STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure informed consent was obtained and documented for the use of psychotropic (a medication that affects brain activities associated with mental processes and behavior) medications for three residents (Residents #8, #10, and #61) out of six sampled residents. This failure prevented the resident and/or their representative from knowing the risks and the benefits of using psychotropic medications. The facility census was 71. Review of the facility's policy titled, Psychotropic Medication Use, revised October 2017, showed: - Psychotropic medications will be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and re-review; - The attending physician and other staff will gather and document information to clarify a resident's behavior, mood, function, medical condition, specific symptoms, and risks to the resident and others; - The attending physician will identify, evaluate, and document, with input from other disciplines and consultants as needed, symptoms that may warrant the use of psychotropic medications. 1. Review of Resident #8's medical record showed: - admitted on [DATE]; - Diagnoses of spinal cord injury, quadriplegia (paralysis caused by illness or injury that results in the loss of use of all limbs and torso), post-traumatic stress disorder (PTSD - psychological distress following a traumatic event), and major depressive disorder (long-term loss of pleasure or interest in life); - An order for Seroquel (an antipsychotic (medications that alter brain chemistry to help reduce psychotic symptoms like hallucinations, delusions, and disordered thinking) medication) 50 milligrams (mg) by mouth one time a day related to PTSD, dated 04/23/25; - No documentation of consents or education of risks and benefits for the psychotropic medication use were provided to the resident and/or their representative. During an interview on 01/08/26 at 1:30 P.M., Resident #8 said he/she did not remember if the risks and benefits were reviewed with him/her before starting the medication. 2. Review of Resident #10's medical record showed: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- admitted on [DATE]; - Diagnosis of schizophrenia (a long-term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations); - An order for Risperdal (an antipsychotic medication) 1 mg by mouth one time a day related to schizophrenia, dated 05/16/25; - No documentation of consents or education of risks and benefits for the psychotropic medication use were provided to the resident and/or their representative. During an interview on 01/08/26 at 3:15 P.M., Resident #10 said that he/she did not remember receiving any medication consent forms or going over medication risks and benefits prior to today. 3. Review of Resident #61's medical record showed: - admitted on [DATE]; - An order for Seroquel 25 mg by mouth in the morning and 50 mg by mouth at bedtime, dated 06/28/25; - No documentation of consents or education of risks and benefits for the psychotropic medication use were provided to the resident and/or their representative. During an interview on 01/08/26 at 1:20 P.M., Resident #61 and the resident's spouse said they did not recall signing any consent form for the resident's medications. They did not recall staff discussing the medication, the potential side effects, or other possible treatment options with them. During an interview on 01/08/26 at 4:00 P.M., the Administrator and the Director of Nursing (DON) said they would expect signed psychotropic consent forms to be completed by the residents or their representatives when starting psychotropic medications or medication adjustments were completed for psychotropic medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to attempt a gradual dose reduction (GDR) for psychotropic (medications that affect how the brain works and causes changes in mood, awareness, thoughts, feelings, or behaviors) medications for two residents (Residents #7 and #10) out of five sampled residents. The facility census was 71. Review of the facility policy titled, Psychotropic Medication Use, dated October 2017, showed: - Psychotropic medications will be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and re-review; - The physician shall respond appropriately by changing or stopping problematic doses or medications or clearly documenting why the benefits of the medication outweigh the risks or suspected or confirmed adverse consequences. 1. Review of Resident #7's medical record showed: - admission date of 03/16/22; - Diagnoses of Parkinson's disease (a movement disorder of the nervous system that worsens over time), polyneuropathy (damage to multiple peripheral nerves, causing symptoms like numbness, tingling, weakness, and burning pain, often starting in the feet and hands), dementia (a condition in which a person loses the ability to think, remember, learn, make decisions, and solve problems), bipolar disorder (a mental health condition causing extreme shifts in mood, energy, and activity levels), post-traumatic stress disorder (PTSD - a mental health condition that can develop after a person experiences or witnesses a traumatic event), and anxiety disorder (mental health conditions causing intense, excessive, and persistent fear or worry that disrupts daily life); - An order for Abilify (an antipsychotic (medications that alter brain chemistry to help reduce psychotic symptoms like hallucinations, delusions, and disordered thinking) medication) 15 milligrams (mg) one time a day for bipolar disorder, dated 07/15/23, and with an end date of 09/11/25; - An order for Abilify 15 mg one time a day for bipolar disorder, dated 09/12/25; - A GDR request from the pharmacist for the resident's Abilify be reduced from 15 mg to 10 mg one time a day on 02/24/25 and 11/21/25 without the physician's response or documentation the request was sent to the physician. 2. Review of Resident #10's medical record showed: - admission date of 05/16/25; - Diagnoses of cerebral infarction (stroke), major depressive disorder (MDD - long-term loss of pleasure or interest in life), PTSD, restless leg syndrome, schizophrenia (a long-term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations), and Parkinson's disease; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for Risperdal (an antipsychotic medication) 1 mg by mouth one time a day related to schizophrenia, dated 05/16/25; - No documentation of a pharmacist GDR request, a GDR attempt, or a GDR was considered clinically contraindicated for the Risperdal. During an interview on 01/08/26 at 4:15 P.M. the Administrator and the Director of Nursing (DON) said GDRs should be completed when they were due. GDRs were done the month they received them with most being for psychotropics and as needed medications. The GDR process went by receiving the pharmacy recommendations each month, the facility sending those recommendations to the physicians and providers, and then the physicians and providers acted on the recommendations. One provider did not address the recommendations the facility sent until the provider rounded each month. During an interview on 01/20/26 at 9:46 A.M., the Pharmacist said he/she sent recommendations to the facility digitally and by paper. The reports were sent the same day they were completed. He/She expected pharmacy recommendations and GDRs to be addressed by the next monthly review. He/She would not do a GDR recommendation for a resident diagnosed with schizophrenia.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 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 provide required written notice and documentation related to discharge and bed hold policy requirements, including the required daily bed hold rate for four residents (Residents #1, #3, #13, and #70) out of four sampled residents. The facility also failed to complete a recapitulation of stay upon discharge to home for one resident (Resident #72) out of two closed records reviewed. The facility census was 71.Review of facility policy titled, Bed Holds, dated March 2022, showed: - Upon admission and when a resident is transferred for hospitalization or for therapeutic leave, the facility will provide information regarding the bed hold policy to the resident or representative in a written format that is understood by the resident or the representative; - The covered service for therapeutic and hospital leaves for the Medicaid state plan will be defined in the bed hold notice and will be provided to the resident at the time of transfer or in an emergency, within 24 hours; - Bed hold days in excess of the State Medicaid Plan are considered non-covered services. A resident may elect to pay for additional days that he/she wishes the facility to hold the bed. Review of the facility policy titled, Transfer or Discharge Notice, dated December 2016, showed: - If an immediate transfer or discharge is required by the resident's urgent medical needs, the transfer/discharge notice will be given as soon as it is practicable but before the transfer or discharge; - The resident and/or representative will be notified in writing of the reason for the transfer or discharge, the effective date of transfer or discharge, and the location to which the resident is being transferred or discharged . 1. Review of Resident #1's medical record showed: - The resident transferred to the hospital on [DATE], and returned to the facility on [DATE]; - No documentation the written notification of the transfer and the bed hold policy, including the bed hold rate, were provided to the resident and/or the resident representative for this transfer. 2. Review of Resident #3's medical record showed: - The resident transferred to the hospital on [DATE], and returned to the facility on [DATE]; - The resident transferred to the hospital on [DATE], and returned to the facility on [DATE]; - No documentation the written notification of the transfer and the bed hold policy, including the bed hold rate, were provided to the resident and/or the resident representative for these transfers. 3. Review of Resident #13's medical record showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The resident transferred to the hospital on [DATE], and returned to the facility on [DATE]; - No documentation the written notification of the transfer and the bed hold policy, including the bed hold rate, were provided to the resident and/or the resident representative for this transfer. 4. Review of Resident #70's medical record showed: - The resident transferred to the hospital on [DATE], and returned to the facility on [DATE]; - The resident transferred to the hospital on [DATE], and returned to the facility on [DATE]; - The resident transferred to the hospital on [DATE], and returned to the facility on [DATE]; - No documentation the written notification of the transfer and the bed hold policy, including the bed hold rate, were provided to the resident and/or the resident representative for these transfers. During an interview on 01/08/26 at 2:28 P.M., Registered Nurse (RN) E said the nurses were responsible for completing the transfer and bed hold documentation and notifying the appropriate people involved. The nurse filled out the transfer bed hold documentation in the electronic medical record for the resident and printed the completed documentation to send with the resident to the hospital. Sometimes the nurse had to fax the documentation to the hospital if it was not able to be sent with the resident. The resident representative would be notified, but no paperwork would be provided to them. He/She did not know where the bed hold rate information was located and didn't know how to find that information. During an interview on 01/08/26 at 4:20 P.M., the Administrator said she would expect the residents or their representatives to be informed in writing of transfers and the bed hold policy along with the daily bed hold rate. 5. Review of Resident #72's medical record showed: - admitted on [DATE]; - discharged on 11/10/25 to the community; - No documentation of a recapitulation of the resident's stay at the facility was completed and provided to the resident and/or the resident representative. During an interview on 01/08/26 at 2:10 P.M., the Administrator said the facility did not have a recapitulation of stay completed for Resident #72. Each department was responsible for completing their portion of the summary of a resident's stay. During an interview on 01/08/26 4:15 P.M., the Administrator and the Director of Nursing (DON) said they would expect a recapitulation of a resident's stay to be completed when a resident was discharged and a written notification of a transfer and a copy of the bed hold policy, including the daily rate, be provided to the resident and/or the resident's representative when transferred out of the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide showers for six residents (Residents #5, #7, #19, #31, #41 and #61) out of 18 sampled residents. The facility's census was 71. Review of facility policy titled, Bath, Shower/Tub, dated February 2018, showed: - Staff to document the following: the date and time the shower or bath was performed; all assessment data obtained during the shower or bath; how the resident tolerated the shower or bath; and if the resident refused the shower or bath, the reason why, and the intervention taken. 1. Review of Resident #5's medical record showed: - admission date of 12/15/23; - Diagnoses of chronic kidney disease, stage 1 (early mild kidney disease), type 2 diabetes mellitus (DM - high blood sugar related to insulin resistance), malleolus without complications (ankle bone injury without complications), thoracic aortic aneurysm without rupture (enlarged area of the main artery in the chest that has not ruptured), morbid obesity (severely elevated body weight that increases health risks), anxiety disorder (ongoing excessive worry or anxiety), muscle weakness (reduced muscle strength), generalized dysphagia, (difficulty swallowing), unsteadiness on feet (balance problems when standing or walking), and weakness (generalized lack of strength). Review of the resident's significant change Minimum Data Set (MDS - a mandatory assessment completed by the facility) assessment, dated 05/20/25, showed: - Cognitive impairment; - Partial or moderate assistance from staff for dressing, personal hygiene, and showering/bathing. Review of the resident's shower schedule showed: - The resident scheduled for Tuesday, Thursday and Saturday. Review of the resident's shower documentation for 12/11/25 - 01/06/26 showed: - December had nine opportunities for receiving a shower. The resident failed to receive a shower on 12/18/25, 12/23/25, and 12/27/25. Three showers were missed out of nine opportunities; - January had three opportunities for receiving a shower. The resident failed to receive a shower on 01/01/26 and 01/03/26. Two showers were missed out of three opportunities. 2. Review of Resident #7's medical record showed: - admission date of 03/16/22; - Diagnoses of Parkinson's disease (a movement disorder of the nervous system that worsens over time), polyneuropathy (damage to multiple peripheral nerves, causing symptoms like numbness, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	tingling, weakness, and burning pain, often starting in the feet and hands), dementia (a condition in which a person loses the ability to think, remember, learn, make decisions, and solve problems), bipolar disorder (a mental health condition causing extreme shifts in mood, energy, and activity levels), post-traumatic stress disorder (PTSD - a mental health condition that can develop after a person experiences or witnesses a traumatic event), anxiety disorder (mental health conditions causing intense, excessive, and persistent fear or worry that disrupts daily life), polyarthritis (inflammation and pain affecting five or more joints simultaneously), osteoarthritis (a degenerative joint disease where cartilage wears down, causing joint pain, stiffness, and swelling), right foot drop (difficulty in lifting the front part of the foot), and spondylolisthesis (a condition where a vertebra in the spine slips forward over the one below it, which can cause back pain, stiffness); Review of the resident's quarterly MDS assessment, dated 12/17/25, showed: - Cognitive impairment; - Dependent on staff for dressing, personal hygiene, and showering/bathing. Review of the resident's shower schedule showed: - The resident scheduled for Monday, Wednesday, and Friday night shift. Review of the resident's shower documentation for 12/09/25 to 01/08/26 showed: - December had ten opportunities for receiving a shower. The resident failed to receive a shower on 12/12/25, 12/19/25, 12/22/25, 12/24/25, 12/26/25, 12/29/25, and 12/31/25. Seven showers were missed out of ten opportunities; - January had three opportunities for receiving a shower. The resident failed to receive a shower on 01/05/26 and 01/07/26. Two showers were missed out of three opportunities. 3. Review of Resident #19's medical record showed: - admission date of 02/25/11; - Diagnoses of hemiplegia affecting unspecified side (paralysis or severe weakness on one side of the body), aphasia following cerebral infarction (difficulty speaking or understanding language after a stroke), dysphagia (difficulty swallowing), schizophrenia (chronic mental health disorder affecting thinking and behavior), epilepsy (seizures), moderate intellectual disabilities (moderate limitations in intellectual functioning and adaptive behavior), and sequelae following unspecified cerebrovascular disease (lasting effects from a disease affecting blood flow to the brain). Review of the resident's quarterly MDS assessment, dated 05/02/25, showed: - Severe cognitive impairment; - Dependent on staff for dressing, personal hygiene, and showering/bathing. Review of the resident's shower schedule showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The resident scheduled for Tuesday, Thursday and Saturday. Review of the resident's shower documentation for 12/11/25 - 01/06/26 showed: - December had nine opportunities for receiving a shower. The resident failed to receive a shower on 12/18/25, 12/23/25 and 12/27/25. Three showers were missed out of nine opportunities; - January had three opportunities for receiving a shower. The resident failed to receive a shower on 01/01/26 and 01/03/26. Two showers were missed out of three opportunities. 4. Review of Resident #31's medical record showed: - admission date of 11/04/24; - Diagnoses of depression (loss of interest in activities) and fracture of the left tibia (leg bone). Review of the resident's significant change MDS assessment, dated 11/02/25, showed: - No cognitive impairment; - Partial/moderate assist from staff for upper body dressing; - Substantial/maximal assist on staff for lower body dressing, personal hygiene, and showering/bathing. Review of the resident's shower schedule showed: - The resident scheduled for Tuesday, Thursday and Saturday with Sunday a makeup shower day. Review of the resident's shower documentation for 12/11/25 - 01/06/26 showed: - December had nine opportunities for receiving a shower. The resident failed to receive a shower on 12/11/25, 12/16/25, 12/18/25, 12/20/25, 12/25/25, 12/27/25, and 12/30/25. Seven showers were missed out of nine opportunities; - January had three opportunities for receiving a shower. The resident failed to receive a shower on 01/03/26. One shower was missed out of three opportunities. 5. Review of Resident #41's medical record showed: - admission date of 12/16/22; - Diagnoses of epilepsy, acute transverse myelitis in demyelinating disease of central nervous system (disorder causing sudden inflammation across sections of the spinal cord), osteoarthritis (breakdown of cartilage causing bones to rub leading to pain, stiffness, and impaired range of motion) of both knees, and lymphedema (excess fluid buildup in parts of body). Review of the resident's significant change MDS assessment, dated 12/28/25, showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- No cognitive impairment; - Supervision or touching assistance from staff for upper body dressing and toileting hygiene; - Partial or moderate assistance on staff for lower body dressing; - Substantial/maximum assistance on staff for showering/bathing. Review of the resident's shower schedule showed: - The resident scheduled for Tuesday, Thursday and Saturday with Sunday a makeup shower day. Review of the resident's shower documentation for 12/11/25 - 01/06/26 showed: - December had nine opportunities for receiving a shower. The resident failed to receive a shower on 12/16/25, 12/20/25, and 12/25/25. Three showers were missed out of nine opportunities. - January, had three opportunities for receiving a shower. The resident failed to receive a shower on 01/03/26. One shower was missed out of three opportunities. During an interview on 01/06/26 at 11:45 A.M., Resident #41 said he/she sometimes only received one shower a week or went long stretches without a shower. 6. Review of Resident #61's medical record showed: - admission date of 11/14/24; - Diagnoses of Alzheimer's disease (progressive brain disease affecting memory and thinking), age-related osteoporosis (bone thinning that increases fracture risk), hyperlipidemia (high cholesterol or elevated blood fats), dementia, essential hypertension (chronic high blood pressure), and depression. Review of the resident's quarterly MDS assessment, dated 05/23/25, showed: - Minimal cognitive impairment; - Independent for dressing and personal hygiene; - Partial or moderate assistance from staff for showering/bathing. Review of the resident's shower schedule showed: - The resident scheduled for Tuesday, Thursday and Saturday. Review of the resident's shower documentation for 12/11/25 - 01/06/26 showed: - December had nine opportunities for receiving a shower. The resident failed to receive a shower on 12/18/25, 12/25/25 and 12/27/25. Three showers were missed out of nine opportunities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/08/26 at 2:20 P.M., Certified Nurse Assistant (CNA) F and CNA G said showers were done by the CNA on each hall. There were assigned shower days to the residents with at least two to three showers offered each week and Sunday being a makeup shower day for those who missed a shower or refused a shower earlier in the week. Showers were documented in the electronic medical record and on paper. The paper shower sheets were discarded after a week. During an interview on 01/08/26 at 2:00 P.M., the Director of Nursing (DON) said they do not keep completed showers sheets for more than seven days. The showers were documented in the resident's electronic medical record. However, the system will only allow a 30-day look back period for record review of showers. During an interview on 01/08/26 at 4:15 P.M., the Administrator and DON said they would expect residents to be given or offered a minimum of two showers a week and the showers should be documented in the resident's electronic medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 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 use proper infection control techniques during wound care for two residents (Resident #7 and #14) out of three sampled residents and during blood glucose (blood sugar) test for four residents (Residents #3, #61, #66, and #75) out of five sampled residents. The facility census was 71. Review of the facility's policy titled, Hand Hygiene, not dated, showed: - All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors; - The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to putting on gloves, and immediately after removing gloves; - Hand hygiene is indicated and will be performed: between resident contacts; after handling items potentially contaminated with body fluids, secretions, or excretions; when, during resident care, moving from a contaminated body site to a clean site. Review of facility policy titled, Glucometer (a portable device used to measure the amount of sugar in the blood) Disinfection, dated September 2022, showed: - Obtain needed equipment and supplies including gloves, glucometer, alcohol pads, single-use lancet (a device to collect blood from the fingertips for blood glucose testing), blood glucose testing strips (small, disposable strips used with a glucometer to check sugar levels from a tiny blood drop), and disinfecting wipes; - Wash hands; - Explain the procedure to the resident; - Provide privacy; - Put on gloves; - Obtain a capillary (a small thin-walled vessel of the body) blood glucose sampling; - Remove and discard gloves, perform hand hygiene prior to exiting the room; - Reapply gloves if there is visible contamination of the device or if the resident is human immunodeficiency virus (HIV - a virus that attacks the body's immune system) or Hepatitis B or C (viral infections that causes the liver to swell) positive; - Retrieve two disinfectant wipes from the container; - Using the first wipe, clean first to remove heavy soil, blood and/or other contaminants left on the surface of the glucometer; - After cleaning, use the second wipe to disinfect the glucometer thoroughly with the disinfectant wipe, following the manufacture's instructions. Allow the glucometer to air dry; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Discard disinfectant wipes in a waste receptacle; - Perform and hygiene. Review of the Assure Prism Multi Blood Glucose Monitoring System's User Instruction Manual for showed: - The meter should be cleaned and disinfected after use on each resident; - Wear appropriate protective gear such as disposable gloves; - Open the towelette container and pull out one towelette and close the lid; - Wipe the entire surface of the meter three times horizontally and three times vertically using one towelette to clean blood and other body fluids; - Dispose of the used towelette in a trash bin; - Pull out one new towelette and wipe the entire surface of the meter three times horizontally and three times vertically to remove blood-borne pathogens; - Dispose of the used towelette in a trash bin; - Allow exteriors to remain wet for the appropriate contact time and then wipe the meter using a dry cloth; - Contact time for Super Sani-Cloth Germicidal Disposable Wipe is two minutes; - After disinfection, the user's gloves should be removed and thrown away; - Wash hands before proceeding to the next resident. 1. Observation on 01/07/26 at 9:30 A.M., of Resident #14's sacral (the area above the tailbone) wound care showed: - Enhanced Barrier Precautions (EBP) signage in place; - Licensed Practical Nurse (LPN) A and Registered Nurse (RN) E entered the resident's room, performed hand hygiene, put on gloves, and did not put on gowns; - LPN A cleaned the resident's buttocks with a wipe; - LPN A changed gloves and did not perform hand hygiene; - LPN A cleaned the resident's sacral wound with gauze soaked with Dakin's solution (an antiseptic); - LPN A did not change gloves, did not perform hand hygiene, and applied skin prep (a barrier product) to the skin surrounding the wound; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- LPN A did not change gloves, did not perform hand hygiene, and applied Iodosorb (iodine gel used to treat chronic wounds) to the wound bed using a cotton-tipped swab; - LPN A did not change gloves, did not perform hand hygiene, and applied Collagen powder (a topical wound therapy that promotes healing) to the wound; - LPN A did not change gloves, did not perform hand hygiene, covered the wound with calcium alginate (a highly absorbent wound dressing made from seaweed) and secured it with an island dressing (a sterile, all-in-one bandage with a central absorbent pad and a surrounding adhesive border); - LPN A did not change gloves, did not perform hand hygiene, and applied Calmoseptine cream (a multi-purpose skin protectant and moisture barrier) to the resident's buttocks; - LPN A did not change gloves, did not perform hand hygiene, and put a clean brief on the resident; - LPN A removed his/her gloves and did not perform hand hygiene; - LPN A touched the resident's call light, bed control, and blankets; - LPN A performed hand hygiene and exited the room. 2. Observation on 01/07/26 at 11:29 A.M., of Resident #75's blood glucose testing showed: - Certified Medication Technician (CMT) H removed the glucometer from his/her scrub pocket, did not clean and disinfect the glucometer, and placed it on top of the medication cart without a clean barrier; - CMT H gathered the supplies; - CMT H did not perform hand hygiene and put on gloves; - CMT H entered the resident's room, performed the blood glucose test, did not change gloves, did not perform hand hygiene, and exited the room; - CMT H placed the glucometer on top of the medication cart without a clean barrier; - CMT H removed gloves, did not perform hand hygiene, and removed the blood glucose testing strip from the glucometer with his/her bare hands; - CMT H did not clean and disinfect the glucometer and placed it in his/her scrub pocket. 3. Observation on 01/07/26 at 11:34 A.M. of Resident #61's blood glucose testing showed: - CMT H removed the same glucometer from his/her scrub pocket, did not clean and disinfect the glucometer, and placed it on the top of the medication cart without a clean barrier; - CMT H gathered the supplies; - CMT H did not perform hand hygiene and put on gloves; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- CMT H entered the resident's room, performed the blood glucose test, did not change gloves, did not perform hand hygiene, and exited the room; - CMT H placed the glucometer on top of the medication cart without a clean barrier; - CMT H removed gloves, did not perform hand hygiene, and removed the blood glucose testing strip from the glucometer with his/her bare hands; - CMT H did not clean and disinfect the glucometer and placed it in his/her scrub pocket. 4. Observation on 01/07/26 at 11:40 A.M. of Resident #3's blood glucose testing showed: - CMT H removed the same glucometer from his/her scrub pocket, did not clean and disinfect the glucometer, and placed it on the top of the medication cart without a clean barrier; - CMT H gathered the supplies; - CMT H did not perform hand hygiene and put on gloves; - CMT H entered the resident's room, performed the blood glucose test, did not change gloves, did not perform hand hygiene, and exited the room; - CMT H placed the glucometer on top of the medication cart without a clean barrier; - CMT H removed gloves, did not perform hand hygiene, and removed the blood glucose testing strip from the glucometer with his/her bare hands; - CMT H did not clean and disinfect the glucometer and placed it in his/her scrub pocket. 5. Observation on 01/07/26 at 11:46 A.M. of Resident #66's blood glucose testing showed: - CMT H removed the same glucometer from his/her scrub pocket, did not clean and disinfect the glucometer, and placed it on the top of the medication cart without a clean barrier; - CMT H gathered the supplies; - CMT H did not perform hand hygiene and put on gloves; - CMT H entered the resident's room, performed the blood glucose test, did not change gloves, did not perform hand hygiene, and exited the room; - CMT H placed the glucometer on top of the medication cart without a clean barrier; - CMT H removed gloves and did not perform hand hygiene, removed the blood glucose testing strip from the glucometer with his/her bare hands; - CMT H did not clean and disinfect the glucometer and placed it in his/her scrub pocket. During an interview on 01/08/26 at 2:15 P.M., CMT H said he/she performed hand hygiene between (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	every task and every resident. Gloves were worn during the blood glucose testing and when the strip was removed from the glucometer. He/She wiped the glucometer off with the Super Sani-Cloth Germicidal Disposable Wipe and let it sit for two minutes. A towel placed on a surface as a barrier before the glucometer was set down. 6. Observation on 01/08/26 at 9:21 A.M., of Resident #7's coccyx (the tailbone) wound care showed: - EBP signage in place; - LPN A put on a gown and mask; - LPN A performed hand hygiene and put on gloves; - LPN A removed the resident's brief, did not change gloves, and did not perform hand hygiene; - LPN A cleaned the resident's wound with wound cleanser spray and gauze; - LPN A did not change gloves, did not perform hand hygiene, and applied Collagen powder to the wound bed using a cotton-tipped swab; - LPN A did not change gloves, did not perform hand hygiene, and applied Calmoseptine cream to the buttocks around the wound; - LPN A did not change gloves, did not perform hand hygiene, and touched the resident's blankets and bed control; - LPN A removed the gloves and gown, performed hand hygiene, and exited the room. During an interview on 01/08/26 at 9:30 A.M., LPN A said hands should be cleaned before and after wound care, and gloves should be changed when they were soiled. During an interview on 01/08/26 at 4:20 P.M., the Director of Nursing (DON) and the Administrator said they would expect staff to perform hand hygiene when they enter a resident's room, after they perform care, between glove changes, when they exit a resident's room, and when their hands were visibly dirty. They would expect the glucometer to be cleaned and disinfected between every resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265553	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Marble Hill	702 Highway 34 West Marble Hill, MO 63764

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 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 conduct at least twelve hours of nurse aide in-service education per year and failed to provide the required competency of Abuse Prevention and Dementia Care (care of a resident with an impaired ability to remember, think, or make decisions). This affected one Certified Nurse Assistant (CNA) (CNA B) out of two sampled CNAs. The facility's census was 71.Review of the facility's policy titled, Required Training and Continuing Education of Nurse Aides, dated September 2022, showed:- The facility will provide at least 12 hours of in-service training annually, based on the employment date, not the calendar year;- Minimum training will include: dementia management and care of the cognitively impaired, abuse, neglect, and exploitation prevention. Review of CNA B's in-service record showed:- A hire date of 01/16/19;- CNA B did not attend an annual competency in-service training on Abuse and Neglect Prevention;- CNA B did not attend an annual competency in-service training on Dementia Care;- CNA B did not attend any in-service training for January 2025 through January 2026. During an interview on 01/08/26 at 2:45 P.M., the Administrator said she would expect CNAs have at least 12 hours of in-service education per year which included the mandatory annual competency trainings.