

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER South County Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 West Outer 21 Road Arnold, MO 63010	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46555</p> <p>Based on observation and interview, the facility failed to protect residents' right to privacy by not ensuring other residents did not enter the shower room during showers and not providing a shower curtain in the 100 hall shower room. This affected two residents (Resident #37 and #56) out of 18 sampled residents and one resident (Resident #10) outside the sample. The facility's census was 82.</p> <p>The facility did not provide a policy regarding protection of privacy during bathing.</p> <p>Observation on 08/20/24 at 2:00 P.M. and on 08/21/24 at 3:32 P.M. of the 100 hall shower room showed:</p> <ul style="list-style-type: none"> - The shower located in the front of the room and to the right of the door with no curtain; - The toilet located past the shower on the right side of the room; - Nothing to indicate to those outside the shower room that it is occupied. <p>During an interview on 08/19/24 at 12:35 P.M., Resident #10 said the shower curtain was missing from the shower room and had been for the past month. He/She did not like taking showers in there due to the lack of privacy. Other residents could walk in to use the bathroom while he/she was in the shower and there was no shower curtain for privacy.</p> <p>During an interview on 08/19/24 at 12:20 P.M., Resident #37 said he/she was only taking one shower a week because of concern for a lack of privacy during a shower. Other residents could walk in and use the toilet while he/she was in the shower and there is no shower curtain to provide privacy.</p> <p>During an interview on 08/20/24 at 2:00 P.M., Resident #56 said he/she did not think it was right that there was not a shower curtain and other people would sometimes come in the bathroom and use the toilet while he/she was in the shower. Previously the shower curtain got tore up and they went a full month before it was replaced. It was embarrassing and he/she did not like to take a shower in there for fear of others walking in on him/her.</p> <p>During an interview on 08/22/24 at 10:20 A.M., Housekeeping Staff C said he/she had been employed there for a month and there had not been a shower curtain up the whole time he/she had been employed.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/22/24/24 at 2:50 P.M., the Administrator said she removed the shower curtain due to a couple of residents that require physical assistance pulling on the shower curtain as a means of support and then pulling the curtain down and almost falling. The Administrator said there is nothing to indicate to others that the shower room is occupied. They can designate the other shower room that has a curtain as the shower for the residents who shower independently, and they can use the shower room without a curtain for the residents that require assistance.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46555</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 illness. These practices had the potential to affect all residents who are served food from the kitchen. The facility's census was 82.</p> <p>Review of the facility's policy, Refrigerators and Freezers, revised [DATE], showed:</p> <ul style="list-style-type: none"> - Refrigerators and/or freezers are maintained in good working condition. Refrigerators keep foods at or below 41 Fahrenheit (F) and freezers keep frozen foods frozen solid; - Monthly tracking sheets for all refrigerators and freezers are posted to record temperatures; - Monthly tracking sheets include time, refrigerator temperature, temperature of potentially hazardous food and temperature control for safety (PHF/TCS) food, initials, and action taken. The last column will be completed only if temperatures are not acceptable; - Food service supervisors or designated employees check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening; - The supervisor takes immediate action if temperatures are out of range. Actions necessary to correct the temperatures are recorded on the tracking sheet, including the repair personnel and/or department contacted; - Information regarding acceptable storage periods for perishable foods are kept in the supervisor's office. A condensed version is posted by each refrigerator and freezer for reference; - All food is appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) are marked on cases and on individual items removed from cases for storage. Use by dates are completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food are observed and use by dates are indicated once food is opened; - Foods kept in the refrigerator/freezer are stored according to the Food Receiving and Storage policy; - Supervisors are responsible for ensuring food items in pantry, refrigerators, and freezers are not past use by or expiration dates. Supervisors should contact vendors or manufacturers when expiration dates are in question or to decipher codes on packaging; - Supervisors inspect refrigerators and freezers monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs are initiated immediately. Maintenance schedules per manufacturer guidelines are scheduled and followed; <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"> - Refrigerators and freezers are kept clean, free of debris, and disinfected with sanitizing solution on a scheduled basis and more often as necessary. <p>Review of the facility's policy, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, revised [DATE], showed:</p> <ul style="list-style-type: none"> - Food and nutrition services employees follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness; - All employees who handle, prepare, or serve food are 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; - Employees must wash their hands after personal body functions (i.e., toileting, blowing/wiping nose, coughing, sneezing, etc.); - After using tobacco, eating, or drinking; - Whenever entering or reentering the kitchen; - Before coming in contact with any food surfaces; - After handling raw meat, poultry or fish and when switching between working with raw food and working with ready-to-eat food; - After handling soiled equipment or utensils; - During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; - After engaging in other activities that contaminate the hands; - Contact between food and bare (ungloved) hands is prohibited; - Gloves are considered single-use items and must be discarded after completing the task for which they are used. Gloves are removed, hands are washed and gloves are replaced: - After direct contact with residents; - After assisting with medical treatments; - Between handling raw meats and ready-to-eat foods; - Between handling soiled and clean dishes; - The use of disposable gloves does not substitute for proper handwashing; - Gloves are worn when directly touching ready-to-eat foods; <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"> - Gloves are used when serving residents who are on transmission-based precautions; - Gloves are not required when distributing foods to residents at the dining tables or when assisting residents to eat, unless touching ready-to-eat food; - Food service employees are trained in the proper use of utensils such as tongs, gloves, deli paper and spatulas as tools to prevent foodborne illness; - Hair nets or caps and/or beard restraints are worn when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils and linens; - Hair nets are not required when distributing foods to residents at the dining tables or when assisting residents to dine; - Jewelry will be kept to a minimum. Hand jewelry (e.g., rings) and wrist jewelry are kept covered with gloves during food handling; - Fingernails shall be kept clean and trimmed. Intact, disposable gloves in good condition are worn and changed appropriately to reduce the spread of infection; - Clean uniforms must be worn daily; - Personnel may not smoke or use other tobacco products, eat or drink in the food preparation area. <p>1. Observation on [DATE] at 3:00 P.M. of the walk-in refrigerator showed:</p> <ul style="list-style-type: none"> - Numerous items on the shelves not labeled or dated; - Dirt and debris on the floor. <p>2. Observation on [DATE] at 3:00 P.M. of the walk-in freezer outside the kitchen showed:</p> <ul style="list-style-type: none"> - Numerous unopened cases of food items sitting directly on the walk-in freezer floor; - Dirt and debris throughout the floor of the freezer. <p>3. Observation on [DATE] at 3:00 P.M. of the double door freezer inside the kitchen showed numerous food items in plastic storage bags, undated and unlabeled.</p> <p>During an interview on [DATE] at 3:30 P.M., the Dietary Manager (DM) said the cook is responsible for taking the food temperatures at each meal. It is the responsibility of the dietary manager to check the temperatures for the refrigerator, freezers, and dishwasher. They do not have logs for the last week. The Dietary Manager provided logs for July for the refrigerator, freezers, dishwasher, and chemical testing of dishwasher. He/she was unable to provide logs for the month of August. A review of the food temperature logs for the months of July and August showed only nine days were completed for the month of July and only three days were completed for the month of August.</p> <p>4. Observation on [DATE] at 3:00 P.M. and [DATE] at 12:00 P.M. of the dry food storage room 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>	<ul style="list-style-type: none"> - A dented can of tuna, a dented can of jellied cranberries, and a dented can of cream of mushroom soup on the shelf among the other canned good items; - An opened, unsealed bag of graham cracker crumbs with no date or label; - An opened bag of elbow pasta with no date or label; - An opened bag of spaghetti pasta wrapped in plastic wrap, and undated; - Two bags of pepper gravy with best by dates of 05/ ,d+[DATE] and [DATE]; - Seven bags of brown gravy with best by dates of [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]; - Two cans of mandarin oranges with a best by date of [DATE]; - A large plastic tote containing flour with no use by date, the lid ajar and covered in dirt and debris, and visible debris in the flour; - Dry good items stored in opened plastic bins. Each bin contained dirt, debris, and dead insects. <p>5. Observation on [DATE] at 3:00 P.M. and on [DATE] at 12:00 P.M. showed:</p> <ul style="list-style-type: none"> - The stove top covered in a black charred substance; - The oven covered in thick black substance; - The lower storage counter covered in dirt and debris; - A large box on the bottom shelf next to the double door freezer with large sheets of parchment paper covered in dirt, debris and dead insects; - Three plastic containers of dry cereal with no use by date; - The toaster oven covered in food particles and debris. <p>Observation on [DATE] at 2:51 P.M. of food prep showed:</p> <ul style="list-style-type: none"> - Dietary Aide B prepared sandwiches while not wearing gloves and laid the bread directly on the counter. The Dietary Manager told the aide to put the bread on a sheet of parchment paper. The aide then obtained and used the parchment paper located on the bottom shelf which was covered with dirt, debris, and dead insects. <p>During an interview on [DATE] at 10:08 A.M., Dietary Aide B said you are supposed to wear gloves when preparing sandwiches and the food should be put on parchment paper or a dish when it is being prepared.</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>During an interview on [DATE] at 10:39 A.M., the Dietary Manager said if he/she has dented cans, he/she will put the date the can was received, and put it on the left shelf at the front of the dry goods storage room. He/she will take a picture of it and send it to the food supplier for the can to be replaced. The DM said he/she found a couple on the shelf and just removed them. When asked what the items were, the DM said he/she could not remember. When asked to view the photo of the item, he/she said he/she did not take one. He/She checks the food supply once a month to see if anything is past the best by or expired date. The DM would expect the kitchen, appliances, counters, floors and containers to be free from dirt, debris and dead insects and would expect the log books to be completed and up to date, items to be properly packaged with a date and label on them, and for staff to wear gloves when touching food and to keep food off the counters or tables.</p> <p>During an interview on [DATE] at 3:00 P.M., the Administrator and Assistant Director of Nursing (ADON) said they would expect staff to wear gloves when touching food and to keep food off the counters and tables. They would expect the floors to be free from dirt, debris, and dead insects, and for expired or food past the best by date and dented cans to be removed from the shelves. They would expect food items to be wrapped, packages dated and labeled and would expect the food pantry to be free from dirt, debris, and dead insects.</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>49879</p> <p>Based on observation, interview, and record review, the facility failed to use proper infection control techniques during medication administration for two residents (Resident #11 and #66) out of 18 sampled residents and four residents (Resident #44, #47, #58, and #75) outside the sample. The facility's census was 82.</p> <p>Review of the facility's policy, Handwashing/Hand Hygiene, revised August 2019, showed:</p> <ul style="list-style-type: none"> - This facility considers hand hygiene the primary means to prevent the spread of infections; - All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors; - Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: before and after direct contact with residents, before and after preparing or handling medications, after contact with a resident's intact skin, and after removing gloves. <p>1. Observation on 08/21/24 at 9:00 A.M. of medication administration for Resident #58 showed:</p> <ul style="list-style-type: none"> - No hand sanitizer on medication cart; - Certified Medication Technician (CMT) A did not wash or sanitize his/her hands prior to administering the resident's medications; - CMT A did not wash or sanitize his/her hands after exiting the resident's room. <p>2. Observation on 08/21/24 at 9:05 A.M. of medication administration for Resident #47 showed CMT A did not wash or sanitize his/her hands before or after administration of medications.</p> <p>3. Observation on 08/21/24 at 9:10 A.M. of medication administration for Resident #66 showed:</p> <ul style="list-style-type: none"> - CMT A did not wash or sanitize his/her hands prior to medication administration; - CMT A handed the resident a cup of water to take medications. The resident took the medications and drank all of the water; - With bare hands, CMT A took the cup back from the resident and touched the rim before throwing the cup away; - CMT A did not wash or sanitize hands after disposing of the resident's cup and medication administration. <p>4. Observation on 08/21/24 at 9:15 A.M. of medication administration for Resident #75 showed:</p> <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"> - CMT A did not wash or sanitize his/her hands prior to medication administration; - CMT A handed the resident a cup of water to take medications. The resident took the medications and drank all of the water; - With bare hands, CMT A took the cup back from the resident and touched the rim before throwing the cup away; - CMT A did not wash or sanitize his/her hands after disposing of the resident's cup and medication administration. <p>5. Observation on 08/21/24 at 9:20 A.M. of medication administration for Resident #44 showed:</p> <ul style="list-style-type: none"> - CMT A did not wash or sanitize his/her hands prior to or after medication administration. <p>6. Observation on 08/21/24 at 9:30 A.M. of medication administration for Resident #11 showed:</p> <ul style="list-style-type: none"> - CMT A did not wash or sanitize his/her hands prior to medication administration; - CMT A donned gloves, opened the medication drawer, obtained the resident's eye drops, closed and locked the medication cart and did not remove gloves; - With the same soiled gloves, CMT A entered the resident's room and administered medication; - CMT A did not wash or sanitize his/her hands after removing gloves. <p>During an interview on 08/21/24 at 10:00 A.M., CMT A said that he/she normally washes and/or sanitizes his/her hands all the time. CMT A said he/she typically administers eye drops the same way as he/she did today.</p> <p>During an interview on 08/22/24 at 2:50 P.M., the Administrator and Director of Nursing (DON) said they would expect staff to wash their hands in between dirty and clean and between residents when passing medications.</p>		