

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Windsor Estates of St Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 West Randolph Street Saint Charles, MO 63301	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure facility staff provided four residents (Resident #2, #6, #10 and #11), who were unable to perform their own activities of daily living, the necessary care and services to maintain good personal hygiene and prevent body odor, in a review of 11 sampled residents. The facility census was 61.</p> <p>Review of the facility's undated policy, Activities of Daily Living, showed the following:</p> <ul style="list-style-type: none"> -The facility provides each resident with care, treatment and services according to the resident's individualized care plan; -Based on the individual resident's comprehensive assessment, facility staff will ensure that each resident's abilities in activities of daily living do not diminish unless circumstances of the resident's clinical condition demonstrate that the decline was unavoidable, including bathing and grooming. <p>Upon request, the facility responded they did not have a policy for showers, shaving, nail care or haircuts.</p> <p>1. Review of the Resident #2's undated face sheet showed that he/she was his/her own responsible party.</p> <p>Review of the resident's care plan, revised 02/07/25, showed the following:</p> <ul style="list-style-type: none"> -He/She required staff assist of one with bathing; -He/She required staff assist of one with personal hygiene. <p>Review of the shower schedule, updated 03/10/25, showed the resident's scheduled shower days were Tuesdays and Fridays each week.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, required to be completed by facility staff, dated 03/16/25, showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -No rejection of cares; <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident was dependent on staff for showering/bathing;</p> <p>-The resident required substantial/maximal assistance from staff for personal hygiene;</p> <p>-The resident was frequently incontinent of urine;</p> <p>-The resident was always incontinent of bowel.</p> <p>Review of the resident's April 2025 shower sheets showed the following:</p> <p>-Staff documented giving the resident a shower as scheduled on 04/01/25;</p> <p>-No documentation the resident refused, was offered, or received a shower as scheduled on 04/04/25;</p> <p>-The resident only received one of two scheduled showers for the first week of April;</p> <p>-On 04/08/25, staff documented the resident refused his/her scheduled shower. There was no documentation to show staff followed up or offered to shower the resident at a later time; there was no resident signature on the form;</p> <p>-No documentation the resident refused, was offered or received a shower as scheduled on 04/11/25;</p> <p>-The resident did not receive either of his/her scheduled showers for the second week of April;</p> <p>-On 04/15/25, staff documented the resident refused his/her scheduled shower. There was no documentation to show staff followed up, or offered to shower the resident at a later time; there was no resident signature on the form;</p> <p>-On 04/18/25, staff documented giving the resident a shower as scheduled and noted the resident had reddened areas on his/her buttocks and legs (17 days since staff gave the last documented shower on 04/01/25);</p> <p>-The resident only received one of two scheduled showers for the third week of April;</p> <p>-On 04/22/25, staff documented giving the resident a shower as scheduled;</p> <p>-On 04/25/25, staff documented the resident refused his/her scheduled shower. There was no documentation to show staff followed up or offered to shower the resident at a later time; there was no resident signature on the form;</p> <p>-The resident only received one of two scheduled showers for the fourth week of April;</p> <p>-On 04/29/25, staff documented staff gave the resident his/her scheduled shower and the resident had skin rashes, dryness, blisters and hardened skin.</p> <p>Review of the resident's census showed he/she discharged to the hospital on [DATE] and readmitted to the facility on [DATE].</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's May 2025 shower sheets showed the following:</p> <ul style="list-style-type: none"> -No documentation the resident refused, staff offered or the resident received a shower as scheduled on 05/13/25; -On 05/14/25, staff documented the resident's shower was due. There was no documentation to show the resident refused, staff followed up or offered to shower the resident at this time or at a later time. There was no resident signature on the form; -On 05/16/25, staff documented the resident refused his/her scheduled shower. There was no documentation to show staff followed up or offered to shower the resident at a later time. There was no resident signature on the form; CNA A signed the form; -The resident did not receive either of his/her scheduled showers for the third week of May; -On 05/20/25, staff documented the resident refused his/her scheduled shower. There was no documentation to show staff followed up or offered to shower the resident at a later time. There was no resident signature on the form; -On 05/23/25, staff documented giving the resident his/her shower as scheduled (24 days since last documented shower on 04/29/25); -The resident received one of two scheduled showers for the fourth week of May; -On 05/27/25, staff documented giving the resident his/her shower as scheduled (four days since last documented shower); -There was no documentation the resident refused, was offered or received a shower as scheduled on 05/30/25; -The resident received one of two scheduled showers for the fifth week of May. <p>Review of the resident's June 2025 shower sheets (06/01/25 through 06/10/25) showed the following:</p> <ul style="list-style-type: none"> -One 06/03/25, staff documented giving the resident his/her shower as scheduled; -There was no documentation the resident refused, was offered or received a shower as scheduled on 06/06/25; -The resident received one of two scheduled showers for the first week of June. <p>Observation of the resident on 06/09/25 at 2:30 P.M., showed the following:</p> <ul style="list-style-type: none"> -His/Her hair was long, stringy, greasy and matted in the back; -He/She had facial hair; -His/Her room smelled of body odor. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/09/25 at 2:30 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She had recently been in the hospital for ten days and had not been shaved or showered since he/she has been back; -Prior to going to the hospital, he/she had only had one shower in the past two months; -He wanted to be bathed at least twice a week; -He/She preferred a shorter hair cut; -He/She would like to be shaved; -He/She told staff that he/she would like his/her hair cut and said they could not cut hair due to regulations; -He/She did not refuse showers. <p>During an interview on 06/10/25 at 11:48 A.M., Certified Nurse Assistant (CNA) A said the following:</p> <ul style="list-style-type: none"> -Sometimes showers did not get done; -The aides split up the shower assignments for the day and are responsible for showering/bathing their assigned residents; -He/She tried to get them done the next day if they were not completed on the resident's scheduled day; -Resident #2 refused showers a lot and then will ring the call light at the end of his/her shift and ask for his/her shower; he/she has had to tell the resident he/she could not do the shower; -He/She will have the resident sign the shower sheet if they refuse their shower. <p>2. Review of Resident #6's undated face sheet showed his/her family member was his/her responsible party.</p> <p>Review of the resident's care plan, revised 07/08/24, showed the following:</p> <ul style="list-style-type: none"> -He/She had diabetes mellitus; -Staff to encourage him/her to practice good hygiene; -Refer to a podiatrist/foot care nurse to monitor/document foot care needs and to cut long nails; -Wash feet daily with mild soap and water, dry thoroughly. May use a light dusting of powder or lotion. Do not apply lotion or powder between the toes; <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 04/16/25, staff documented giving the resident his/her shower as scheduled (seven days since last documented shower);</p> <p>-On 04/19/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-The resident received two of three scheduled showers or bed baths for the third week of April;</p> <p>-No documentation the resident refused, staff offered or received a bed bath on 04/22/25;</p> <p>-On 04/23/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-On 04/26/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-The resident received two of three scheduled showers or bed baths for the fourth week of April;</p> <p>-No documentation the resident refused, staff offered or the resident received a bed bath on 04/29/25;</p> <p>-On 04/30/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-The resident received one of three scheduled showers or bed baths for the fifth week of April;</p> <p>-There was no documentation that the resident's feet had been washed daily with mild soap and water and that powder or lotion had been applied as the care plan instructed.</p> <p>Review of the resident's May 2025 shower sheets showed the following:</p> <p>-No documentation that the resident refused or was offered or received a shower as scheduled on 05/03/25;</p> <p>-The resident only received one of three scheduled/preferred showers or bed baths for the first week of May;</p> <p>-No documentation that the resident refused or was offered or received a bed bath per his/her preference on 05/06/25;</p> <p>-On 05/07/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-On 05/10/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-The resident only received two of three scheduled/preferred showers or bed baths for the second week of May;</p> <p>-No documentation that the resident refused or was offered or received a bed bath per his/her preference on 05/13/25;</p> <p>-On 05/14/25, staff documented giving the resident his/her shower as scheduled;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 05/17/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-The resident only received two of three scheduled/preferred showers or bed baths for the third week of May;</p> <p>-No documentation that the resident refused or was offered or received a bed bath per his/her preference on 05/20/25;</p> <p>-On 05/21/25, staff documented giving the resident his/her shower as scheduled and documented the resident needed his/her nails cut; the charge nurse signed the form; no documentation to support a follow up or that the resident's nails had been cut;</p> <p>-No documentation that the resident refused or was offered or received a shower as scheduled on 05/24/25;</p> <p>-The resident only received one of three scheduled/preferred showers or bed baths for the fourth week of May;</p> <p>-No documentation that the resident refused or was offered or received a bed bath per his/her preference on 05/27/25;</p> <p>-On 05/28/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-No documentation that the resident refused or was offered or received a shower as scheduled on 05/31/25;</p> <p>-The resident only received one of three scheduled/preferred showers for the fifth week of May;</p> <p>-No documentation the resident's feet had been washed daily with mild soap and water and that staff had applied powder or lotion as the care plan directed.</p> <p>Review of the resident's June 2025 shower sheets (06/01/25 through 06/10/25) showed the following:</p> <p>-No documentation the resident refused, staff offered or the resident received a bed bath on 06/03/25;</p> <p>-On 06/04/25, staff documented giving the resident his/her shower as scheduled;</p> <p>-No documentation the resident refused, staff offered or the resident received a shower as scheduled on 06/07/25;</p> <p>-The resident received one of three scheduled showers or bed baths for the first week of June;</p> <p>-No documentation the resident refused, staff offered or the resident received a shower as scheduled on 06/10/25;</p> <p>-No documentation the resident's feet had been washed daily with mild soap and water and that staff had applied powder or lotion as the care plan directed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's annual MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -No rejection of cares; -The resident was dependent on staff for showering/bathing; -The resident required substantial/maximal assistance from staff for personal hygiene; -The resident was always incontinent of bowel. <p>Observation of the resident on 06/10/25 at 8:55 A.M. showed the following:</p> <ul style="list-style-type: none"> -The resident lay in bed; -He/She had dry, scaly, flaky skin all over his/her face and neck; -His/Her hair was long, greasy and disheveled; -He/She had a full facial hair; -His/Her nails were long (some approximately 0.5 inches), uneven, and dirty. <p>During an interview on 06/10/25 at 8:55 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -It has been a while since he/she has been shaved or had a hair cut and he/she would like to be trimmed up because he/she was looking kind of wild; -Staff say they will do it, but they never get to it (cutting his/her hair, shaving, trimming nails); -The podiatrist comes to do his/her toe nails but he/she would like staff to trim or file his/her fingernails because they are way too long. <p>3. Review of Resident #10's undated face sheet showed his/her family member was his/her responsible party.</p> <p>Review of the shower schedule, updated 03/10/25, showed the resident's scheduled shower days were Mondays and Thursdays each week.</p> <p>Review of the resident's April 2025 shower sheets showed the following:</p> <ul style="list-style-type: none"> -No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 04/03/25; -The resident did not receive assistance with bathing as scheduled for the first week of April; <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on on 04/07/25;</p> <p>-The resident did not receive assistance with bathing as scheduled, for the second week of April.</p> <p>Review of the resident's care plan, revised 04/10/25, showed the following:</p> <p>-The resident preferred to bathe in his/her room with a wash basin and sink at least two times per week at any time of the day and can complete this task independently;</p> <p>-He/She required one staff assistance to bathe;</p> <p>-Staff to check nail length and trim and clean on bath day and as necessary and report any changes to the nurse;</p> <p>-The resident has diabetes mellitus;</p> <p>-His/Her nails should always be cut straight across, never cut corners, file rough edges with emery board.</p> <p>Review of the resident's April 2025 shower sheets showed the following:</p> <p>-On 04/14/25, staff documented that the resident refused assistance with bathing on this scheduled day. There was no documentation to show staff followed up or offered to assistance the resident with bathing as the resident preferred at a later time. There was no resident signature on the form;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing, as scheduled on 04/17/25;</p> <p>-The resident did not receive assistance with bathing the third week in April;</p> <p>-On 04/21/25, staff documented the resident received assistance with bathing as scheduled (this was the first documented assistance with bathing for April - 20 days in April with no documented assistance with bathing);</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 04/24/25;</p> <p>-The resident received assistance for one of two scheduled bathing days for the fourth week in April;</p> <p>-On 04/28/25, staff documented the resident received assistance with bathing as scheduled (seven days since last documented assistance with bathing);</p> <p>-The resident received assistance for one of two scheduled bathing days for the fifth week in April.</p> <p>Review of the resident's significant change MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No rejection of cares;</p> <p>-The resident was dependent on staff for showering/bathing;</p> <p>-The resident required substantial/maximal assistance from staff for personal hygiene;</p> <p>-The resident was frequently incontinent of bowel.</p> <p>Review of the resident's medical record showed the resident began hospice services on 05/01/25. His/Her medical record and care plan did not include, and was not updated, to show if bathing services were to be provided by hospice.</p> <p>Review of the resident's May 2025 shower sheets showed the following:</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/01/25;</p> <p>-On 05/03/25, staff documented the resident received assistance with bathing as scheduled (five days since last documented assistance with bathing) and the resident needed his/her nails cut; the charge nurse signature was on the form; there was no documentation to support a follow up or that staff cut the resident's nails;</p> <p>-The resident received assistance with bathing for one of two bathing days for the first week in May;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/05/25;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/08/25;</p> <p>-The resident did not receive assistance with bathing for either of his/her scheduled days for the second week of May;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/12/25;</p> <p>-On 05/15/25, staff documented that the resident received assistance with bathing as scheduled (12 days since last documented assistance with bathing);</p> <p>-The resident received assistance with bathing for one of two bathing days for the third week in May;</p> <p>-On 05/16/25, documentation showed the resident received assistance with bathing from the Hospice Aide;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/19/25;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 05/22/25 documentation showed the resident received assistance with bathing from the Hospice Aide (seven days since last documented assistance with bathing);</p> <p>-The resident received assistance with bathing for one of the two bathing days for the fourth week in May;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/26/25;</p> <p>-On 05/29/25, staff documented that the resident refused assistance with bathing. There was no documentation to show if staff followed up with or offered assistance with bathing;</p> <p>-The resident did not receive assistance with bathing for either of his/her scheduled bathing days for the fifth week in May.</p> <p>Review of the resident's June 2025 shower sheets (06/01/25 through 06/10/25) showed the following:</p> <p>-On 06/02/25, staff documented that the resident received assistance with bathing as scheduled (11 days since last documented assistance with bathing);</p> <p>-On 06/09/25, staff documented that the resident received assistance with bathing as scheduled and that he/she needed his/her nails cut. There was no documentation to support a follow up or that the resident's nails had been cut.</p> <p>Observation of the resident on 06/10/25 at 10:10 A.M. showed the following:</p> <p>-The resident lay in bed,</p> <p>-His/Her hair was disheveled;</p> <p>-He/She had facial hair;</p> <p>-His/Her fingernails were long (some approximately 0.5 inches) and visibly dirty with black debris under the nails.</p> <p>During an interview on 06/10/25 at 10:10 A.M., the resident said the following:</p> <p>-He/She does not get his/her showers;</p> <p>-He/She would like to be clean shaven and would like to get a shower.</p> <p>During an interview on 06/18/25 at 3:58 P.M., the resident's responsible party/guardian said the following:</p> <p>-The resident complained to him/her about lack of ADL care many times;</p> <p>-The resident's family member had occasionally come to shave the resident or cut his/her hair;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Windsor Estates of St Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 West Randolph Street Saint Charles, MO 63301	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She had brought concerns to aides, nurses, the Assistant Director of Nursing (ADON), Director of Nursing (DON), and even the Administrator regarding lack of showers, not shaving the resident, nail care not being completed, the resident having odors, etc.;</p> <p>-The staff would tell him/her that the resident had refused his/her shower and the resident would tell him/her that he/she did not refuse;</p> <p>-Sometimes the resident would ask for a shower on a Wednesday and staff would tell him/her it's not your shower day, so you'll have to wait until tomorrow;</p> <p>-The resident needs assistance with ADL's and hasn't been independent with washing himself/herself up for over a year and a half.</p> <p>During an interview on 06/10/25 at 11:48 A.M., CNA A said Resident #10 has been good about receiving his/her showers and not refusing.</p> <p>4. Review of Resident #11's undated face sheet showed the resident's family member was his/her responsible party.</p> <p>Review of the resident's care plan, revised 09/17/24, showed the following:</p> <p>-He/She was totally dependent on staff for bathing;</p> <p>-He/She required staff assistance of one for bathing.</p> <p>Review of the shower schedule, updated 03/10/25, showed the resident's scheduled shower days were Tuesdays and Fridays each week.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-No rejection of cares;</p> <p>-The resident was dependent on staff for showering/bathing;</p> <p>-The resident required partial/moderate assistance from staff for personal hygiene;</p> <p>-The resident was always incontinent of urine;</p> <p>-The resident was always incontinent of bowel.</p> <p>***</p> <p>Review of the resident's April 2025 shower sheets showed the following:</p> <p>-No documentation the resident refused, staff offered or the resident received a shower as scheduled on 04/01/25;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled as scheduled on 04/04/25;</p> <p>-The resident did not receive either of his/her scheduled showers for the first week of April;</p> <p>-On 04/08/25, staff documented that the resident received his/her shower as scheduled (this was the first documented shower for the first eight days of April);</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 04/15/25;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 04/18/25;</p> <p>-The resident did not receive either of his/her scheduled showers for the third week of April;</p> <p>-On 04/22/25, staff documented that the resident received his/her shower as scheduled (11 days since last documented shower).</p> <p>Review of the resident's May 2025 shower sheets showed the following:</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/20/25;</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/23/25;</p> <p>-The resident did not received either of his/her scheduled showers for the fourth week in May;</p> <p>-On 05/27/25, staff documented the resident received his/her shower as scheduled (11 days since last documented shower);</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 05/30/25;</p> <p>-The resident only received one of two of his/her scheduled showers for the fifth week in May.</p> <p>Review of the resident's June 2025 shower sheets (06/01/25 through 06/10/25) showed the following:</p> <p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 06/03/25;</p> <p>-On 06/06/25, staff documented that the resident received his/her shower as scheduled (10 days since last documented shower);</p> <p>-The resident received one of two scheduled showers for the first week of June;</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No documentation the resident refused, staff offered or the resident received assistance with bathing as scheduled on 06/10/25.</p> <p>Observation of the resident on 06/10/25 at 10:20 A.M. showed the following:</p> <p>-The resident lay in bed;</p> <p>-His/Her hair was long, greasy and disheveled;</p> <p>-He/She had facial hair.</p> <p>During an interview on 06/10/25 at 10:20 A.M., the resident said the following:</p> <p>-Staff finally gave him/her a shower last week, but it had been three to four weeks prior to that since he/she had received a shower;</p> <p>-Staff shaved him/her last week, but he/she already need ed to be shaved again because his/her hair grows really fast;</p> <p>-He/She preferred to be shaved on shower days;</p> <p>-He/She also needed a hair cut.</p> <p>During an interview on 06/10/25 at 1:00 P.M., CNA B said there were usually around 12 showers on the schedule each day and they were assigned and split up among the four aides.</p> <p>During an interview on 06/10/25 at 3:15 P.M., CNA C said the following:</p> <p>-CNA's don't do nail care or shave residents during showers;</p> <p>-Nurses are responsible for nail care and shaving for all residents.</p> <p>During an interview on 06/17/25 at 11:52 A.M., Licensed Practical Nurse (LPN D) said the following:</p> <p>-He/She worked as the charge nurse;</p> <p>-CNAs are responsible for cleaning/clipping/filing fingernails for the residents unless the resident was diabetic;</p> <p>-For diabetic residents, he/she or the Charge Nurse would be responsible for providing nail care;</p> <p>-He/She was not aware of any residents that were diabetic that needed their nails clipped/filed/trimmed;</p> <p>-CNAs are responsible for washing/grooming/shaving/combing/brushing the hair of the resident, but they are not responsible for cutting the resident's hair;</p> <p>-Usually family members will cut the resident's hair;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She would expect CNAs to clean/clip/file the resident's nails and shave the resident on scheduled shower days and as needed (PRN);</p> <p>-There was usually a specific shower aide assigned to do showers and there have been no issues with getting showers completed.</p> <p>During an interview on 06/10/25 at 8:20 P.M., the Assistant Director of Nursing (ADON) said the following:</p> <p>-CNAs are responsible for completing showers, nail care, shaving and grooming residents;</p> <p>-For diabetic residents, the charge nurse would be responsible for completing nail care;</p> <p>-She would expect all residents to receive their two scheduled showers each week and as needed or requested to resident preference.</p> <p>During an interview on 06/10/25 at 8:20 P.M., the Director of Nursing (DON) said the following:</p> <p>-CNAs are responsible for showers, nail care, shaving, and grooming;</p> <p>-The charge nurse was responsible for completing nail care for diabetic residents,</p> <p>-She would expect all residents to receive their two scheduled showers each week and as needed or requested to resident preference.</p> <p>During an interview on 06/10/25 at 8:20 P.M., the Administrator said the following:</p> <p>-He would expect all residents to receive their two scheduled showers each week and as needed or requested to resident preference;</p> <p>-He would expect staff to follow the facility policy regarding activities of daily living.</p> <p>MO254858</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the safety of one resident (Resident #1) of 10 sampled residents when the resident fell out of bed while receiving care, sustained injuries and required treatment at a local hospital. The resident required staff assistance for bed mobility and care. The resident's bed had a mattress overlay that reportedly shifted on the bed. Staff rolled the resident to his/her side, turned away from the resident to get supplies, and the resident fell out of the bed to the floor. The resident sustained a laceration to the right side of the forehead, a skin tear to the right outer eyebrow area, a skin tear to the right forearm, and bruising to the right elbow. The resident was sent to a local hospital and required staples to close the laceration to the forehead. The facility census was 62.</p> <p>Upon request, the facility said they did not have a policy for monitoring of residents utilizing air mattresses or mattress overlays.</p> <p>1. Review of Resident #1's face sheet showed the resident was admitted to the facility on [DATE] with diagnoses of respiratory failure, dementia and stroke.</p> <p>Review of the Physical Therapy (PT) evaluation dated 11/8/23 showed the following:</p> <ul style="list-style-type: none"> -Reason for referral - the resident currently uses a mechanical lift for transfers. The facility has requested a PT evaluation to determine an emergency transfer status in the event of an emergency where the mechanical lift is unavailable; -Functional Mobility Assessment: bed mobility: substantial/maximal assistance with rolling left and right, sit to lying position, lying to sitting on side of bed; -Transfers: sit to stand - dependent upon staff, chair/bed-to-chair transfer, toilet transfer - dependent upon staff; -Ambulation not applicable; -Resident uses a manual wheelchair; -Resident does not sit unsupported for 30 seconds, not able to sit on the side of the bed unsupported, or stand without upper extremity support; -Clinical assessment: resident needs assistance of two staff to pivot transfer; -The PT evaluation does not address or indicate the number of staff members needed for bed mobility. <p>Review of the resident's Care Plan for Activities of Daily Living (ADL's), revised 7/22/24 showed the following:</p> <ul style="list-style-type: none"> -The resident required one staff to reposition and turn in bed; <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident was totally dependent upon staff for dressing;</p> <p>-The resident required one staff for personal hygiene care.</p> <p>Review of the Fall Risk Data Collection (an assessment completed by staff to determine if the resident is at risk for falls) dated 1/23/25 showed the resident was at low risk for falls.</p> <p>Review of the quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff dated 3/28/25 showed the following:</p> <p>-Usually able to understand others and able to make self understood;</p> <p>-Impairment of one side of the lower extremities;</p> <p>-Dependent upon staff for lower body dressing, bathing and personal hygiene;</p> <p>-Substantial assistance (helper does more than half of the assistance) with rolling left and right;</p> <p>-Incontinent of bowel and bladder;</p> <p>-Received hospice services.</p> <p>Review of the resident's undated visual/bedside [NAME] report showed the following:</p> <p>-Personal hygiene/oral care: the resident required one staff participation with personal hygiene;</p> <p>-Mobility: the resident required one staff for repositioning and turning in bed.</p> <p>Review of the resident's nurses notes dated 4/23/25 at 10:00 P.M. signed by Licensed Practical Nurse (LPN) D showed the following:</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-This writer called to resident's room by Certified Nurse Aide (CNA) E. Upon entering room CNA said the resident accidentally hit the floor during peri care. Resident observed on the floor in the area between the resident's bed and roommate's bed. Resident observed on his/her back with head pointed toward head of bed and bilateral feet pointed towards foot of bed. Resident observed with bilateral arms down to sides, while attempting to keep head off of floor. Resident was bleeding coming from right side of forehead, right outer eyebrow and right top of forearm. Resident head propped and pressure applied to laceration to right side of forehead to stop bleeding. Laceration to right side of forehead red and light purple in color with swelling observed measuring 3.5 x 0.3 x 0.3 centimeters (cm). Area cleansed with normal saline (NS) and dry dressing lightly applied. 2) Skin tear to right outer eyebrow red in color measuring 0.5 x 0.1 x 0.1 cm, area cleansed with NS and dry dressing lightly applied. 3) Skin tear to top of right forearm red and pink in color with minimal bleeding area measures 2.5 x 2.0 x 0.1 cm, area cleansed with NS and dry dressing lightly applied. 4) Right outer elbow observed with bruising dark red in color measuring approximately. 3.0 x 2.0 cm. Call placed to primary provider who gave the order to send to emergency room (ER) for possible sutures if okay with hospice. Call placed to responsible party to make aware of fall, injuries and possible need for sutures, stated he/she was okay with all interventions he/she just wanted to be updated, made aware this writer would update. At 11:20 P.M. call placed to 911 to make aware of need to transport resident without lights and sirens. At approximately 9:30 P.M. emergency personnel in to transport resident to local hospital ER.</p> <p>Review of the nurses notes dated 4/24/2025 at 5:40 A.M. showed the resident returned to facility from local hospital. Resident observed with five staples to the right side of forehead and dark purple bruising to the right eye.</p> <p>During an interview on 5/1/25 at 7:15 P.M. Certified Nurse Aide (CNA) E said the following:</p> <p>-The resident was a one person assist with bed mobility;</p> <p>-The resident was easy to take care of and he/she would not move in the bed;</p> <p>-The resident was also on hospice and had an air mattress on the bed. The air mattress was on top of the regular mattress and would shift at times; he/she had not reported the issue with the air mattress to anyone;</p> <p>-He/She had to put the air mattress back in the center of the bed two times on the shift;</p> <p>-Towards the end of the shift, he/she went to check on the resident and the resident needed to be changed, he/she rolled the resident on to his/her right side;</p> <p>-He/She thought the resident was positioned in the center of the bed, but the air mattress seemed like it was too big and was shifting on the bed, so the resident could have been more toward the right edge of the bed;</p> <p>-He/She needed more wipes, so he/she turned away from the resident to get some more wipes off the bedside table. The bedside table was behind him/her and when he/she turned back towards the resident, the resident was sliding off the bed and landed on the floor;</p> <p>-He/She yelled for the nurse;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident was hurt with blood coming from his/her head, but he/she was still talking with him/her and the nurse;</p> <p>-After the nurse assessed the resident, they got the resident off the floor and put him/her back in the bed;</p> <p>-The nurse called 911 and the resident went to the hospital;</p> <p>-He/She should have had all of the supplies he/she needed at the bedside and should not have turned away from the resident;</p> <p>-He/She should have gotten more help to turn and change the resident, but did not elaborate why she should have had more help.</p> <p>During an interview on 5/1/25 at 7:15 P.M. Licensed Practical Nurse (LPN) D said the following:</p> <p>-He/She heard Nurse, help! and when he/she went into the resident's room, the resident was on the floor beside the bed on his/her right side. There was a laceration above the resident's right eye on the forehead and bruising to the elbow with a skin tear;</p> <p>-CNA E stood over the resident, visibly shaken saying, I tried to turn him/her by myself and he/she hit the floor. CNA E said something about the mattress not staying on the bed, but the mattress was on the bed;</p> <p>-He/She assessed the resident, and then with assistance from several staff, got the resident back in the bed, treated the resident's injuries then began calling the physician and the hospice provider to get the resident sent to the hospital for evaluation;</p> <p>-The resident was normally cooperative with care and did not move much;</p> <p>-He/She was surprised to see the resident on the floor as the resident could not move without help;</p> <p>-The resident returned from the hospital with staples to the laceration on the right side of the forehead. There was bruising on the resident's face from the fall.</p> <p>During an interview on 5/2/25 at 7:55 A.M. LPN A/Assistant Director of Nurses (ADON) said the following:</p> <p>-He/She had began the investigation into the resident rolling out of the bed;</p> <p>-CNA E said he/she did not have all of the supplies needed to provide care, and when he/she turned to get the supplies then back toward the resident, the resident was falling out of the bed;</p> <p>-The resident could use his/her arms and bend his/her knees, but did not move his/her body. The resident could not help staff when they turned and repositioned him/her.</p> <p>During an interview on 5/2/25 at 7:55 A.M. the Director of Nursing said the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-She would expect staff to have the supplies they need at the bedside before providing care;</p> <p>-She would expect staff to ask for help to provide care if needed.</p> <p>During an interview on 5/1/25 at 3:00 P.M. the Administrator said the following:</p> <p>-The resident's fall was investigated and it was determined that CNA E had turned the resident onto his/her side, then turned away from the resident. When CNA E turned back to the resident, the resident was sliding off the bed and onto the floor;</p> <p>-The resident was a one person assist with bed mobility;</p> <p>-Therapy assessed the resident for bed mobility and will make recommendations on how many people are needed for cares; the resident was last evaluated in 2023.</p> <p>During an interview on 5/14/25 at 2:45 p.m. the Medical Director said the following:</p> <p>-She would have expected staff to have the mattress overlay secured to the bed, to prevent it from sliding;</p> <p>-Staff should monitor and ensure that any mattress was stable and secured;</p> <p>-She would expect therapy to assess the resident for bed mobility and the number of staff members needed to provide care in the bed and if a resident has a change of condition, or a decline in condition, the evaluation should be redone;</p> <p>-She would expect staff to ask for additional help with residents as needed for cares.</p> <p>MO253244</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility failed to ensure the Dietary Manager (DM) had the appropriate competencies and skills set to carry out the function of the food and nutrition services. This practice effected all residents in a facility. The facility census was 62.</p> <p>The facility did not have a policy regarding training or competency requirements for the Dietary Manager.</p> <p>1. Review of the Food Establishment Inspection Report from the local county health department dated 2/12/25 showed:</p> <p>-Foodborne Illness Risk Factors and Public Health Interventions: Supervision: Certified Food Protection Manager out of compliance;</p> <p>-2-102 in accordance with Section 2-102-11, the person in charge must successfully complete a program that is approved by the Department for food protection manager certification and have posted in the food establishment a current certificated of training issued by the program;</p> <p>During an interview on 5/1/25 at 10:30 A.M. the DM said the following:</p> <p>-He had been the dietary manager for a couple of years;</p> <p>-He was enrolled in an online dietary manager course with a college and had not completed the course;</p> <p>-He began the course about mid last year, he could not remember the month that he started the course;</p> <p>-He reviewed a module or two with the Registered Dietician when he/she came to the facility each week;</p> <p>-He did not know how long it would be before he completed the course;</p> <p>-He had not taken any other classes for being a dietary manager.</p> <p>During an interview on 5/1/25 at 11:00 A.M. the Administrator said the following:</p> <p>-The facility's DM hire date was 8/30/23. The DM started as a cook/supervisor and was promoted to DM on 9/11/23;</p> <p>-The DM was enrolled in a dietary manager's course;</p> <p>-He did not know how much of the course the DM had completed or know how long it would take the DM to complete the course;</p> <p>-He was not aware the DM has been enrolled in the course since mid last year;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Windsor Estates of St Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 West Randolph Street Saint Charles, MO 63301	
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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He would have expected the DM to have completed the course by now.</p> <p>MO253574</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** Based on observation, interview and record review, the facility failed to properly label food for expiration date, failed to discard food that has passed the expiration date as identified on the food label, failed to maintain one refrigerator to be free of rust and ice build up and failed to ensure a thermometer was present in the refrigerator. The facility failed to label and date when a food item was opened and refrigerated. The facility census was 62.</p> <p>Review of the undated facility policy for Food storage (Dry, Refrigerated, and Frozen) showed the following:</p> <ul style="list-style-type: none"> -Food shall be stored on shelves in a clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures using appropriate methods to ensure the highest level of food safety; -All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discharged ; -Discard food that has passed the expiration date; -Keep potentially hazardous foods out of the temperature danger zone (41 degrees Fahrenheit (F) to 135 degrees F , or per state specific regulations; -Set refrigerators to the proper temperature. The setting must ensure the internal temperature of the food is 41 degrees F or lower. Place hanging thermometer in the warmest part of the refrigerator; -Conduct random temperature checks of food items. <p>Review of the undated facility policy for Labeling and Dating Foods (Date Marking) showed the following:</p> <ul style="list-style-type: none"> -All stored foods will be properly labeled according to the following guidelines: -Date marking for refrigerated storage food items: unopened cases of refrigerated times will be dated with the date the item was received into the facility; -Prepared food or opened food items should be discarded when: the food item is left over for more than 72 hours; the food item is older than the expiration date. <p>1. Observation on 5/1/25 at 10:20 A.M. of the refrigerator in the main dining room showed the following:</p> <ul style="list-style-type: none"> -A a half empty large stainless steel pan of Jello with fruit covered with plastic wrap with a date of 4/25/25 written in black marker with no use by date; -A stainless steel pan containing eight individually wrapped ham sandwiches with a date of 4/26/25 and a discard date of 4/29/25 written on the label; <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>-A plastic container from a local grocery store that was half full of potato salad with no date when the container was opened or when to discard the container;</p> <p>-A plastic container from half full of [NAME] slaw with no date when the container was opened or when to discard the container;</p> <p>-An opened container of prepackage thickened lemon water dated 4/3/25 with no discard date;</p> <p>-A three quarter full gallon of milk that was not dated when opened and the container had a use by date of 4/27/25 on the container;</p> <p>-A plastic container of an assortment of cut up melon, grapes and pineapple with a label dated 4/23/25 with no discard date. The melon was dried with white around the edges and the pineapple was dried with black edges;</p> <p>-No hanging thermometer in the refrigerator;</p> <p>-Small reddish/brown, rusty looking spots on the inside of the walls of the refrigerator with a buildup of ice at the back of the refrigerator.</p> <p>Observation of the refrigerator/freezer of the refrigerator in the kitchen prep/storage area on 5/1/25 at 10:45 A.M. showed the following:</p> <p>-In the freezer five individually wrapped pieces of cake on a plate covered with plastic wrap that was not dated;</p> <p>-The back of the freezer was had a build up of food;</p> <p>-No hanging thermometer in the freezer.</p> <p>During an interview on 5/1/25 at 11:00 A.M. Dietary Aide B said the following:</p> <p>-The containers of potato salad and [NAME] slaw did not come from the kitchen;</p> <p>-Only food from the dietary department should be in the refrigerator in the dining room;</p> <p>-He/She did not know when the last time the refrigerator was cleaned or who was responsible for the cleaning;</p> <p>-Food should be labeled with the date prepared and use by date three days after preparation.</p> <p>During an interview on 5/1/25 at 11:30 A.M. the Dietary Manager said the following:</p> <p>-The dietary department was responsible for the refrigerator in the main dining room and the prep/storage area and should be cleaning when dirty or food has been spilled;</p> <p>-Food that was made by the kitchen should be used within three days or discarded and should be dated when made.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 5/1/25 at 11:40 A.M. the Administrator said the following: -Food should be dated and discarded per the policy; -The refrigerators should be clean and equipped with a thermometer. MO253574		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, interview and record review, the facility failed to maintain the water supply to the dishwasher in good working condition. The water pipe to the dishwasher leaked, causing water to pool under the dishwasher and run onto the floor in the dishwashing area. The facility census was 62.</p> <p>1. Review of an inspection report dated 2/12/25 from the local county public health department showed:</p> <ul style="list-style-type: none"> -Leaking plumbing or plumbing in disrepair; -Out of compliance with plumbing. <p>Observation on 5/1/25 between 9:50 A.M. to 2:30 P.M. and again on 5/2/25 between 6:30 A.M. to 12:30 P.M. showed the following:</p> <ul style="list-style-type: none"> -Water dripped out of pipes located under the dishwashing machine in the kitchen; -Pooled water under the dishwasher and the shelving attached to the dishwasher that flowed out from under the dishwasher and onto the floor. <p>During an interview on 5/2/25 at 11:15 A.M. [NAME] C said the following:</p> <ul style="list-style-type: none"> -The dishwasher had been leaking for over a year; -The kitchen staff mop up the water several times a day. <p>During an interview on 5/1/25 at 10:20 A.M. the Dietary Manager said the following:</p> <ul style="list-style-type: none"> -The local health department was at the facility several months again and cited them for a leaking pipe under the sink; this was repaired; -The leak under the dishwasher was new and a plumber has been scheduled to come out to repair the leak; -The facility was on the list for the plumber; -Kitchen staff mop the water up several times a day. <p>During an interview on 5/2/25 at 1:00 P.M. the Administrator said:</p> <ul style="list-style-type: none"> -He was not aware that the dishwasher has been leaking until recently; -He had contacted a plumber to come and repair the leak. <p>During an interview on 5/5/25 at 1:00 P.M. a representative from the local county health department said the following:</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-An initial inspection was done on 2/12/25 of the kitchen;</p> <p>-There were some plumbing issues identified;</p> <p>-A revisit was done on 2/26/25, 3/12/25 and 3/26/25 with the leak in the dishwashing area identified and not corrected;</p> <p>-He was told that the area would be fixed.</p> <p>MO253574</p>