

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 09/04/2025
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to provide palatable, attractive food at safe and appetizing temperatures. This deficient practice had the potential to affect all residents in the facility. The facility's census was 30. Review of the facility's policy titled, Food Preparation and Service, revised November 2022, showed:- Food and nutrition services employees prepare, distribute, and serve food in a manner that complies with safe food handling practices;- Danger zone means temperatures above 41 degrees Fahrenheit (°F) and below 135 °F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness;- Did not address holding/serving temperatures of food. During an interview on 09/02/25 at 2:40 P.M, Resident #8 said the food could be better and it was often served cold. During a group interview on 09/02/25 at 3:10 P.M., Resident #8, Resident #11, Resident #22, Resident #23, Resident #28, Resident #29, and Resident #36 said that their food was served cold when they ate in their room. During an interview on 09/04/25 at 10:46 A.M., Resident #5 said that his/her food was often served cold. He/She ordered two hot dogs on 09/01/25, and the hot dogs were cold. He/She ordered a grilled cheese sandwich on 09/02/25, and the cheese was not melted, and the sandwich was cold. Observation on 09/04/25 at 11:05 A.M., of a test tray with a lid to cover the food showed: - A grilled pork chop with a temperature of 112 F;- Stuffing with a temperature of 116 F. During an interview on 09/11/25 at 9:20 A.M., the Dietary Manager said he/she would expect hot food to be hot and at least a temperature of 135 F when served. No residents had reported the hot food was cold when served to them. During an interview on 09/04/25 at 1:45 P.M., the Director of Nursing (DON) and Administrator said they would expect hot food to be served hot.		

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately code the Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, for three residents (Residents #3, #14, and #23) out of 12 sampled residents. The facility census was 30. Review of the facility's policy titled, Resident Assessment, revised October 2023, showed: - Assessments are completed by staff members who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's strengths and areas of decline; - Information in the MDS assessments will consistently reflect information in the progress notes, plans of care, and resident observations/interviews. Review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, dated 10/2024, showed: - Code all high-risk drug class medications according to their pharmacological classification, not how they are being used. 1. Review of Resident #3's medical record showed: - admission date of 07/31/25; - Diagnoses of dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning) with anxiety (persistent worry and fear about everyday situations); - An order for alprazolam (an antianxiety medication) 1 milligram (mg) by mouth every eight hours as needed for anxiety, dated 08/05/25; - No order for antipsychotic (medications that alter the brain chemistry to help reduce psychotic symptoms like hallucinations, delusions, and disordered thinking) medications. Review of the resident's admission MDS, dated [DATE], showed: - Resident received antipsychotic medications on a routine basis. 2. Review of Resident #14's medical record showed: - admitted on [DATE]; - Diagnoses of dementia, anxiety disorder, dysphagia (difficulty swallowing), major depressive disorder (long-term loss of pleasure or interest in life), and unspecified psychosis (a mental disorder with a severe loss of contact with reality); - An order for buspirone (an antianxiety medication) 5 mg by mouth twice a day for anxiety, dated 05/06/25; (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for sertraline (an antidepressant medication) 25 mg by mouth daily for depression, dated 08/01/25; - An order to discontinue quetiapine (an antipsychotic medication) 25 mg, dated 06/12/25. Review of the resident's quarterly MDS, dated [DATE], showed: - Received an antipsychotic medication seven out of seven days. 3. Review of Resident #23's medical record showed: - admitted on [DATE]; - Diagnoses of heart failure (an inability of the heart to pump sufficient blood flow to meet the body's needs), anxiety disorder, depression (a serious medical illness that negatively affects how you feel, the way you think and how you act), and dysphagia; - An order for venlafaxine (an antidepressant medication) 150 mg by mouth every day for anxiety and depression, dated 05/15/25; - No order for an antipsychotic medication. Review of the resident's annual MDS, dated [DATE], showed: - Received an antipsychotic medication seven out of seven days. During an interview on 09/04/25 at 1:00 P.M., the MDS Coordinator said he/she incorrectly coded the MDS by the resident's diagnoses linked to the medications and not by the medication's drug class. During an interview on 09/04/25 at 1:01 P.M., the Administrator said she would expect medications to be coded accurately on the MDS.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility staff failed to maintain appropriate infection control practices for two residents (Residents #6 and #35) out of five sampled residents. The facility census was 30. Review of the facility's policy titled, Enhanced Barrier Precautions, dated August 2022, showed: - Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multidrug-resistant organisms (MDROs) to residents; - EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply; - Examples of high-contact resident care activities are dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care; - EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. Review of the facility's policy titled, Wound Care, dated October 2010, showed: - Use a disposable cloth to establish a clean field on the resident's overbed table; - Place all items to be used during the procedure on the clean field arranged so they can be easily reached; - Wash and dry your hands thoroughly; - Place a disposable cloth under the wound to serve as a barrier to protect the bed linen and other body sites; - Put on exam glove, loosen tape, and remove the dressing; - Pull the glove over the dressing and discard into an appropriate receptacle; - Wash and dry your hands thoroughly and put on gloves; - Use a no-touch technique by using sterile tongue blades and applicators to remove ointments and creams from their containers; - Wear exam gloves for holding gauze to catch irrigation solutions that are poured directly over the wound; - Wear sterile gloves when physically touching the wound or holding a moist surface over the wound; - Apply treatment as indicated; (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Dress the wound; - Discard the disposable items into the designated container; - Discard all soiled laundry, linen, towels, and washcloths into the soiled laundry container; - Remove disposable gloves and discard into a designated container; - Wash and dry your hands thoroughly. 1. Review of Resident #6's Physician Order Summary (POS), dated 09/09/25, showed: - An order to cleanse the gastrostomy tube (G-tube - a feeding tube inserted directly into the stomach through a small opening in the abdomen to deliver nutrition, fluids, and medication when a person cannot eat or drink by mouth) site with soap and water, place a drain sponge at the tube insertions site daily and as needed, dated 09/03/25; - An order for G-tube 60 milliliter (ml) water flush every shift, dated 07/18/25;- An order for EBP as an infection control method that involves wearing gowns and gloves during high-contact care activities to reduce the spread of MDROs related to G-tube, dated 05/29/25. Review of the resident's Care Plan, revised 09/03/25, showed: - On EBP related to the G-tube; - Staff are to follow facility EBP policy and procedure; - Maintain EBP policy for duration of the resident's stay or until the G-tube is discontinued. Observation on 09/03/25 at 1:40 P.M., of the resident's G-tube dressing change and water flush showed: - EBP signage on the resident's door; - Registered Nurse (RN) A did not put on a gown and leaned on the resident's bed to remove the soiled dressing, leaned on the resident's bed to clean around the G-tube, leaned on the resident's bed to place the new dressing, and leaned on the resident's bed to put a roll of tape into the resident's drawer; - RN A failed to wear a gown for high-contact resident care for a resident with an indwelling medical device. 2. Review of Resident #35's POS, dated 08/14/25, showed: - An order for to remove tubigrips (an elasticated tubular support bandage) and socks from the bilateral (both) lower extremities (BLE), wash BLE with mild soap and water, rinse, dry apply skin prep to the red areas, apply lotion to BLE, reapply clean tubigrips and socks every day shift for skin integrity, dated 08/14/25; (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order to clean the right calf wound, right foot wound, and left foot wound with normal saline (a solution of salt and water); apply the compounded antibiotic of clindamycin, mupirocin, and gentamicin per directions, cover with calcium alginate (a type of dressing), cover with a dry dressing change daily and as needed, dated 09/04/25. Observation on 09/03/25 at 10:30 A.M., of the resident's wound care showed: - EBP signage on the door; - RN A removed the soiled dressing on the left foot, did not change gloves, and did not perform hand hygiene, and reached into the clean bag of dressing supplies; - RN A did not change gloves, did not perform hand hygiene, and cleaned the left foot wound; - RN A did not change gloves, did not perform hand hygiene, applied with compounded antibiotic treatment to the wound; - RN A did not change gloves, did not perform hand hygiene, and applied a clean dressing to the wound. During an interview on 09/03/25 at 3:00 P.M., RN A said he/she knew who was on EBP by the signage on the door. Gloves and gown should be worn for EBP. During an interview on 09/04/25 at 1:45 P.M., the Administrator and the Director of Nursing (DON) said they would expect staff to wear gowns during high-contact care for a resident with a G-tube. They would expect staff to change gloves and perform hand hygiene after touching anything dirty.		