred to the hospital on 05/23/24, and readmitted to the facility on the same day;</li> <li>- No documentation that the resident or resident's responsible party had been notified in writing.</li> </ul> <p>3. Review of Resident #15's medical record showed:</p> <ul style="list-style-type: none"> <li>- Transferred to the hospital on 08/01/24, and readmitted to the facility on [DATE];</li> <li>- No documentation that the resident or resident's responsible party had been notified in writing.</li> </ul> <p>During an interview on 08/08/24 at 10:38 A.M., Licensed Practical Nurse (LPN) A said when a resident is hospitalized, nursing staff complete a bed hold form for the family to sign and print out a transfer/discharge form from the electronic record to go to the hospital with them. Nursing staff also call the family and tell them the resident is being sent out.</p> <p>During an interview on 08/08/24 at 2:20 P.M., the Social Services Designee said the nurse should fill out the Skilled Nursing Facility Holding Room policy, which shows the transfer reason and bed hold policy. She will then look in the chart for documentation to make sure the nurse notified the family. She will then send a letter to the family within seven days which includes the transfer reason and bed hold policy.</p> <p>During an interview on 08/08/24 at 5:00 P.M., the Administrator said he/she would expect notification of transfers to be sent per regulation.</p> <p>46460</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46460</p> <p>Based on interview and record review, the facility failed to inform the resident and/or resident's representative, in writing, of the facility's bed hold policy at the time of transfer to the hospital for one resident (Resident #1) out of 12 sampled residents and one resident (Resident #13) outside the sample. The facility's census was 29.</p> <p>Review of the facility's Bed-Hold and Return policy, dated October 2022, showed:</p> <ul style="list-style-type: none"> <li>- Residents/Representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence;</li> <li>- Residents are provided written notices about these policies in advance of any transfer (admission) and at the time of transfer (if an emergency, within 24 hours);</li> <li>- The written bed-hold notices provided to residents/representatives, explain in detail, the duration of the state bed-hold policy, if any, during which the residents permitted to return and resume residence in facility.</li> </ul> <p>Review of the facility's Discharge to Hospital Protocol, undated, showed:</p> <ul style="list-style-type: none"> <li>- Obtain order to send to the hospital of choice for evaluation. Write a telephone order and order in the computer to send to emergency room (ER) for evaluation;</li> <li>- Under resident profile in electronic health record, print the transfer/discharge record to send to the hospital;</li> <li>- Under orders, print medication review sheet with current orders to send to hospital;</li> <li>- Send a purple copy of the purple cardstock Out of Hospital Do Not Resuscitate (DNR) form from the chart;</li> <li>- Have resident sign a copy of the Bed Hold Policy. If the resident is unable to sign this form, contact the responsible party and inform them of this policy. Please document on the form and in the nurses notes that the resident and/or responsible party were notified of this policy. A copy of the signed policy needs to go with the resident and a copy needs to be placed in the chart under admission records.</li> </ul> <p>1. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> <li>- Transferred to the hospital on 02/25/24 and readmitted to the facility on [DATE];</li> <li>- No documentation the Resident or Resident's Representative was informed in writing of the facility's bed hold policy at the time of transfer.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #13's medical record showed:</p> <ul style="list-style-type: none"> <li>- Transferred to the hospital on 03/04/24 and readmitted to the facility on [DATE];</li> <li>- Transferred to the hospital on 05/23/24 and readmitted to the facility on [DATE];</li> <li>- No documentation the Resident or Resident's Representative was informed in writing of the facility's bed hold policy at the time of transfer.</li> </ul> <p>During an interview on 08/08/24 at 10:38 A.M., Licensed Practical Nurse (LPN) A said when a resident is hospitalized , nursing staff complete a bed hold form for the family to sign and print out a transfer/discharge form from the electronic record to go to the hospital with them. Nursing staff also call the family and tell them the resident is being sent out.</p> <p>During an interview on 08/08/24 at 2:20 P.M., the Social Services Designee said the nurse should fill out the Skilled Nursing Facility Holding Room policy, which shows the transfer reason and bed hold policy. She will then look in the chart for documentation to make sure the nurse notified the family. She will then send a letter to the family within seven days which includes the transfer reason and bed hold policy.</p> <p>During an interview on 08/08/24 at 5:00 P.M., the Administrator said he/she would expect residents discharging to the hospital to have the bed hold papers sent per the regulations.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39360</p> <p>Based on interview and record review, the facility failed to implement a care plan with specific interventions to meet individual needs for one resident (Resident #26) out of 12 sampled residents. The facility's census was 29.</p> <p>Review of the facility's policy, Comprehensive Person-Centered Care Plans, revised March 2022, showed:</p> <ul style="list-style-type: none"> <li>- The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident;</li> <li>- The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment;</li> <li>- The comprehensive, person-centered care plan includes measurable objectives and timeframes, describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being;</li> <li>- Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes and relevant clinical decision making;</li> <li>- When possible, interventions address the underlying sources of the problem areas, not just the symptoms or triggers;</li> <li>- Assessments of residents are on-going and care plans are revised as information about the residents and the resident's conditions change.</li> </ul> <p>1. Review of Resident #26's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted [DATE];</li> <li>- Diagnoses of: hemiplegia (paralysis on one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs and facial muscles) following nontraumatic intracerebral hemorrhage (bleeding in the brain) affecting right dominate side, cerebral infarction (disruptive bloodflow in the brain) acute kidney disease, (a condition in which the kidneys suddenly can not filter waste from the blood), and chronic kidney disease (long standing disease of the kidneys leading to renal failure);</li> <li>- Physician's Order Sheet (POS), dated 07/02/24, showed an order for dialysis, gather face sheet, POS and dialysis communication form, every night shift, on Tuesdays, Thursdays and Sundays.</li> </ul> <p>Review of Resident # 26's care plan, last revised 07/10/24, did not address dialysis.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49879</p> <p>During an interview on 08/08/24 at 5:00 P.M., the Administrator and Director of Nursing said they would expect care plans to include treatments and any changes that may occur with orders or plan of care.</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>39360</p> <p>Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross contamination and food-borne illnesses. This deficient practice had the potential to affect all residents. The facility's census was 29.</p> <p>Review of the facility's policy, Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices, revised November 2022, showed:</p> <ul style="list-style-type: none"> <li>- Food and nutrition service employees follow appropriate hand hygiene and sanitary procedures to prevent the spread of food borne illnesses;</li> <li>- All employees who handle, prepare or serve food are trained in the practices of safe food handling and preventing food-borne illnesses;</li> <li>- Employees must wash their hands whenever entering or re-entering the kitchen;</li> <li>- Before coming in contact with any food surfaces;</li> <li>- After handling soiled equipment or utensils;</li> <li>- After engaging in other activities that contaminate hands;</li> <li>- The use of disposable gloves does not substitute for proper handwashing;</li> <li>- Gloves are not required when distributing food to residents at dining tables or when assisting residents to eat, unless touching ready-to-eat food;</li> <li>- Did not address covering and labeling of food.</li> </ul> <p>Observations made on 08/06/24 and 08/08/24 between 11:50 A.M. and 12:40 P.M. showed:</p> <ul style="list-style-type: none"> <li>- Staff wore gloves and with the same gloves, touched door handles, residents' plates, and utensils;</li> <li>- Staff did not sanitize/wash hands between glove changes;</li> <li>- No sanitizer observed on counters or on walls;</li> <li>- Certified Nurse Aide (CNA) I assisted resident with eating, got up from the table, walked around the dining room and refilled other residents' cups, sat back down and continued to assist/feed resident without washing or sanitizing hands;</li> <li>- CNA O and CNA M received trays through the kitchen door, passed them while wearing gloves, returned for more trays, removed gloves, and did not sanitize/wash hands;</li> </ul> <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>	<ul style="list-style-type: none"> <li>- CNA M carried bowls with bare hands, with his/her thumbs tucked inside of the bowls;</li> <li>- Dietary Aide P, with gloved hands, took two trays (one in each hand), from the kitchen to the dining room, returned to obtain two more trays, wearing the same gloves, until told by another staff member to wash hands;</li> <li>- CNA N picked up a utensil from the floor, placed it on the bottom of the drink cart, did not wash or sanitize hands, obtained a clean utensil and provided it to the resident;</li> <li>- With bare hands, CNA N touched multiple residents' drink cups by the rim and touched the rim of the cups to the spout of the drink pitcher;</li> <li>- With bare hands, CNA N scooped ice from the ice bucket into multiple residents' cups for refills, touching the cups with the scoop.</li> </ul> <p>Observations on 08/07/24 at 3:50 P.M. showed:</p> <ul style="list-style-type: none"> <li>- A container of sliced tomatoes and onions in the refrigerator with no cover, label or date;</li> <li>- A squeeze bottle of red colored substance in the refrigerator with no label or date;</li> <li>- Two large pans of cooked bratwurst patties placed on top of the warmer, uncovered, with a fly buzzing over the top of them;</li> <li>- Two large trays of fruit cups, in the refrigerator, covered, but not labeled.</li> </ul> <p>During an interview on 08/08/24 at 10:30 A.M., the Maintenance Director, who said he/she helped in other areas when needed, said the food that had been placed on top of the warmer should have been covered.</p> <p>During an interview on 08/08/24 at 4:00 P.M., CNA M said there was no hand sanitizer in the dining room and if a resident would drop utensil on the floor, he/she would pick it up, put it away and get a new utensil.</p> <p>During an interview on 08/08/24 at 4:05 P.M., CNA N said there was only hand sanitizer on the walls, there was none in the dining room, but they wore gloves. He/She said that if a resident would drop a utensil on the floor, he/she would pick it up and get a new one.</p> <p>During an interview on 08/08/24 at 5:00 P.M., the Director of Nursing and Assistant Director of Nursing said they would expect hand sanitizer to be available for staff in dining room. The Administrator said staff should perform hand hygiene prior to passing trays, should not cross contaminate, when gloves are removed, hands should be washed before putting on clean gloves and food should be covered, labeled and food preparation area free from pests.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39360</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection control practices to prevent the development and transmission of infection during incontinent care for two residents (Resident #22 and #24) out of two sampled residents. The facility failed to develop and implement a risk management process specific to Legionnaires disease (a type of pneumonia caused by Legionella bacteria), which had the potential to affect all residents, staff and visitors. The facility's census was 29.</p> <p>Review of the facility's policy, Standard Precautions, revised September 2022, showed:</p> <ul style="list-style-type: none"> <li>- Standard precautions apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious disease;</li> <li>- Hand hygiene is performed with alcohol-based hand rub (ABHR) or soap and water before and after contact with resident;</li> <li>- Before moving from work on a soiled body site to a clean body site, on same resident;</li> <li>- After contact with items in resident rooms;</li> <li>- After removing gloves;</li> <li>- Hands are washed with soap and water when visibly soiled with dirt, blood or body fluids;</li> <li>- Gloves are worn when handling or touching resident-care equipment visibly soiled or potentially contaminated with blood, body fluids or infectious organisms;</li> <li>- Gloves are changed and hygiene performed before moving from a contaminated body site to a clean body site during resident care;</li> <li>- Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces and before going to another resident;</li> <li>- After gloves are removed, hands are washed immediately to avoid transfer of microorganisms to other residents or environment.</li> </ul> <p>1. Observation of Resident #22 on 08/08/24 at 1:44 P.M. showed:</p> <ul style="list-style-type: none"> <li>- Certified Nurse Aide (CNA) I and CNA J gathered a container of wipes and a clean brief, entered the Resident's room, and donned gloves without washing hands;</li> <li>- CNA I cleaned the resident's perineal area and placed the used wipe in a plastic bag;</li> <li>- While wearing the same gloves, CNA I reached into the wipes container and obtained another wipe, cleaned bowel movement (BM) off of the resident's buttocks and placed the wipe in the soiled brief;</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Fountainbleau Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  2001 North Kingshighway Cape Girardeau, MO 63701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- With the same soiled gloves, CNA I obtained another wipe from the wipes container, cleaned the resident's buttocks area again, placed the used wipe in the soiled brief and folded the brief up;</li> <li>- CNA I rolled up the bed pad and soiled brief, tucked under the resident and did not wash hands or change gloves;</li> <li>- CNA J leaned over the resident with his/her long hair dangling down, touching the resident's legs and bed pad;</li> <li>- With the same soiled gloves, CNA I obtained a wipe from the wipes container, and cleaned the resident's perineal area again and his/her right leg fold;</li> <li>- With the same soiled gloves, CNA I picked up a tube of cream from the resident's table and applied the cream to the inner thighs of the resident;</li> <li>- With the same soiled gloves, CNA I and CNA J rolled the resident onto his/her right side. CNA J pulled out the soiled bed pad and brief, handed them to CNA I to place in bag, removed gloves, and did not wash hands;</li> <li>- With the same soiled gloves, CNA I and CNA J with bare hands, placed a clean brief on the resident and straightened the clean bed pad;</li> <li>- CNA I removed gloves and did not wash hands;</li> <li>- CNA I and CNA J left the room with a bag of soiled linens, trash and did not wash hands until placing in the shower room.</li> </ul> <p>During an interview on 08/08/24 at 2:10 P.M., CNA I said he/she would change gloves if they are soiled, if BM gets on them, and when finished with a soiled brief. He/She will change gloves when putting a clean brief on, and wash/sanitize hands before and after care.</p> <p>During an interview on 08/08/24 at 2:10 P.M., CNA J said he/she performs peri care, places clean linens if necessary, redresses resident, throws away trash, removes gloves, and washes/sanitizes hands.</p> <p>2. Observation of Resident #24 on 08/08/24 at 10:50 A.M. showed:</p> <ul style="list-style-type: none"> <li>- CNA K gathered wipes and a clean brief, did not wash or sanitize hands prior to entering the room, and donned gloves;</li> <li>- CNA K removed blankets, lowered the resident's pants and folded down the soiled brief;</li> <li>- With the same soiled gloves, CNA K picked up the trash can and moved it closer to the bed;</li> <li>- With the same soiled gloves, CNA K removed four wipes from the container and laid them on the fitted sheet;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- With the same soiled gloves, CNA K picked up a wipe from the bed, cleaned the resident's perineal area, repeated steps two more times, then tucked the used wipes into the soiled brief;</li> <li>- As CNA K leaned over the resident wearing a gait belt (a device used for assistance with transfers and walking), the strap was hanging loose and dangled onto the soiled brief on the bed during the duration of incontinent care;</li> <li>- CNA K removed his/her soiled gloves, did not wash or sanitize hands and donned clean gloves;</li> <li>- CNA K rolled the resident onto his/her left side, tucked the soiled brief down, reached for a wipe in the wipes container, cleaned BM off of the resident's buttocks, and reached back into the wipe container two more times to clean the resident's buttocks area;</li> <li>- CNA K tucked the used wipes into the soiled brief, rolled the brief up and placed in the trash can;</li> <li>- CNA K removed gloves, did not wash or sanitize hands, donned clean gloves, then placed a clean brief on the resident;</li> <li>- With the same gloves, CNA K pulled up the resident's pants, bagged the trash, touched the resident's shirt, and pulled the blankets up around his/her chest before washing hands.</li> </ul> <p>During an interview on 08/08/24 at 2:20 P.M., CNA K said when providing peri care, he/she puts gloves on and would change gloves after wiping the front, after wiping the back, and before putting on clean clothes.</p> <p>During an interview on 08/08/24 at 5:00 P.M., the Administrator and Director of Nursing said they would expect staff to change gloves and wash hands between dirty and clean and before leaving resident rooms.</p> <p>Review of the facility's policy, Legionella Water Management Program, revised September 2022, showed:</p> <ul style="list-style-type: none"> <li>- As part of the infection prevention and control program (IPCP), our facility has a water management program which is overseen by the water management team, including The Infection Preventionist (IP), Administrator, Medical Director, Maintenance Director, and Director of Environmental Services;</li> <li>- The purposes of the water management program are to identify areas in the water system where Legionella bacteria can grow and spread, and to reduce the risk of Legionnaire's Disease;</li> <li>- The identification of situations that can lead to Legionella growth are such as construction, water main breaks, changes in municipal water quality, presence of biofilm, scale or sediment, water temperature fluctuations, water stagnation and inadequate disinfection;</li> <li>- Specific measures used to control the introduction and/or spread of Legionella such as temperatures and disinfectants;</li> <li>- Control limits or parameters that are unacceptable and are monitored;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- A diagram where control measures are applied;</li> <li>- A system to monitor control limits and effectiveness;</li> <li>- A plan for when control limits are not met and/or control measures are not effective.</li> </ul> <p>Review of the facility's water temperature log, dated April 2023 through July 2024, showed:</p> <ul style="list-style-type: none"> <li>- On 07/01/23, water temperature in room [ROOM NUMBER] was 97.2 degrees ( ) Fahrenheit (F) and room [ROOM NUMBER] was 100.9 F, with no intervention documented;</li> <li>- On 08/01/23, water temperature in room [ROOM NUMBER] was 100.8 F, room [ROOM NUMBER] was 97.6 F and room [ROOM NUMBER] was 100.3 F, with no intervention documented;</li> <li>- In September 2023, water temperature in room [ROOM NUMBER] was 100.8 F, room [ROOM NUMBER] was 97 F and room [ROOM NUMBER] was 100.3 F, with documentation of got it adjusted;</li> <li>- In October 2023, water temperature in room [ROOM NUMBER] was 104 F, with no intervention documented;</li> <li>- On 11/14/23, water temperature in room [ROOM NUMBER] was 104 F, with no intervention documented;</li> <li>- On 12/14/23, water temperature in room [ROOM NUMBER] was 104 F, with no intervention documented;</li> <li>- On 01/12/24, water temperature in rooms [ROOM NUMBERS] were 104 F, with no intervention documented;</li> <li>- On 06/14/24, water temperature in room [ROOM NUMBER] was 103 F, room [ROOM NUMBER] was 104 F and room [ROOM NUMBER] was 103.1 F, with no interventions documented;</li> <li>- On 07/14/24, temperatures in room [ROOM NUMBER] was 97.4 F, room [ROOM NUMBER] was 98.4 F and room [ROOM NUMBER] was 98.5, with no interventions documented.</li> </ul> <p>During an interview on 08/07/24 at 10:25 A.M., the Maintenance Director said he didn't know he was supposed to check for Legionella since the facility was on city water, but the temperatures should be no higher than 122 degrees ( ) Fahrenheit (F) and no lower than 95 F. When asked about the lower temperature ranges, he/she said he/she thought it was ok since they had been above 95 F.</p> <p>During an interview on 08/07/24 at 10:55 A.M., the Maintenance Director said he just found out the range should be 105-120 F.</p> <p>During an interview on 08/08/24 5:00 P.M., the Administrator said she would expect the facility to follow the Water Management and Legionella policies, and the water temperatures, in resident areas, should be between 105 and 115 F.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39360</p> <p>Based on observation and interview, the facility failed to maintain an effective pest control program. This practice affected three residents (Resident #10, #17 and #19) out of 12 sampled residents and had the potential to affect all residents in the facility. The facility's census was 29.</p> <p>Review of the facility's policy, Pest Control, revised May 2008, showed:</p> <ul style="list-style-type: none"> <li>- The facility shall maintain an effective pest control program;</li> <li>- The facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents;</li> <li>- Only approved insecticides are permitted in facility and stored in areas away from food storage;</li> <li>- Maintenance services assist, when appropriate and necessary, in providing pest control services.</li> </ul> <p>Observation on 08/06/24 at 10:50 A.M. of Resident #17's room showed a fly landed on the resident's hand, bedspread, and nose.</p> <p>During an interview on 08/06/24 at 10:50 A.M., Resident #17 said the flies were always bad.</p> <p>Observation of the dining room on 08/06/24 at 12:29 P.M. showed a fly buzzed around, landing on a window and a gnat flying around near the doors in the dining room.</p> <p>Observation of the dining room on 08/07/24 at 12:10 P.M. showed two flies buzzed around a table while residents were eating, landing on the residents and on the table.</p> <p>Observation of the dining room during the resident council meeting on 08/07/24 at 3:00 P.M. showed two flies buzzed around residents and had to be swatted away.</p> <p>During the resident council meeting on 08/07/24 at 3:15 P.M., Resident #10 said he/she wished for a fly swatter and Resident #19 said he/she kept one in his/her room.</p> <p>Observations on 08/08/24 between the hours of 8:50 A.M. and 2:23 P.M. showed:</p> <ul style="list-style-type: none"> <li>- A fly on a resident's table in the dining room;</li> <li>- A fly crawling on the table in front of Resident #17 while eating lunch;</li> <li>- Three flies on the center light/chandelier in the dining room;</li> <li>- A fly on a resident's wheelchair in the dining room;</li> <li>- Three flies buzzed around the nurses station;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- A fly buzzed around in the common area by the therapy room, while residents were watching television;</li> <li>- A fly buzzed around a resident in a wheelchair in the hallway near the nurses station on the therapy hall;</li> <li>- A fly buzzed around in the hall outside of room [ROOM NUMBER];</li> <li>- A fly buzzed around in the hall outside of room [ROOM NUMBER];</li> <li>- A fly buzzed around in room [ROOM NUMBER].</li> </ul> <p>During an interview on 08/08/24 at 09:30 A.M., Licensed Practical Nurse (LPN) A said the facility has issues with flies and spiders.</p> <p>During an interview on 08/08/24 at 5:00 P.M., the Administrator said she would expect the facility to be free of pests.</p>