STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265618	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Hampton Place	4700 Brandon Woods Columbia, MO 65203

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to provide necessary treatment and services consistent with professional standards of practice, when staff failed to assess one resident (Resident #1's) skin upon readmission, failed to identify a left lower leg wound, and failed to obtain a physician's order for wound care treatment. The facility census was 67.1. Review of the facility's Skin Identification, Evaluation, and Monitoring policy, dated 02/26/26, showed staff are directed as follows:-A licensed nurse will evaluate skin integrity through a physical skin evaluation upon admission, weekly, and when a significant change is identified;-Licensed nurse upon admission with complete a physical skin evaluation and document findings. If a skin condition is present on admission or re-admission, the nurse will initiate protective dressing, notify health care provider of findings and for further treatment orders, notification/education of resident and resident representative of finds and physician orders and document evaluation in the medical record;-The Certified Nursing Assistant (CNA) will observe skin for changes with assisting with activities of daily living and report skin integrity changes to nurse. 2. Review of Resident #2's comprehensive Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/08/26, showed resident readmitted from the hospital on [DATE].Review of the resident's medical record did not contain documentation staff completed a re-admission skin assessment as directed in the facility policy.Observation on 05/27/26 at 2:05 P.M., showed the resident had an unlabeled bandage on the back of his/her left leg. Observation showed the nurse removed the bandage and exposed a large open area on the back of his/her left leg.During an interview on 05/27/26 at 2:08 P.M., Licensed Practical Nurse (LPN) B said staff are directed to assess a resident's skin based on the physician order and checked weekly. He/She said if staff noticed a skin concern, the nurse should assess, document in the resident's progress notes and report to the Director of Nursing (DON) and physician. He/She said he/she did not know the resident had a wound on the back of his/her leg and could not find an order for wound care treatment.During an interview on 05/27/26 at 2:27 P.M., the DON said staff should have completed a skin assessment upon re-admission from the hospital. He/She said he/she did not know the resident had any wounds. He/She said the resident's medical record did not contain documentation the resident had a wound on his/her left leg.During an interview on 05/27/26 at 3:45 P.M., the administrator said staff are directed to conduct a skin assessment on a resident upon admission, discharge, weekly and as needed. He/She said the charge nurse should perform skin assessment upon readmission. He/She said if an aide noticed a skin concern, they should report to a nurse for assessment. He/She said the nurse would contact the physician to obtain wound care orders.3006504

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
	265618	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Hampton Place	4700 Brandon Woods Columbia, MO 65203

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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to perform hand hygiene to prevent the spread of infection during wound care, failed to place wound care supplies on a protective barrier, failed to wear appropriate personal protective equipment (PPE) during care for one resident (Resident #2) who required Enhanced Barrier Precautions (EBP) (an infection control intervention) for wounds. Facility staff failed to wear PPE during care for one resident (Resident #1) who required EBP for a feeding tube (medical device used to safely deliver liquid nutrition, hydration, and mediations directly into the stomach or small intestine) out of two sampled residents. The facility's census was 67. 1. Review of the facility's Infection Prevention and Control Manual-Enhanced Barrier Precautions policy, undated, showed staff are directed as follows:-Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multi-drug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk for MDRO acquisition (such as residents that have wounds or indwelling medical devices);-Enhanced Barrier Precautions re recommended for resident with a wound or indwelling medical device, even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical devices include central venous catheters, urinary catheters, feeding tubes and tracheostomies/ventilators;-High-contact resident care activities where a gown and gloves should be used when performing wound care and caring for or using an indwelling medical device.Review of the facility's Infection Prevention and Control Manual policy, dated 2019, showed staff must perform hand hygiene even if gloves are utilized. The policy did not provide direction for staff on when to perform hand hygiene.Review of facility provided policies did not contain a policy to direct staff on when to apply a barrier prior to wound care supply placement. 2. Review of Resident #2's comprehensive Minimum Data Set (MDS), dated [DATE], a federally mandated assessment tool, dated 06/08/26, showed staff assessed the resident with one stage two pressure ulcer and an indwelling catheter (flexible tube inserted into the bladder to continuously drain urine into an external collection bag).Observation on 05/27/26 at 2:04 P.M., showed EBP signage on the door directed staff to wear a gown when care is provided.Observation on 05/27/26 at 2:05 P.M., showed Licensed Practical Nurse (LPN) B provided wound care without a gown. LPN B left the resident's room without performing hand hygiene. He/She returned with wound care supplies and placed the supplies directly on the bed without a protective barrier. He/She did not wash his/her hand before he/she applied gloves and did not put on a gown before he/she provided wound care. LPN B cleansed the wound, and applied the clean bandage, he/she did not change his/her gloves or perform hand hygiene between tasks. Observation showed the resident had a catheter bag and the bag and tubing touched the floor.During an interview on 05/27/26 at 2:08 P.M., LPN B said he/she did not know where the gown and gloves were located. He/She said he/she did not notice the sign on the door reminding staff they were required to wear gown and gloves when in contact with the resident. He/She said the purpose of using a gown or gloves was to prevent any of the resident's bodily fluids from getting on staff. He/She said staff are directed to perform hand hygiene, before and after resident contact. He/She said he/she did not have a reason he/she missed a hand hygiene opportunity. He/She said staff are educated to place wound care supplies on the bedside table with a protective barrier under the supplies. He/She said he/she placed the wound care supplies directly on the bed, without a protective barrier, since the bedside table was not right next to the resident. He/She said there was a potential for an infection control issue when placing wound care items directly on the bed without a protective barrier. He/She said he/she did not have a reason he/she did not use a protective barrier. 3. Review of Resident #1's quarterly MDS, dated [DATE], showed staff assessed the resident as severely cognitively impaired, had a feeding tube and an indwelling catheter.Observation on 05/27/26 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265618	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Hampton Place	4700 Brandon Woods Columbia, MO 65203

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 - Some	at 1:11 P.M., showed the entrance to the resident's room did not contain EBP signage.Observation on 05/27/26 at 1:12 P.M., showed LPN A provided tube feeding assistance without a gown on.During an interview on 05/27/26 at 1:15 P.M., LPN A said he/she did not know the resident was on EBP. He/She said he/she was not trained to use a gown when providing tube feeding assistance to the resident. 4. During an interview on 05/27/26 at 3:45 P.M., the administrator said staff are directed to wear a gown and gloves when providing care for residents placed on EBP. He/She said if staff did not wear a gown and gloves while providing care, there was a potential for infection control concerns.During an interview on 06/10/26 at 3:43 PM, the administrator said wound care supplies should be placed on a protective barrier to avoid potential infection control issues. He/She said staff should perform hand hygiene prior to putting on gloves, anytime gloves are changed, and before exiting the room. He/She said staff are directed to change gloves and perform hand hygiene after cleansing the wound and before touching the clean bandage to avoid introducing infection into the wound.During an interview on 05/27/26 at 3:45 P.M., the Director of Nursing (DON) said staff received education to wear a gown and gloves while providing care for residents placed on EBP. He/She said there is potential for infection control concerns if staff did not wear a gown or gloves while providing care to a resident placed on EBP.During an interview on 06/10/26 at 3:44 PM, the DON said wound care supplies should be placed on a protective barrier to avoid potential infection control issues. He/She said staff should perform hand hygiene prior to putting on gloves, anytime gloves are changed, and before exiting the room. He/She said staff are directed to change gloves and perform hand hygiene after cleansing the wound and before touching the clean bandage to avoid introducing infection into the wound. 3016076 and 3006504