STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265651	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Hermann	1800 Wein Street Hermann, MO 65041

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Post nurse staffing information every day. Based on interview and record review, the facility staff failed to post accurate nurse staffing information, which included the total number of staff and the actual hours worked by both licensed and unlicensed nursing staff directly responsible for resident care per shift when staff included another employee from the assisted living facility to the total number of nursing staff working. The census was 70. 1.Review of the facility policies showed staff did not provide a policy for nurse staff posting.Review of the nurse staff posting sheets, dated 03/01/26 to 05/31/26, showed sheets contained the total number of licensed and unlicensed staff who provided care to both the skilled nursing facility and the attached assisted living facility. The census on the staff posting sheets reflected the number of residents in the Skilled Nursing facility.During an interview on 06/03/26 at 3:08 P.M., the Assistant Director of Nursing (ADON), said he/she was in charge of scheduling and staff postings. He/She said he/she was not aware he/she couldn't count the assisted living staff as skilled staff when counting the total amount of staff in the building. During an interview on 06/03/26 at 3:31 P.M., the Director of Nursing (DON) said he/she was not aware the number of staff could not include staff on the assisted living side during evenings and nights.During an interview on 06/04/2026 at 11:59 A.M., the administrator said the daily staff posting reflected all staff for the skilled nursing facility and the assisted living facility. He/she said the census on the daily staff posting reflected the number of residents in the skilled nursing facility. The administrator said his/her expectations are the ADON post accurate staffing sheets. He/She said the ADON is in charge of scheduling, and the DON was ultimately responsible. He/she said the staff on the assisted living facility do not provide direct care for the residents on skilled side.

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