

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 08/07/2025
NAME OF PROVIDER OR SUPPLIER South County Health Care Center		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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of food-borne illness. This had the potential to affect all residents. The facility census was 92. Review of the facility's Dietary Equipment Operations and Sanitation Policy, last reviewed 02/02/24, showed: -The Dietary Manager shall record all cleaning and sanitation tasks for the Dietary Department; -The dietary employee should complete the tasks assigned for the day shift; - All surfaces and equipment shall be washed in sanitizing solution; -Tray carts, dish carts, and utility carts should be washed after each meal, using sanitizing solution and a clean cloth; -Clean grill surface with grill stone and diluted degreaser or grill cleaner after each use; -Rinse thoroughly with water; -Wash with mild soap and water, then rinse with water; -Wash back and side guards with soap and water; -Clean counters with mild detergent and water; -Dust, mop, or sweep floors; -Mop floors with cleaning agent and warm water, according to directions on the label. The facility did not provide a policy for food storage. Observation on 08/04/25 at 11:50 A.M. showed: -Coffee counter with debris, opened sweetener packets and an opened water bottle; -Work shelf and counter with a fragment of foil, two empty soda bottles sitting next to trays of clean coffee mugs; -A three-tiered cart with debris and a personal, reusable drinking cup with a straw/lid. Observation on 08/04/25 at 11:55 A.M. of the refrigerator showed: - A box with 12, 32 ounce (oz) cartons of apple juice with no dates; - A box with 14, 32 oz cartons of apple juice with no dates; -One gallon plastic resealable bag of opened cheese slices, not labeled or dated; -A box of four, unopened, four-pound sliced cheese packages with no expiration dates; -A box of two, unopened, four-pound sliced cheese packages with no expiration dates; -Three, unopened five-pound bags of shredded cheese, package date of 5/02/25, with no expiration date; -One opened five-pound bag of shredded cheese in a plastic resealable bag with no date; -Three, unopened, five-pound packages of shredded cabbage and carrots, with a best if used by date of 07/24/25; -Four, unopened, five-pound packages of shredded cabbage and carrots, with a best if used by date of 07/23/25. Observation on 08/04/25 at 12:15 P.M. showed: -The Prep counter with debris, ink pen lids, and paper clips; -A tray with four paper wrapped straws, a penny, a strand of hair, and three thermometers with no caps. Observation on 08/04/25 at 12:18 P.M. showed: -The cereal/utensil counter with debris, several sweetener packets, paper clips, and wadded pieces of paper; -The floor with debris, sweetener packets, and salt/pepper packets; -Cooking stove with black grease and grime, food particles and back splash with thick brown/black splatter; - A metal tray cart sitting next to the stove with a butter wrapper and a soiled knife on it. During an Interview on 08/04/25 at 12:20 P.M., the Dietary Manager (DM) said he/she started as the DM the first part of July and took classes online. He/She goes by first in and first out with the use of stored food. The food is marked with date item arrived and when it expires. Refrigerated items should be used by the end of the week received. Observation of the freezer on 08/04/25 at 12:46 P.M. showed: -An opened bag of hash rounds with no label and no expiration date; -Two unopened ten-pound bags of frozen diced potatoes with an expiration date of 07/05/25; - Four unopened large bags of frozen diced peppers and onions, unknown weight, with expiration dates of 09/30/24. Observation on 08/05/25 at 10:25 A.M. showed: - Cereal counter with (continued on next page)		

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	cereal debris, a scoop lying on the counter, paper clips, and two dietary cards;- Work counter, above the container storage area, with a tray containing paper clips and uncapped thermometers;- On the counter below, a packet of thickener, two serving spoons, a personal drinking cup with lid and straw, six dietary cards, and a used plastic sandwich bag.Observation on 08/05/25 at 10:40 A.M. showed the refrigerator with four, unopened, five-pound packages of shredded cabbage and carrots, with best if used by date of 07/23/25.During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing said they would expect the kitchen to be clean, floors, counters, and stove to be clean and free of grime, the refrigerator and freezer to be free from expired items, and food labeled with dates.		

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F 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. Based on interview and record review, the facility failed to maintain a surety bond (a purchased bond for security of residents' personal funds) sufficient to ensure the protection of resident funds. The facility census was 92. Review of the facility's Resident Trust policy, last reviewed 06/12/25, showed:-The facility shall allow residents to access personal possessions and funds during regular business hours, Monday through Friday;-The facility shall keep an accurate and maintained accounting system for the residents that choose to have their personal funds managed;-The facility shall provide assurance of financial security by means of a surety bond. The bond shall be in an amount equal to at least one and one-half times the average total of the reconciled monthly balances. A copy of current bond shall be kept in a file in the facility by the Resident Trust Clerk. Review of the residents' personal funds account for the period July 2024 through July 2025 showed an average monthly balance of \$40,973.07. An average monthly balance of \$40,973.07 rounded to the nearest thousand equaled \$41,000.00, at one- and one-half times will equal the required bond amount of at least \$61,500.00. Review of the facility's current surety bond, effective 05/06/25, showed the facility held a bond in the amount of \$50,000.00, which was insufficient by \$11,500.00. During an interview on 08/07/25 at 8:25 P.M., the Administrator said the surety bond amount should be one-and one-half times the amount of the resident trust balance to meet the regulatory requirement. She said corporate was in the process of increasing the bond to \$100,000.00.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable and homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 92. Review of the facility's policy titled, "Environmental Rounds", revised on 06/29/23, showed: - Environmental rounds are to be done daily by the Department Heads; - The Department Head should be inspecting the room for potentially hazardous items and any areas that may not be in compliance with state and federal guidelines; - Environmental rounds include the resident rooms, drawers and bathrooms. Staff will look for items during these rounds which pose a possible risk to residents and/or staff. Review of the facility's Safe and Homelike Environment Policy, last reviewed 06/05/24, showed: - In accordance with resident rights, the facility will provide a safe, comfortable and homelike environment; - The facility will create and maintain, to the extent possible, a home-like environment that deemphasizes the institutional character of the setting; - Housekeeping and maintenance services will be provided as necessary to maintain a sanitary and comfortable environment; - Minimize odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms in need of cleaning to the Housekeeping Department; - Even light levels should be utilized in common areas and hallways to avoid patches of low light; - Report any furniture in disrepair to maintenance promptly; - Report any unresolved environmental concerns to the Administrator. Observation on 08/04/25 at 1:45 P.M., of room [ROOM NUMBER] showed a sign on the mirror which read out of order. The sink was half-filled with dark brown water, the area around the sink was stained with a brown substance, the cabinet underneath had chipped paint and rusted areas, and the extra bed in the room was unmade- exposing a mattress with black grime and stains. Observations on 08/05/25 at 10:15 A.M., 08/06/25 at 9:02 A.M., and 08/07/25 at 5:18 P.M. showed the entire length of the 100-hall floor sticky to walk on. Observation on 08/05/25 at 10:15 A.M., of the shower room located on the 100-hall, across from room [ROOM NUMBER], showed: - Lighting in the room dim; (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- All floor corners had a buildup of brown debris and grime; - Shower floor made of approximately 2 inch by 2 inch tiles with grout in between the tiles covered in a black, grimy substance; - Shower walls made of approximately 4 inch by 4 inch tiles with grout and caulk covered in a black, grimy substance; - Wall shelf in the shower with grout and caulk covered in a black, grimy substance; - Orange-stained caulk in the back right and left sides of the back wall; - The shower room floor with brown streaks; - Toilet with the seat in the upright position, splattered with a brown substance underneath the lid and in the bowl; - No toilet paper on the holder or in the vicinity; - Toilet assist bars covered in a grayish grime; - A large, white PVC (polyvinyl chloride-a thermoplastic material) pipe shower chair with a toilet seat with the right front wheel bent and leaning inward and all four legs taped together with white tape; - A metal/plastic shower bench chair with the left legs taped together. Observation on 08/05/25 at 10:22 A.M. of the 100-hall shower room with tub, across from room [ROOM NUMBER] showed: - A bathtub with dirt and debris, a pair of gloves, a bench shower chair, adjustable grab bar, and the water spigot broken off and lying in the tub; - Flooring grout/caulk covered in a black, grimy substance; - A toilet with dried brown substance on the toilet seat; - No toilet paper on the holder or in the vicinity; - Toilet hat lying on the floor, behind the toilet; - Privacy curtain in the toilet area worn, missing hooks at the top, drooping down on both upper right and left sides, with the bottom of the curtain tied up in a knot; - Shower floor tiles approximately 2 inch by 2 inch squares with a black, grimy substance covering the grout/caulk; - Three cracked shower floor tiles by the drain, two tiles missing by the drain and one tile missing from the right rear area of the shower; (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- A brown-stained area on the right side of the drain; approximately nine tiles across and six tiles wide; - Shower head lying on the shower floor with no holder for the shower head. Observation on 08/07/25 at 9:45 A.M. of the shower room on 100-hall, across from room [ROOM NUMBER], showed: - Shower room and shower floor with a black, grimy substance covering grout/caulk throughout; - Soiled clothes, a sheet, and towel lying on the shower room floor; - A wet washcloth lying in the corner on the wall shelf; - Black debris in the floor corners of the toilet area, water behind the toilet, and a red/brown tinged gauze dressing lying on the floor beside the toilet; - A toilet brush sitting on the floor in a clear solution; - Three wire hangers lying on a shower chair. Observation on 08/07/25 at 9:52 A.M. of the shower room with tub on 100-hall, across from room [ROOM NUMBER] showed: - Shower room and floor caulk/grout covered in a black, grimy substance throughout; - A washcloth with a dried red/brown substance lying on the shower room floor; - A soiled towel laying in the corner of the shower room floor; - A towel with a brown substance lying on the shower chair; - A worn privacy curtain worn with missing hooks and tied up at the bottom; - A toilet hat lying on the floor behind the toilet. Observation on 08/07/25 at 10:00 A.M. of the male restroom labeled 100-15 showed: - A toilet with a black, grimy substance inside the toilet bowl, around the toilet area and the surrounding floor; - The floor covered in a sticky substance with brown, grimy footprints throughout; - A sink with brown grime and stains. Observation on 08/07/25 at 5:45 P.M. of Room124 showed a section of wall with two pieces of broken tile, approximately three by five inches, by the entryway. During an interview on 08/04/25 at 12:15 P.M., Resident #72 said that he/she was afraid to use the (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	shower room because the floor was all busted up. During an interview on 08/04/25 at 12:20 P.M., Resident #18 said the shower rooms were dirty, soap dispensers were not filled and trash cans were full and overflowing. During an interview on 08/07/25 at 9:45 A.M., Housekeeper B said shower rooms are cleaned every day in the 100 hall area, and up front they are cleaned every other day. Housekeeper B said he/she takes out the trash, sprays a disinfecting spray, wipes down surfaces and cleans the floors and used air freshener. Housekeeper B said he/she has a scrubber and scraper to clean the black grime from the floor and grout. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) collectively said they would expect resident rooms to represent a home like environment, to be clean and odor free, and to be repaired as needed. They said they would expect shower rooms to be clean, toilets to be free of stains, showers and floors to be free of black, grimy substances and cracked tiles to be repaired or replaced. They would expect shower chairs to be in good working order and not taped together. They expect hallway grout to be clean and the tiles to be level.		

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to ensure a Certified Background Check (CBC), the Employee Disqualification List (EDL) and Nurse Aide (NA) Registry were checked prior to the employment start date for six employees out of the ten sampled employees. This deficient practice had the potential to affect all residents. The facility census was 92. Record review of the facility's policy titled, Screening-Applicant, Employee, Volunteer and Vendor (Missouri), revised on 06/12/25, showed: - Pre-employment screening; Human Resources Department (HR) will conduct pre-employment screens on applicants to determine whether the applicant has committed a disqualifying crime, is an excluded provider of any federal or state healthcare programs, is eligible to work in the United States, and if applicable is duly licensed or certified to perform the duties of the position for which they applied;- Applicants shall complete a request for criminal records check and request for consent to employee disqualification check form. Human Resources staff will conduct the following screens on potential employees prior to hire;- The results of each background check must be maintained in the applicant's file;- Using the request for criminal records check, a criminal background check should be done through the Missouri Highway Patrol's Missouri Automated Criminal History Site. If a check is made through the Family Care Safety Registry showing the applicant is registered and a no finding letter is received and printed, that will satisfy the Missouri Criminal background check requirement, and no check needs to be done with the Missouri Highway Patrol;- No applicant may begin work until the criminal background check is completed unless otherwise approved by the Reliant Care Management Company, LLC (RCMC) executive director of Human Resources;- The Certified Nurse Aide (CNA) registry must be checked on all applicants regardless of position for which they are applying. Any applicants listed with background problems, or a federal indicator may not be hired for any position;- RCMC and the facilities it manages will periodically conduct a background check of existing employees to determine whether the employee is an excluded provider of any federal or state healthcare programs and if applicable is duly licensed or certified to perform the duties of the position.1. Review of Employee B's personnel file showed:- Hire date of 10/16/24;- The facility failed to check the CBC, EDL and Nurse Registry until 10/21/24.2. Review of Employee C's personnel file showed:- Hire date of 01/31/25;- The facility failed to check the CBC, EDL and Nurse Registry. 3. Review of Employee D's personnel file showed:- Hire date of 09/02/24;- The facility failed to check the NA registry.4. Review of Employee E's personnel file showed:- Hire date of 12/03/24;- The facility failed to check the CBC, EDL and Nurse Registry until 03/06/25.5. Record review of Employee F's personnel file showed:- Hire date of 10/10/24;- The facility failed to check the CBC until 08/06/25.6. Review of Employee G's personnel file showed:- Hire date of 12/03/24;- The facility failed to check the CBC, EDL and NA registry until 03/26/25. During an interview on 08/07/25 at 5:15 P.M., the Administrator said that Employee C, Employee E and Employee F did not have an updated CBC, EDL, NA registry check since their hire dates. She said that when an applicant fills out an application, they send off for the background checks that day, and that last week you could get in the queue and print off the information, and this week they are 4 days behind on processing and the checks aren't able to be printed off. She also said NA registry checks are done only on Certified Nurse Aides (CNAs) and Certified Medication Technicians (CMTs) and run through Training Management and Updated (TMU). She said corporate did a complete audit of background checks in April 2025. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) collectively said they would expect all employees to have a CBC/EDL and NA registry check completed before hire.		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that residents' code statuses were listed in the chart, care planned and up to date with the most accurate information for four residents (Resident #1, #16, #65 and #101) out of 19 sampled residents. The facility census was 92. Review of the facility's policy, "Advanced Directives-Missouri, revised on [DATE], showed: - Individuals have the right to make decisions concerning their care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives as permitted under state statutory and case law; - It is the policy of this facility to follow the directions given by each resident with regard to accepting or refusing medical or surgical treatment to the extent permitted by law; - At the time of admission as a resident of the facility, the resident or their legal representative will be provided with information on Advance Directives; - There shall be documented in the resident's medical record whether the resident has executed any advanced directives, and copies shall be made a permanent part of the resident's medical record; - The resident's attending physician shall be timely notified by the Director of Nursing (DON) or designee if the resident has any advanced directives and requested to write appropriate orders; - If a resident is being readmitted to the facility as a resident, and previously provided copies of advance directives, they shall be verified as being current to this admission; - It is the responsibility of the Administrator to review the advance directives of each resident and to instruct all employees of the facility with regard to each resident's advanced directives and any related physician's orders. 1. Review of Resident #1's medical record showed: - admitted on [DATE]; - The Physician's Order Sheet (POS), with an order, dated [DATE], for Full Code; - Care Plan, last revised, [DATE], with Do Not Resuscitate (DNR-revive from potential or apparent death) interventions; - A full code status sheet signed on [DATE]. 2. Review of Resident #16's medical record showed: - admitted on [DATE]; - No code status listed next to the resident's name in the facility's online charting system for (continued on next page)		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	electronic health records; - No code status listed on the POS, last order review [DATE]; - No code status listed on the care plan, initiated on [DATE] and revised on [DATE]. 3. Review of Resident #65's medical record showed: - admitted on [DATE]; - No code status listed next to the resident's name in the facility's online charting system for electronic health records; - No code status listed on the POS, last order review [DATE]; - Full code listed on the care plan, date initiated [DATE], last revised [DATE]. 4. Review of Resident #101's medical record showed: - admitted on [DATE]; - The POS, with an order, dated [DATE], for Full Code; - Care Plan, undated, with DNR interventions; - No signed documentation for code status. During an interview on [DATE] at 5:40 P.M., Licensed Practical Nurse (LPN) L said that code statuses are listed on the POS, on the front screen of the electronic medical record when you search by resident's name, and in their care plans. He/She also said there is a book with residents' names and code statuses at the nursing station, but isn't for sure where it is. During an interview on [DATE] at 5:43 P.M., Certified Medication Technician (CMT) N said code statuses are in the electronic medical record and in a book at the Nurse's station, but he/she doesn't know where the book is. During an interview on [DATE] at 8:25 P.M., the Administrator and Director of Nursing (DON) collectively said they would expect residents to have a code status order and the code status to be documented consistently throughout the chart.		

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interview and record review, the facility failed to follow appropriate discharge procedures by not completing a discharge recapitulation or documentation of the reason for discharge by the physician for one resident (Resident #96) out of three closed record reviews. The facility census was 92. Review of the facility's Transfer/Discharge, Immediate Discharge and Therapeutic Leave policy, last reviewed 06/12/25, showed:- The facility may discharge or transfer a resident if needs can not be met;- Resident no longer needs the service provided by facility;- The safety of individuals in facility is or would be endangered;- The resident failed, after reasonable and appropriate notice, to pay for stay at facility;- The facility ceases to operate;- When resident is transferred or discharged due to welfare and needs can not be met or health has improved, the attending physician must document in medical record, the reason for transfer/discharge, specific needs the facility could not meet, specific services the receiving facility will provide to meet those needs;- When resident is transferred or discharged due to safety or health of individuals in facility being endangered, a physician must document the reason for transfer and discharge;- When a resident is discharged or transferred, the Interdisciplinary Discharge Summary (recapitulation) must be completed. Review of Resident #96's medical record showed:- admission date of 06/03/25;- Diagnoses of dementia (a group of thinking and social symptoms that interfere with daily functioning), Parkinson's disease (a disorder of the central nervous system that affects movement and often including tremors), Alzheimer's (a progressive disease that destroys memory and other important mental functions), disorientation (a state of confusion), and bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). Review of the undated, unsigned and incomplete Discharge Recapitulation showed:- Reason for discharge was inappropriate behaviors and elopement risk;- Resident discharged to another facility. Review of the resident's Progress Notes on 07/21/25 showed medication had been given. No discharge notes. Review of the discharge Minimum Data Set (MDS-a federally mandated assessment completed by the facility), dated 7/22/25, showed discharge to hospital with return anticipated. During an interview on 08/07/2025 at 6:50 P.M., the Administrator said Resident #96 had been exit seeking, had said something to another resident that had scared them, and it was decided, along with Resident #96's family member, that he/she should be moved to a different facility and that is what happened. There was no documentation of this. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) said they would expect a recapitulation of stay to be completed and a progress note to be completed at the time of discharge.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing, of a transfer or discharge to a hospital, for four residents (Resident #1, #6, #16 and #65) and failed to complete a discharge summary that included a recapitulation of the resident's stay that consisted of but not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results for one resident (Resident #98) out of 19 sampled residents. The facility census was 92. Review of the facility's Transfer/Discharge and Therapeutic Leave Policy, last reviewed on 06/12/25, showed:- Residents sent emergently to the hospital are considered transfers because the resident's return is generally expected;- Before any resident is transferred or discharged, the facility must notify the resident and the resident's representative, the reason for transfer or discharge in writing, in a manner they understand;- The written notice shall include reason for transfer, effective date of transfer and location to which resident is transferred or discharged;- When a resident is transferred to the hospital or other location, the facility must provide to the resident or legal representative, a written copy of the bed hold policy;- When a resident is discharged or transferred, the Interdisciplinary Discharge Summary (recapitulation), must be completed. Review of the Bed Hold Policy, last reviewed 06/12/25, showed:- When resident is discharged to the hospital or goes on therapeutic leave, the facility will provide to the resident or legal representative, a copy of the bed hold policy;- If a resident was transferred with the expectation of returning to the facility and the resident cannot return, the facility must follow requirements for a discharge. 1. Review of Resident #1's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE] and returned to the facility on [DATE];- No documentation that written notification was provided to the resident and/or the resident representative at the time of transfer. During an interview on 08/07/25 at 10:33 A.M., the Director of Nursing (DON) said a transfer and bed hold had not been sent because resident went out as an emergency. 2. Review of Resident #6's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE] and had not yet returned on 08/07/25;- No documentation that written notification was provided to the resident and/or the resident's representative at the time of transfer. During an interview on 08/07/25 at 7:07 P.M., the DON said there was not a bed hold/transfer sheet completed for the resident. 3. Review of Resident #16's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE], and returned to the facility on [DATE];- No documentation that written notification was provided to the resident and/or the resident's representative at the time of transfer. 4. Review of Resident #65's medical record showed:- admitted on [DATE];- Transferred to the hospital on [DATE] and returned to the facility on [DATE];- No documentation that written notification was provided to the resident and/or the resident's representative at the time of transfer. 5. Review of Resident #98's medical record showed:- admitted on [DATE];- discharged home on [DATE], as therapy goals had been met;- No recapitulation of stay. During an interview on 08/07/25 at 1:15 P.M., the DON said she is not sure who was responsible for the bed holds, transfers and discharges since the new owners took over. During an interview on 08/07/25 at 8:25 P.M., the Administrator and DON said they would expect a notification of transfer and bed hold to be given to the resident and/or resident's representative in writing when discharged to the hospital. The discharged residents should have a recapitulation of stay along with a progress noted completed with the reason for discharge.		

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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 document an accurate Minimum Data Set (MDS-a federally mandated assessment completed by the facility staff) for five residents (Resident #2, #26, #39, #93 and #96) out of 19 sampled residents. The facility census was 92. Review of the facility's "MDS 3.0, Care Assessment Summary and Individualized Care Plans" policy, last reviewed 11/06/23, showed (The MDS 3.0) is an assessment tool that addresses the wholistic person, including functional status, quality of life, and individual plan of care to address and meet needs of the individual resident. 1. Review of Resident #2's medical record showed: - admission date of 05/15/25; - Diagnoses of Tracheoesophageal Fistula (an abnormal connection between the esophagus and trachea), bipolar disorder (a disorder with episodes of mood swings ranging from depressive lows to manic highs), chronic kidney disease (longstanding disease of the kidneys that leads to kidney failure due to the inability to filter wastes from the blood) and asthma. Review of the resident's Physician's Order Sheet (POS), dated 08/07/25, showed no orders for tracheostomy. Review of the resident's admission MDS assessment, dated 06/09/25, showed Section E marked YES for having a tracheostomy while a resident. Observation on 08/04/25 at 2:20 P.M. showed Resident #2 seated at a table with no tracheostomy. During an interview on 08/05/25 at 12:10 P.M., the Director of Nursing (DON) said they do not have anyone with a tracheostomy (a surgically inserted tube used to maintain an open airway). 2. Review of Resident #26's medical record showed: - admission date of 07/08/25; - Diagnoses of schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly), morbid obesity (overweight), obstructive sleep apnea (intermittent air flow blockage during sleep) and asthma. Review of the POS, dated 08/05/25, showed: - No orders for Continuous Positive Airway Pressure (CPAP) machine; - No orders for how to care for a CPAP machine or appropriate settings to use. Review of the resident's admission MDS, dated [DATE], showed Section O marked no for oxygen. Observation on 08/05/25 at 2:49 P.M., showed the resident had a CPAP in his/her room. (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/05/25 at 2:49 P.M., the resident said he/she was unsure if the CPAP got cleaned but the staff fill it up for him/her and it is used every night. 3. Review of Resident #39's medical record showed: - admission date of 04/26/22; - Diagnoses of urinary system disorder, low back pain and hematuria (blood in urine), dysuria (painful or uncomfortable urination), and acute kidney failure (kidneys suddenly cannot filter waste from the blood). Observation of the resident on 08/04/25 at 1:00 P.M. showed a urinary catheter (a thin, flexible tubing that drains urine from the bladder) attached to a leg bag while lying in bed. Review of the resident's POS, dated 08/06/25, showed no order for a urinary catheter. Review of the resident's annual MDS, dated [DATE], showed: - Section H checked no for indwelling device; - Section H checked always for Urinary Continence. 4. Review of Resident #93's medical record showed: - admission date of 07/08/24; - Diagnoses of dyspnea (difficulty breathing), chronic obstructive pulmonary disease (COPD-a group of lung diseases that block the airflow and make it difficult to breathe) and heart disease. Observation of the resident on 08/04/25 at 3:06 P.M., showed oxygen at two liters per minute via nasal cannula and dated 07/18/25. During an interview on 08/06/25 at 1:03 P.M., Resident #93 said his/her tubing (now dated 8/1/25) was just changed yesterday. Review of the resident's POS, dated 08/06/25, showed no order for oxygen. Review of the resident's annual MDS assessment, dated 07/03/25, showed Section O marked no for oxygen. 5. Review of Resident #96's medical record showed: - admission date of 06/03/25; - Diagnoses of dementia (a group of thinking and social symptoms that interfere with daily functioning), Parkinson's disease (a disorder of the central nervous system that affects movement and often including tremors), Alzheimer's (a progressive disease that destroys memory and other important mental functions), disorientation (a state of confusion), and bipolar (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's undated, unsigned and incomplete Discharge Recapitulation showed: - Reason for discharge was inappropriate behaviors and elopement risk; - Resident discharged to another facility. Review of the resident's discharge MDS, dated [DATE], showed discharge to hospital with return anticipated. Review of the resident's Progress Notes, dated 07/21/25, showed medication had been given. No discharge notes. During an interview on 08/07/2025 at 6:50 P.M., the Administrator said Resident #96 had been exit seeking, had said something to another resident that had scared them, and it was decided, along with Resident #96's family member, that he/she should be moved to a different facility and that is what happened. There was no documentation of this. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) said they would expect the MDS to be completed accurately per the RAI manual. During an interview on 08/15/25 at 11:13 A.M., the MDS Coordinator said he/she is at the facility about three to four times a month. When there, the MDSs' that are due will have the assessment components completed. He/She would expect the MDS to be coded accurately and the Resident Assessment Instrument (RAI-an instrument that helps nursing home staff gather definitive information on resident's strengths and needs) manual is followed.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement a care plan with specific interventions to meet individual needs for four residents (Resident #26, #39, #93, and #101) out of 19 sampled residents. The facility census was 92. Review of the facility's Comprehensive Care Plan Policy, last reviewed 10/31/25, showed:- It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident;- The care plan process will include an assessment of the resident's strengths and needs;- The comprehensive care plan will describe, at minimum, services that are to be furnished to maintain the resident's highest practicable physical, mental and psychosocial well-being;- Any services that would otherwise be furnished, but are not provided due to the resident's exercise of his or her right to refuse treatment;- Any specialized services as a result of the Pre-admission Screening and Resident Review (PASARR-a federal requirement that helps to ensure individuals are not inappropriately placed in nursing homes for long-term care) recommendations;- Resident goals for admission, desired outcomes and preference for future discharge;- Resident specific interventions that reflect the resident's needs and preferences and align with the resident's cultural identity, as indicated;- The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly Minimum Data Set (MDS- federally mandated assessment completed by the facility staff) assessment;- The comprehensive care plan will include measurable objectives and time-frames to meet the resident's needs as identified in the comprehensive assessment. 1. Review of Resident #26's medical record showed: - An admission date of 07/08/25;- Diagnoses of schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly), morbid obesity (overweight), obstructive sleep apnea (intermittent air flow blockage during sleep) and asthma.- Physician's Order Sheet (POS), dated 08/05/25, showed no orders for Continuous Positive Airway Pressure (CPAP) machine, how to care for it, or appropriate settings;- Care Plan, dated 07/15/25, showed altered respiratory status and breathing difficulty, and did not address CPAP. Review of the resident's admission MDS, dated [DATE], showed:- Section O marked no for oxygen. During an interview on 08/05/2025 at 2:49 P.M., Resident #26 said he/she was unsure if the CPAP gets cleaned, but he/she uses it every night and they fill it up for him/her. 2. Review of Resident #39's medical record showed:- An admission date of 04/26/22;- Diagnoses of urinary system disorder, low back pain and hematuria (blood in urine), dysuria (painful or uncomfortable urination), and acute kidney failure (kidneys suddenly cannot filter waste from the blood).- POS, dated 08/06/25, showed no orders for a urinary catheter or catheter care;- Care Plan, last revised on 08/06/25, did not address indwelling catheter. Review of the resident's annual MDS, dated [DATE], showed:- Section H checked no for indwelling device;- Section H checked always for Urinary Continence. Observation of the resident on 08/04/25 at 1:00 P.M. showed a urinary catheter (a thin, flexible tubing that drains urine from the bladder) attached to a leg bag while lying in bed. During an interview on 8/04/25 at 1:00 P.M., Resident #39 said he/she has had a catheter for a long time, prior to being here, and had always taken care of it. During an interview on 08/06/2025 at 10:10 A.M., Resident #39 said the catheter caused pain, but the facility staff had said the catheter cannot be removed without an order. Staff had never cleaned it, but if he/she needed a new bag, they would get one. He/She uses a gravity bag at night and would put it on and take it off every morning. Resident said he/she rinses the gravity bag and when it started to look cloudy, would ask for another one. During an interview on 08/06/2025 at 10:32 A.M., Licensed Practical Nurse (LPN) L said the resident won't let them touch him/her. The Director of Nursing (DON) mostly takes care of the catheter. The resident avoids the LPN so they just make sure it's draining properly by sending another staff member in to check on him/her. During an interview on 08/06/2025 at 11:01 A.M., the DON said she just noticed there were no orders for Resident #39's (continued on next page)		

Department of Health & Human Services
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	catheter and there should have been orders for catheter care. 3. Review of Resident #93's medical record showed: - An admission date of 07/08/24;- Diagnoses of dyspnea (difficulty breathing), chronic obstructive pulmonary disease (COPD-a group of lung diseases that block the airflow and make it difficult to breathe) and heart disease;- POS, dated 08/06/25, showed no order for oxygen; - Care Plan did not address oxygen. Review of the resident's annual MDS, dated [DATE], showed Section O marked no for oxygen.Observation of the resident on 08/04/2025 at 3:06 P.M. showed oxygen at two liters per minute via nasal cannula and dated 07/18/25.During an interview on 08/06/2025 at 1:03 P.M., Resident #93 said his/her tubing (now dated 08/01/25) was just changed yesterday. 4. Review of Resident #101's medical record showed:- An admission date of 02/24/25;- Diagnoses of psychosis (a mental disorder characterized by a disconnection from reality), schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly) and COPD;- POS, dated 8/07/25, showed no orders for side rails;- Side rail assessment completed on 2/24/25 and indicated no side rails.Review of the resident's care plan, dated 03/04/25, showed side rails not addressed.Observation on 08/04/25 at 2:00 P.M., showed the resident lying in bed with half side rail up on the left side of the bed.Observation on 08/07/25 at 1:05 P.M., showed the resident with half rail on left side of bed. The space between the bed rail and mattress approximately six inches, and the bed rail wobbled when the resident grabbed it. Metal bedframe observed because the mattress was smaller than the frame. During an interview on 08/07/25 at 1:05 P.M., the resident said he/she used it to get up and out of bed.During an interview on 08/07/25 at 1:08 P.M., the Administrator said he/she would have expected there to be an assessment to assure the handrail was a proper fit, but it had not been done. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing said they would expect care plans to reflect the resident's status and be updated accurately.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a urinary indwelling catheter (a tube inserted into the bladder to drain urine) tubing and drainage bag was maintained by failing to have orders to properly care for one resident (Resident #39) out of 19 sampled residents. The facility census was 92. The facility did not provide a policy. 1. Review of Resident #39's medical record showed:- admitted on [DATE];- Diagnoses of urinary system disorder, low back pain and hematuria (blood in urine), dysuria (painful or uncomfortable urination), and acute kidney failure (kidneys suddenly cannot filter waste from the blood). Review of the Physician's Order Sheet (POS), dated 08/06/25, showed no orders for an indwelling urinary catheter or catheter care. Review of the resident's annual Minimum Data Set (MDS - a federally mandated process for clinical assessment of all residents in certified nursing homes), dated 05/03/25, showed:- Section H0100 checked No for indwelling device;- Section H0300 checked Always for Urinary Continence. Review of the resident's Care Plan, last revised 08/06/25, showed:- Resident has functional mixed bladder incontinence, retention of urine, hematuria and disorder of the urinary system;- Resident will be continent at all times and during waking hours;- Clean peri-area (genital area) with each incontinent episode;- Encourage fluids during the day to promote prompted voiding response;- Establish voiding patterns;- Care Plan did not address indwelling urinary catheter. Observation on 08/04/25 at 1:00 P.M. showed Resident #39 with a urinary catheter (a thin, flexible tubing that drains urine from the bladder) attached to a leg bag while lying in bed. Observation on 08/06/25 at 10:10 A.M., showed Resident #39 resting in bed with urinary catheter attached to leg bag. During an interview on 08/06/25 at 10:10 A.M., Resident #39 said the catheter would hurt at times and he/she has called the ambulance before, but the hospital would just place a new catheter. Resident said he/she would be having surgery on Friday to place a suprapubic catheter (a drainage tube inserted into the urinary bladder through a small incision above the pubic bone). The facility staff had said they couldn't remove the catheter without an order. Staff did not clean it. The resident said he/she was used to doing it on his/her own, but if a new bag was needed, the staff would get one. A gravity bag was used at night and the resident would put it on and take it off every morning. The resident said staff would get the supplies needed and he/she would keep the area clean with wipes. During an interview on 08/06/25 at 10:32 A.M., Licensed Practical Nurse (LPN) L said the resident would not let him/her touch the resident and that the Director of Nursing (DON) would mostly take care of the catheter. The resident avoided LPN L so he/she just made sure it was draining properly by sending another staff in to check. During an interview on 08/06/25 11:01 A.M., the DON said the resident would get frequent urinary tract pain and would tell staff he/she wasn't urinating and would call 911. They had tried the pain clinic but they wouldn't prescribe medications, so the resident wanted to see a new doctor. The resident would wear a leg bag during the day, but if he/she would lay down, the urine would flow back into the tube, so he/she tends to get frequent urinary tract infections (UTI), even though he/she had been educated. The DON said there were no orders for the catheter or catheter care. During an interview on 08/07/25 at 8:25 P.M., the Administrator and DON said they would expect residents with a urinary catheter to have a physician's order and to be care planned appropriately.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to obtain orders for continuous positive airway pressure machine (CPAP - a machine that uses mild air pressure to keep breathing airways open while you sleep) settings and tubing changes for one resident (Resident #26) out of one sampled resident with a CPAP and failed to obtain a physician's order prior to oxygen use and orders for nasal cannula (a small, flexible tube that contains two open prongs that sits in the nostrils and attaches to an oxygen source) and humidifier (used to increase the moisture level) changes for one resident (Resident #93) out of one sampled resident with oxygen. The facility census was 92. The facility did not provide a policy. 1. Review of Resident #26's medical record showed:- An admission date of 07/08/25;- Diagnoses of paranoid schizophrenia (a mental health condition where a person has strong false beliefs and hears or sees things that aren't real, often feeling suspicious or fearful of others), disorganized schizophrenia (a type of schizophrenia that causes confused speech, unusual behavior, and trouble organizing thoughts), schizoaffective disorder, unspecified (a mental health condition with symptoms of both schizophrenia and a mood disorder, such as depression or mania), manic episodes, severe with psychotic symptoms (periods of extremely high energy, little need for sleep, risky behavior, and possible hallucinations or delusions), congestive heart failure (when the heart can't pump blood as well as it should, causing fluid buildup in the body), borderline intellectual functioning (slightly below-average intelligence that can make learning and daily tasks more difficult). Observation on 08/05/25 at 2:49 P.M. showed the resident with CPAP in his/her room. During an interview on 08/05/25 at 2:49 P.M., the resident said he/she was unsure if the CPAP got cleaned, but the staff fill it up for him/her and it is used every night. Review of the resident's Physician's Order Sheet (POS), dated 07/08/25, showed:- No order for CPAP;- No order to clean CPAP;- No order to clean tubing;- No order for changing of CPAP parts;- No order for CPAP settings. Review of the resident's comprehensive care plan, revised 07/15/25, showed it did not address CPAP, settings, cleaning, changing parts, or tubing. 2. Review of Resident #93's medical record showed:- An admission date of 07/08/24;- Diagnoses of pneumonia, unspecified organism (an infection in the lungs, cause not identified), vitamin B deficiency, unspecified (low levels of vitamin B in the body, exact type not specified), hyperlipidemia, unspecified (high levels of fats or cholesterol in the blood, cause not specified), transient cerebral ischemic attack, unspecified (a short-term mini-stroke where blood flow to part of the brain is briefly blocked, exact cause not identified), unspecified atrial fibrillation, cardiac arrhythmia, unspecified (an irregular heartbeat starting in the upper chambers of the heart, cause not specified), heart failure, unspecified (the heart is not pumping blood as well as it should, cause or type not specified), heart disease, unspecified (a problem with the heart, exact condition not specified), cerebral infarction, unspecified (a type of stroke where part of the brain is damaged due to lack of blood flow, cause not specified), peripheral vascular disease, unspecified (poor blood circulation in the arteries of the arms, legs, or other body parts, cause not specified), chronic obstructive pulmonary disease, unspecified (COPD-a long-term lung disease that makes it hard to breathe, type not specified), dyspnea, unspecified (shortness of breath, cause not specified). Observations showed:- On 08/04/25 at 3:06 P.M., the resident wore oxygen at two liters per minute via nasal cannula with oxygen tubing dated 07/18/25;- On 08/06/25 at 1:03 P.M., the resident wore oxygen at two liters per minute via nasal cannula with oxygen tubing dated 08/01/25. Review of the resident's POS, dated 04/28/25, showed:- No order for oxygen settings;- No order to check oxygen bubbler (humidifier);- An order to change oxygen tubing every Friday and as needed for leakage, contamination, and infection. Review of the resident's comprehensive care plan, revised 07/15/25, did not address oxygen use. During an interview on 08/04/25 at 3:06 P.M., Resident #93 said staff change his/her oxygen tubing monthly. During an interview on 08/06/2025 at 1:03 P.M., Resident #93 said his/her tubing (now dated 8/1/25) was just changed yesterday. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) said they would expect (continued on next page)		

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

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents with a CPAP to have orders and they should include the settings and how to clean it. The facility had called to get settings as they were not on the discharge paperwork, but had not received a call back. Oxygen tubing should be changed according to orders and be dated appropriately.		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess residents for the risk of entrapment and review possible risks and benefits of bed rails prior to installation or use. The facility also failed to obtain informed consent from the resident and/or the resident's representative for two residents (Resident #80 and #101) out of 19 sampled and for two residents (Resident #46 and #74) outside the sample. The facility census was 92. Review of the facility's Proper Use of Bed Rails policy, last reviewed on 06/26/25, showed: - If bed rails are used, the facility will ensure correct installation, use and maintenance of the bed rails; - As part of the comprehensive assessment, components will be considered when determining the resident's needs and whether the use of bed rails meets the needs; - Components include: medical diagnoses, size/weight, medications, surgical interventions, existence of delirium, cognition, mobility, fall risk and ability to toilet self safely; - Resident assessment must include an evaluation of the alternatives that were attempted prior to installation or use of bed rail, and how alternatives failed to meet resident's assessed needs; - The resident assessment must also assess the resident's risk from using bed rails; - The resident assessment should assess the resident's risk of entrapment between the mattress and bed rail or in the bed rail itself; - The facility will assess to determine if the bed rail meets the definition of a restraint; - Informed consent from the resident or resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed rails; - The facility will assure correct installation and maintenance of bed rails prior to use, which includes bed rails, mattress and bed frame compatibility, appropriate bed dimensions, installing rails as per manufacturer's instruction and specifications to ensure proper fit, ensure bed frame, bedrail and mattress do not leave a gap wide enough to entrap a resident's head or body and checking bed rails regularly; - Conduct routine preventative maintenance on beds and bed rails to ensure they meet current safety standards and are not in need of repair. Review of the facility's "Bed Maintenance and Inspection" policy, last reviewed 05/14/24, showed: - The Maintenance Director, or designee, will be responsible for keeping records of bed inspections and maintenance; (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A list of bed frames, mattresses and bed rails will be maintained, including the manufacturer of each; - Bed rails shall be securely and properly installed according to manufacturer's requirements; - Bed frame, mattress and bed rail inspections will be conducted upon each item entering facility and placed on a regular scheduled inspection and maintenance cycle according to manufacturer's recommendations and time frame. Review of the Federal Drug Administration (FDA) documents titled, "Guide to Bed Safety Rails in Hospitals, Nursing Homes and Home Health Care: The Facts," showed the potential risks of bed rails may include: - Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress; - More serious injuries from falls when patients climb over rails; - Skin bruising, cuts, and scrapes; - Inducing agitated behavior when bed rails are used as a restraint; - Feeling isolated or unnecessarily restricted; - Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet. 1. Review of Resident #46's electronic medical record showed: - admitted on [DATE]; - Diagnoses of abnormal posture, muscle weakness, other lack of coordination, abnormalities of gait (the pattern of how someone walks) and mobility and unspecified osteoarthritis (joint inflammation that occurs when the flexible tissue at the ends of bones wear down); - No documentation of a signed consent form explaining the risks and benefits of bed rail use; - No documentation of a completed entrapment assessment. Review of the resident's care plan, last revised 03/03/25, showed: - Bed rail use not care planned; - Impaired mobility, impaired activities of daily living (ADLs). Observations of the resident on 08/04/25 at 12:22 P.M. and on 08/07/25 at 5:05 P.M. showed the resident in bed with a half bed rail up on the left, upper side of the bed. 2. Review of Resident #74's electronic medical record showed: (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- admitted on [DATE]; - Diagnoses of encephalopathy (any brain disease that alters brain function or structure), and tremors (involuntary rhythmic and shaking of body parts, often occurring due to neurological conditions); - No documentation of a signed consent form explaining the risks and benefits of bed rail use; - No documentation of a completed entrapment assessment. Review of the resident's care plan, revised on 02/04/25, showed: - Bed rail use not care planned; - Ambulatory and performs own activities of daily living (ADLs) with stand by assist and set up assistance as needed. Observation of the resident on 08/04/25 at 12:35 P.M. and on 08/07/25 at 5:35 P.M. showed the resident sitting in a chair in his/her room watching TV with his/her roommate. Half rail up on left side of bed. During an interview on 08/07/25 at 5:35 P.M., the resident said he/she did not use the bed rail and wasn't sure why it was there. 3. Review of Resident #80's electronic medical record showed: - admitted on [DATE]; - Diagnoses of failure to thrive (a syndrome of decline characterized by weight loss, decreased appetite, poor nutrition and inactivity), dementia (a group of thinking and social symptoms that interfere with daily living), cognitive communication deficit (difficulty with language comprehension, language expression reasoning attention or memory), muscle weakness; - A physician's order, dated 03/31/25, for half bed rail per resident request; - No documentation of a signed consent form explaining the risks and benefits of bed rail use; - No documentation of a completed entrapment assessment. Review of the resident's care plan, last revised 03/03/25, showed half side rail to assist with turning and repositioning. Observation on 08/04/25 at 2:15 P.M. showed the resident lying in bed, call light draped around a raised, half rail on the right side of the bed; Observation on 08/07/2025 at 3:17 P.M. showed the resident not in the room, call light draped around a raised, half rail on the right side of the bed. 4. Review of Resident #101's electronic medical record showed: (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- admitted on [DATE]; - Diagnoses of psychosis (a mental disorder characterized by a disconnection from reality), schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly) and chronic obstructive pulmonary disease (COPD-a group of lung diseases that block airflow and make it difficult to breathe); - Side rail assessment completed on 2/24/25, indicated NO side rails; - No documentation of a signed consent form explaining the risks and benefits of bed rail use. Review of the resident's care plan, last updated 03/04/25, showed half side rail up to assist with turning and repositioning. Observation on 08/04/25 at 2:00 P.M. showed the resident lying in bed with a half rail on the left side of the bed. Observation on 08/07/2025 at 1:05 P.M. showed the resident lying in bed with a half rail on the left side of the bed. The resident said he/she used it to get up and out of bed. The resident grabbed the rail to give an example, and the rail wobbled. The space between the half rail and mattress was approximately six inches and the metal bed frame was larger than the mattress. During an interview on 08/07/2025 at 1:08 P.M., the Administrator acknowledged the gap and said there was a big space, and she would have expected an assessment to assure the handrail was a proper fit, but it had not been done. During an interview on 08/07/2025 at 12:50 P.M., the Maintenance Director said he/she made sure the handrails were maintained but had not done an actual assessment. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) collectively said they would expect bed rails to have a physician's order, an accurate and current assessment completed, for bed rails to be assessed and maintained by maintenance and that bed rails should be assessed to ensure that the mattress/bed and bed rail(s) are not posing a hazard.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to maintain an error rate of less than five percent, when medications were administered. There were 27 opportunities with three errors made, for an error rate of 11.11%. This affected one resident (Resident #2) out of 19 sampled residents and one resident (Resident #27) outside the sample, with the potential to affect all residents. The facility census was 92. Review of the facility's policy, Administration of Insulin, revised on 05/14/24, showed:- All insulin will be administered in accordance with physician's orders;- Procedure: Review the insulin order; resident name, medication name, medication dosage, time to be administered, and route of administration, perform hand hygiene, prepare insulin dose, explain procedure and provide privacy, administer insulin at appropriate times, document on the medication administration; record the time and location of the insulin injection;- Insulin pens contain multiple doses of insulin but are used for a single resident only;- Procedure: Gather supplies, perform hand hygiene, don gloves, verify resident, examine the appearance of the insulin, attach pen needle, prime the insulin pen-dial two units by turning the dose selector clockwise, with the needle pointing up, push the plunger, and watch to see that at least one drop of insulin appears on the tip of the needle, if not repeat until at least one drop appears, set the insulin dose, inject the insulin, remove gloves and perform hand hygiene, document the dosage, site and time in the medication record along with nurse signature, document any teaching, and/or demonstrations done when planning for discharge. Review of Humalog insulin pen (insulin in a pen-type device) directions showed:- Remove cap;- Attach needle:- Prime pen by turning dose selector to select two units;- Press and hold button to make sure drop of insulin appears;- Select dose;- Give injection;- After dose counter reaches zero, count to five;- After injection, remove needle and place in sharps container. 1. Observation on 08/06/25 at 11:35 A.M. showed:- Certified Medication Technician (CMT) M obtained the finger stick blood sugar for Resident #27;- CMT M obtained the insulin Humalog insulin pen from the medicine cart and adjusted the pen to the amount of insulin ordered;- CMT M did not prime the pen with two units of insulin per the manufacturer's directions prior to administering the ordered dose to the resident. 2. Observation on 08/06/25 at 11:45 A.M. showed:- CMT M obtained the finger stick blood sugar for Resident #2;- CMT M obtained the Humalog insulin pen from the medicine cart and adjusted the pen to the amount of insulin ordered;- CMT M did not prime the pen with two units of insulin per the manufacturer's directions prior to administering the ordered dose to the resident. 3. Observation on 08/06/25 at 11:50 A.M. showed:- CMT M administered a second dose of Humalog insulin to Resident #2;- CMT M did not prime the pen with two units of insulin per the manufacturer's directions prior to administering the ordered dose to the resident. During an interview on 08/06/25 at 1:46 P.M., CMT M said he/she never knew to prime insulin pens before administering insulin and did not know that was a thing, but will from now on. He/She is insulin certified. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) collectively said that they would expect insulin pens to be primed prior to insulin administration.		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 affected four residents (Resident #10, #16, #47 and #78) out of 19 sampled residents and four residents (Resident #14, #44, #72 and #74) outside the sample, and had the potential to affect all residents in the facility. The facility census was 92. Review of the facility's Dietary Food Policy, last reviewed 07/05/23, showed: - Meals will be prepared in adequate, yet not excessive amounts for all diets as determined by the current diet census; - The employees with food preparation responsibilities are trained and are able to obtain information from daily menus and determine the proper amount of food required to serve; - Foods will be served at proper temperature to ensure food safety; - Hot foods should be above 135 degrees Fahrenheit (&deg;F), but preferably 160-175&deg;F; - Cold foods should be less than 41 &deg;F; - All salads will be refrigerated until time of service; - All sandwiches will be served at appropriate temperatures. Observation on 08/06/25 of the "Resident's Choice" lunch meal showed: -Test tray delivered at 12:15 P.M.; -Slice of fresh watermelon, 63.1 &deg;F; -Two, unidentifiable slices of lunchmeat inside a hotdog bun, 61.8 &deg;F; -Penne noodles with broccoli, 78 &deg;F; -Slaw made with mayonnaise, 62.9 &deg;F. Observation on 08/06/2025 at of the dinner meal showed: -Test tray delivered at 5:00 P.M.; -Cheese quesadilla, (one thin, dry tortilla with a very small amount of melted, dry cheese) 107 &deg;F; -White rice with cubed tomatoes and corn scattered on top, 120&deg; F; -A piece of chocolate cake with a dry texture topped with chocolate frosting. Observation on 08/07/2025 of the lunch meal showed: -The test tray delivered at 11:55 A.M.; (continued on next page)		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Five, one-inch in diameter meatballs with sauce, 97.3 &deg;F; -A one-half cup serving of plain mashed potatoes,113 &deg;F; - Approximately one-fourth cup of green beans, 91.2&deg;F; - Approximately one cup of canned peaches, 61.3 &deg;F. During an interview on 08/04/25 at 11:55 A.M., Resident #72 said the food is cold, every single time at every meal. During an interview on 08/04/25 at 12:00 P.M., Resident #10 said the food is not good, and is always cold. During an interview on 08/04/24 at 12:08 A.M., Resident #14 said the food is not good, it's always cold and it's the same thing every day. During an interview on 08/04/25 at 12:12 P.M., Resident #16 said the food is trash, the meat is tough, and the meals are not real meals, the portions are small. The resident said he/she doesn't eat at the facility very often, he/she buys his/her own food. During an interview on 08/04/25 at 12:15 P.M., Resident #44 said the food is terrible and bland. During an interview on 08/04/25 at 12:20 P.M., Resident #74 said the food is the worst, the chicken is always so hard, you can't even cut it up. During an interview on 08/04/25 at 2:05 P.M., Resident #78 said food is questionable and had no taste. During an interview on 08/04/25 3:30 P.M., Resident #47 said for the last three months, it had seemed they were getting smaller portions. During an interview in Resident Council on 08/05/25 at 1:13 P.M., the residents collectively said sometimes the food is good and sometimes it's not. Examples included, dietary staff not using real eggs, cold French fries, and other items and melted ice cream. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) said they would expect food to be palatable and within the appropriate temperature range.		

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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 failed to maintain infection control practices to prevent the development and transmission of infection during wound care and failed to implement enhanced barrier precautions (EBP) during perineal care (peri care-the cleaning of the genitals and anus of the body) and foley catheter (a small flexible tubing inserted into the bladder to drain urine) care for one resident (Resident #78) out of one sampled resident. The facility census was 92. Review of the facility's policy, "Enhanced Barrier Precautions", revised on 05/18/24, showed: - It is the policy of this facility to implement enhanced barrier precautions (EBP) for the prevention and transmission of multidrug-resistant organisms; - These are precautions used with all residents, such as hand hygiene, cleaning equipment, proper injection procedures, disposing of sharps, etc. Personal Protective Equipment (PPE) is used as part of standard precautions where there is an expectation of possible exposure to infectious material; - EBP is a strategy in nursing homes to decrease transmission of CDC-targeted and epidemiologically important MDROs when contact precautions do not apply; - EBP (gown and gloves) must be used for high-contact resident care activities for residents with any of the following: infection or colonization with a CDC-targeted MDRO when contact precautions do not otherwise apply or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with MDRO; - EBP should be considered for high-contact resident care activities for residents with any of the following: infection or colonization with a non-CDC targeted MDRO when contact precautions do not otherwise apply; - High contact resident care activities include, but are not limited to, dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, indwelling device care or use, or wound care. - Wounds that require EBP are chronic wounds, including, but not limited to, pressure ulcer, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. These are wounds that generally require a dressing. Any wound care requires EBP; - Indwelling medical devices include, but are not limited to, central lines, urinary catheters, feeding tubes, and tracheostomies; - Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activities with the risk of splash or spray (i.e., wound irrigation, tracheostomy care); - Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room); - Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room; (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The facility infection control preventionist is responsible for the enforcement of this policy. 1. Observation on 08/07/25 at 10:35 A.M., of Resident #78's peri and Foley catheter care showed: - Certified Nurse Aide (CNA) O entered the resident's room and did not put on gloves and a gown; - CNA O performed hand hygiene, placed a trash bag at the end of the bed, and lowered the resident's blankets; - CNA O performed hand hygiene, put on gloves, cleaned the resident's peri area, did not change gloves, did not perform hand hygiene, and cleaned the Foley catheter from the insertion point down the tubing; - CNA O did not change gloves, did not perform hand hygiene, and rolled the resident onto his/her right side; - CNA O did not change gloves, did not perform hand hygiene, obtained a clean wipe from the container and cleaned the right buttock, did not perform hand hygiene, did not change gloves, obtained a clean wipe from the container and cleaned the left buttock, did not perform hand hygiene, did not change gloves, obtained a clean wipe from the container and cleaned the rectal area, did not perform hand hygiene, and did not change gloves; - CNA O changed gloves and performed hand hygiene; - CNA O placed a clean incontinent pad under the resident and rolled the resident back onto his/her left side; - CNA O removed the used pad from underneath the resident; - CNA O changed gloves, did not perform hand hygiene, pulled the blanket up around the resident's shoulders, removed gloves, performed hand hygiene, and exited the room. 2. Observation on 08/07/25 at 3:00 P.M. of Resident #78's peri care and wound care showed: - Licensed Practical Nurse (LPN) L entered the resident's room; - LPN L did not don gown for EBP; - LPN L did not clean and sanitize the bedside table, placed paper towels on the bedside table for a clean barrier, placed calmoseptine (a multi-purpose barrier cream) and boarder foam gauze (a type of dressing) on the clean barrier; - LPN L performed hand hygiene and put on gloves; - LPN L removed the soiled dressing, changed gloves, and did not perform hand hygiene; - LPN L cleaned fecal material from the resident's buttocks, changed gloves, and did not (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	perform hand hygiene; - LPN L continued to clean additional fecal material from the resident's buttocks, changed gloves, and did not perform hand hygiene; - LPN L placed a clean incontinent pad under the resident and rolled the resident onto his/her left side; - LPN L removed the incontinent pad soiled with fecal material, arranged the clean incontinent pad, performed hand hygiene, and changed gloves; - LPN L applied calmoseptine to the resident's buttock wound, changed gloves, and did not perform hand hygiene; - LPN L applied the border foam dressing on the resident's buttock wound; - LPN L picked up trash from the floor, changed gloves, and did not perform hand hygiene, - LPN L pulled the blankets up around the resident's shoulders and adjusted the other blankets; - LPN L removed gloves, performed hand hygiene, and exited the room. During an interview on 08/07/25 at 3:15 P.M., LPN L said he/she had never heard of EBP. Supplies should be kept outside the room by the door, and he/she should wash or sanitize his/her hands in between glove changes. During an interview on 08/07/25 at 8:25 P.M., the Director of Nursing (DON) and the Administrator said they would expect staff to sanitize and or wash their hands with glove changes and that they would expect TB assessments to be completed accurately when they are due. The DON said staff should wear EBP when dealing with open wounds, cleaning dirty things such as emptying a foley, during colostomy care, and staff should wear gloves during Foley catheter care.		

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to conduct regular inspections of all bed frames, mattresses, side rails, and enabler bars as part of a regular maintenance program for two residents (Residents #80 and #101) out of 19 sampled residents and two residents (Residents #46 and #74) outside the sample. The facility census was 92. Review of the facility's Proper Use of Bed Rails policy, last reviewed on 06/26/25, showed: - If bed rails are used, the facility will ensure correct installation, use and maintenance of the bed rails; - As part of the comprehensive assessment, components will be considered when determining the resident's needs and whether the use of bed rails meets the needs; - Components include, medical diagnoses, size/weight, medications, surgical interventions, existence of delirium, cognition, mobility, fall risk and ability to toilet self safely; - Resident assessment must include an evaluation of the alternatives that were attempted prior to installation or use of bed rail, and how alternatives failed to meet resident's assessed needs; - The resident assessment must also assess the resident's risk from using bed rails; - The resident assessment should assess the resident's risk of entrapment between the mattress and bed rail or in the bed rail itself; - The facility will assess to determine if the bed rail meets the definition of a restraint; - Informed consent from the resident or resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed rails; - The facility will assure correct installation and maintenance of bed rails prior to use, which includes bed rails, mattress and bed frame compatibility, appropriate bed dimensions, installing rails as per manufacturers instruction and specifications to ensure proper fit, ensure bed frame, bedrail and mattress do not leave a gap wide enough to entrap a resident's head or body and checking bed rails regularly; - Conduct routine preventative maintenance on beds and bed rails to ensure they meet current safety standards and are not in need of repair. Review of the facility's "Bed Maintenance and Inspection" policy, last reviewed 05/14/24, showed: - The Maintenance Director, or designee, will be responsible for keeping records of bed inspections and maintenance; - A list of bed frames, mattresses and bed rails will be maintained, including the manufacturer of each; (continued on next page)		

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Bed rails shall be securely and properly installed according to manufacturer's requirements; - Bed frame, mattress and bed rail inspections will be conducted upon each item entering facility and placed on a regular scheduled inspection and maintenance cycle according to manufacturer's recommendations and time frame. Review of the Federal Drug Administration (FDA) documents titled, "Guide to Bed Safety Rails in Hospitals, Nursing Homes and Home Health Care: The Facts," showed the potential risks of bed rails may include: - Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress; - More serious injuries from falls when patients climb over rails; - Skin bruising, cuts, and scrapes; - Inducing agitated behavior when bed rails are used as a restraint; - Feeling isolated or unnecessarily restricted; - Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet. 1. Review of Resident #46's electronic medical record showed: -admitted on [DATE]; - No maintenance inspection. Observation of the resident on 08/04/25 at 12:22 P.M. and on 08/07/25 at 5:05 P.M. showed the resident lying in bed with a half rail up on the left side. 2. Review of Resident #74's electronic medical record showed: - admitted on [DATE]; - No maintenance inspection. Observation of the resident on 08/04/25 at 12:35 P.M. and on 08/07/25 at 5:35 P.M. showed the resident sat in a chair in his/her room watching TV with his/her roommate with a half rail up on the left side of bed. 3. Review of Resident #80's electronic medical record showed: - admitted on [DATE]; - No maintenance inspection. (continued on next page)		

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 08/04/25 at 2:15 P.M. showed the resident lying in bed with a raised, half rail on the right side of the bed; Observation on 08/07/2025 at 3:17 P.M. showed the resident not in room, call light draped around a raised, half rail on the right side of the bed. 4. Review of Resident #101's electronic medical record showed: - admitted on [DATE]; - No maintenance inspection. Observation on 08/04/25 at 2:00 P.M. showed the resident lying in bed with a half rail on the left side of the bed. Observation on 08/07/25 at 1:05 P.M. showed the resident lying in bed with a half rail on the left side of the bed. The resident said he/she used it to get up and out of bed. The resident grabbed the rail and the rail wobbled. The space between the half rail and mattress was approximately six inches and the metal bed frame was larger than the mattress. During an interview on 08/07/25 at 1:08 P.M., the Administrator acknowledged the gap and said there was a big space, and she would have expected an assessment to assure the handrail was a proper fit, but it had not been done. During an interview on 08/07/25 at 12:50 P.M., the Maintenance Director said he/she made sure the handrails were maintained but had not done an actual assessment. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) collectively said they would expect bed rails to have a physician's order, an accurate and current assessment completed, for bed rails to be assessed and maintained by maintenance and that bed rails should be assessed to ensure that the mattress/bed and bed rail(s) are not posing a hazard.		

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to provide the required annual competency training on dementia care (care of a resident with an impaired ability to remember, think or make decisions) for three of the three sampled Certified Nurse Aides (CNAs). This deficient practice had the potential to affect all residents. The facility census was 92. The facility did not provide a policy regarding the required annual nurse aide training requirements. 1. Review of CNA H's in-service record showed:- A hire date of 12/18/18;- A total of 16 hours of annual in-services dated 01/17/25;- No documented annual dementia care training. 2. Review of CNA I's in-service record showed:- A hire date of 06/19/23;- A total of 16 hours of annual in-services dated 01/10/25;- No documented annual dementia care training. 3. Review of CNA J's in-service record showed:- A hire date of 06/03/16;- A total of 16 hours of annual in-services dated 02/02/25;- No documented annual dementia care training. During an interview on 08/07/25 at 5:15 P.M., the Director of Nursing (DON) said he/she does the nursing in-services, and there is a big packet that is to be completed every January. He/She said they use the facility's online training program. He/She said staff are supposed to log in and do monthly trainings. The DON said he/she was unsure if the trainings were for all employees or just nursing staff, he/she was also unsure how the facility was tracking who did the trainings and how many were completed. The DON said he/she was unaware of the mandatory trainings that were required. During an interview on 08/07/25 at 8:25 P.M., the Administrator and DON collectively said they would expect dementia care training to be part of their orientation and annual in-services.		

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and record review, the facility failed to provide access to survey results. This had the potential to affect all residents and visitors. The facility census was 92. Review of the facility's Resident Rights policy, last reviewed 07/05/23, showed:- Resident has the right to examine the results of the most recent survey of the facility and any plan of correction in effect with respect to the facility;- The results must be made available by the facility in a place readily accessible to residents;- The facility must post a notice of their availability. Observations from 08/04/25 through 08/05/25 showed:- On 08/04/25 at 10:00 A.M., no survey binder was found in the reception/entry area;- On 08/05/25 at 1:55 P.M., no survey binder was found in the reception/entry area. During an interview on 08/05/2025 at 2:03 P.M., Receptionist K said the survey results were in a folder on his/her desk and the resident copies were located in folders in the activities room. The results were not accessible without asking and no posting of their availability was observed. During an interview on 08/07/25 at 8:25 P.M., the Administrator and Director of Nursing (DON) said they would expect survey results to be available for residents and/or family members and should be readily accessible.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to post the nurse staffing data in a clear and readable format, in a prominent place, readily available to residents and visitors, on a daily basis at the beginning of each shift. The facility census was 92. Review of the facility's policy, Nurse Staffing Posting Information Policy, revised on 06/26/24, showed:- The Nurse Staffing Sheet will be posted on a daily basis and will contain the following information: facility name, current date, facility's current census, total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift;- The facility will post the Nurse Staffing Sheet at the beginning of each shift;- The information posted will be presented in a clear and readable format, in a prominent place readily accessible to residents and visitors. Observations on 08/06/25 and 08/07/25 showed the nurse staffing data not posted. During an interview on 08/07/25 at 5:15 P.M., the Director of Nursing (DON) said that he/she typically posts staffing data daily, he/she said she has them filled out and they are somewhere on his/her desk. During an interview on 08/07/25 at 8:25 P.M., the Administrator and DON collectively said they would expect staffing to be posted daily.		