STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265654	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountainbleau Nursing Center	1349 Highway 61 Festus, MO 63028

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment. This deficient practice affected one resident (Resident #22) outside of the 22 sampled residents and had the potential to affect all residents in the facility. The facility's census was 105.Review of the facility's policy, Cleaning and Disinfection of Environmental Surfaces, revised August 2019, showed: - Environmental surfaces will be cleaned and disinfected according to current Centers for Disease Control (CDC) recommendations for disinfection of healthcare facilities and the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard; - Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled; - Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled; - Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled; - Horizontal surfaces will be wet dusted regularly (e.g., daily, three times per week) using clean cloths moistened with an Environmental Protection Agency (EPA)-registered hospital disinfectant (or detergent). The disinfectant (or detergent) will be prepared as recommended by the manufacturer. 1. Observations on 02/09/26 at 11:50 A.M., and on 02/10/26 at 10:30 A.M., of the 300 Hall showed a strong urine odor. 2. Observations on 02/09/26 at 12:10 P.M., and on 02/12/26 at 5:00 P.M., of room [ROOM NUMBER] showed: - A three inch (in.) by three in. circular hole in the bathroom door; - A three in. by four in. area of missing sheetrock with visible screws; - Four one in. by one in. areas of missing sheetrock and a two in. by two in. area of missing sheetrock on the side wall beside the first bed. 3. Observation on 02/12/26 at 2:45 P.M., of the 300/400 Hall shower room 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
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Dirty rags, gloves, a razor, bottles of lotion, a stick of deodorant, and a watch scattered on and around a shower chair; - Opened bottles of shampoo and soap lay on the floor; - An open cabinet to the right of the sink with items scattered on the floor from the cabinet; - An opened backpack and a pair of shoes on the floor in front of the sink; - Dirt, grime, and a brown substance on the shower tile on the floor and walls. 3. Observation on 02/12/2026 from 2:00 P.M. to 2:10 P.M., showed dirt and stains with a musty odor on carpets in resident rooms 102, 103, 104, 105, 108, 110, 112, 116, 205, 208, 209, 210, 213, 214, 215, 301, 302, 304, 307, 310, 312, 401, 410, and 411. During an interview on 02/09/26 at 12:12 P.M., Resident #22 said he/she had lived here a month or so. The holes had been there ever since, and no one had come to fix them. During an interview on 02/12/26 at 6:45 P.M., the Administrator said she would expect the facility to be free from odors and the carpet to be free from stains and odors. She would expect the facility walls to be free from holes and scratches and the shower rooms to be clean, organized, and free from dirt and grime. During a phone interview on 02/20/26 at 8:34 A.M., the Maintenance Director said that he goes in and checks resident rooms about once a week, and if there are any issues found he tries to fix them the same day, depending on the supplies needed. He said typically he can fix a hole in a wall or door in a day. He said staff either call his phone with repairs or they have a tele system where staff can place work orders.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #74) out of 22 sampled residents was free from abuse when an employee knowingly sent inappropriate sexual pictures and text messages to the resident. The facility census was 105.Review of the facility's policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, showed: - Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms;- The resident abuse, neglect, and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: Protect residents from abuse, neglect and exploitation or misappropriation of property by anyone including, but not necessarily limited to, facility staff;- Develop and implement policies and protocols to prevent and identify abuse or mistreatment of residents;- Provide staff orientation and training/orientation programs that include topics such as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior;- Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property;- Protect residents from any further harm during investigations. Review of the facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised September 2022, showed: - All reports of resident abuse (including injuries from unknown origin), neglect, exploitation, or theft/misappropriation or resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported;- The administrator or the individual making the allegation immediately reports his/her suspicion to the following persons or agencies: the state licensing/certification agency responsible for surveying/licensing the facility; the local/state ombudsman, the resident's representative, adult protective services (where state law provides jurisdiction in long term care), law enforcement officials, the resident's attending physician, and the facility medical director;- Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete;- Within five business days of the incident, the administrator will provide a follow-up investigation report;- If the investigation reveals that the allegation(s) of abuse are founded, the employee(s) is terminated. 1. Review of the facility's investigation report, completed on 02/14/26, showed: - The Assistant Director of Nursing (ADON) was made aware of a relationship between Resident #74 and Dietary Aide L on the evening of 02/10/26 by a friend of the resident. Dietary Aide L was suspended pending the investigation;- Resident #74 and Dietary Aide L had been sending each other text messages that were sexual in nature for about a week. The Director of Nursing (DON) reviewed the texts and confirmed they were sexual in nature from both Resident #74 and Dietary Aide L. Resident #74 said the communication was consensual between them. Resident #74 did not want to file a police report and said he/she was not abused physically or mentally. A full body assessment was completed with no concerns;- Dietary Aide L said at first, he/she didn't know he/she was texting Resident #74 because he/she used a dating app and thought he/she was texting someone off the app. After finding out he/she was texting Resident #74, he/she continued to send texts and an explicit photo of himself/herself accidentally to Resident #74. He/She thought the photo was being sent to someone on the dating app;- Dietary Aide L said he/she didn't know how Resident #74 got his/her phone number. About a week ago, he/she wrote his/her number on a piece of paper, and it must have fallen out of his/her pocket;- Dietary Aide L said that the communication was through text only, and no physical contact occurred;- Resident #74 said that two episodes of physical contact occurred about a week ago. Dietary Aide L worked on 02/04/26 and (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	02/05/26, and the areas where the physical contact was said to have happened were under video surveillance. The video footage was reviewed. Resident #74 and Dietary Aide L were observed talking multiple times on the video footage dated 02/04/26, and there were no interactions between the two on 02/05/26. There were no incidents of Dietary Aide L touching Resident #74 between his/her thighs or putting anything down his/her shirt between his/her breasts;- The Administrator contacted the police and Resident #74 said he/she did not want to file a police report. The police officers told the Administrator the report would only be informational, report #26-0136;- Dietary Aide L was terminated on 02/14/26.Review of Resident #74's medical record showed:- An admission date of 11/26/24;- Diagnoses of end stage renal disease (ESRD - final, permanent stage of kidney failure), morbid obesity (excess body fat that severely affects health), hemiplegia (paralysis of one side of the body), intracranial injury with loss of consciousness (traumatic brain damage to the brain with a period of non-responsiveness), generalized anxiety (persistent worry and fear about everyday situations), major depressive disorder (long-term loss of pleasure or interest in life), need for assistance with personal care, dependence on renal dialysis (process of purifying the blood of a person whose kidneys aren't working normally), chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), and type two diabetes (a condition that affects the way the body processes blood sugar). Review of the resident's Care Plan, revised 02/10/26, showed:- Actual functional decline, history of left sided hemiparesis (weakness or partial paralysis of one side of the body), uses an electric wheelchair for community/facility locomotion;- Uses antianxiety medications related to anxiety;- Uses antidepressant medications related to depression;- Receives hemodialysis treatments related to ESRD. Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment instrument completed by the facility staff), dated 01/13/26, showed no cognitive impairment. During an interview on 02/11/26 at 9:05 A.M., Resident #74 said Dietary Aide L had a crush on him/her and that he/she liked attention. Resident #74 said Dietary Aide L had been working at the facility for a few months and (Dietary Aide L) had asked for Resident #74's phone number so they could text each other. Resident #74 said they traded sexual texts and Dietary Aide L asked for sexual stuff, and to feel parts of his/her body. Resident #74 said that one time he/she was out in the hall by the meal cart, and Dietary Aide L took a piece of paper and stuffed it down the front of his/her outfit (at the neckline), but Dietary Aide L did not touch his/her chest. Resident #74 said there was another time that he/she was by the nurse's station, and Dietary Aide L stuck his/her hand up under Resident #74's clothing and tried to get in between his/her legs but was unsuccessful. Resident #74 said that he/she and Dietary Aide L had only been texting a week and that both things happened a week ago. Resident #74 said Dietary Aide L said, one of these days I'm gonna get ya. Resident #74 said Dietary Aide L asked, where they were going to do it, meaning where were they were going to have sex, and they both said they didn't know, but they couldn't do it at the facility. Resident #74 said the first day they texted, Dietary Aide L sent him/her a picture of his/her genitals and wanted Resident #74 to send him/her pictures of his/her body parts and he/she told Dietary Aide L not until they got to know each other better. Resident #74 said Dietary Aide L told him/her not to tell anyone they were talking because he/she would lose his/her job. Resident #74 told Dietary Aide L they should drop it (end the relationship) before they got into more trouble. Resident #74 said Dietary Aide L kept texting him/her inappropriate texts and he/she would just change the subject. Sometimes this upset him/her because he/she just wanted the relationship over. Resident #74 said Dietary Aide L would also say sexual things to his/her face, and he/she would tell Dietary Aide L to get away from him/her. Resident #74 said he/she just recently told someone about what was going on 02/09/26. Resident #74 said the DON called him/her into the DON's office and questioned him/her about the situation with Dietary Aide L. Resident #74 said he/she lied and told the DON they just sent texts socially and not sexually. Resident #74 said she/he wanted to protect Dietary Aide L. Resident #74 said he/she texted Dietary Aide L yesterday (02/10/26) and told him/her that he/she got called into the DON's office with the Administrator and (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	questioned about what happened between them. Resident #74 said he/she can't text very well and could only use his/her thumb on his/her right hand to text with, so he/she told Dietary Aide L that he/she would talk to him/her and tell him/her the rest of what happened at dinner on 02/10/26. Resident #74 said he/she didn't get a chance to talk to Dietary Aide L face to face because Dietary Aide L went straight to the DON's office and showed his/her phone to them and said, See, Resident #74 keeps texting me and won't leave me alone. Resident #74 said that Dietary Aide L went right to the DON's office and tried to place the blame on him/her. Resident #74 said that was when she told the DON the truth about what was going on between him/her and Dietary Aide L. Resident #74 said the DON told him/her that Dietary Aide L got fired last night (02/10/26). Resident #74 said she had known the DON for a long time because she worked at a different facility before and that he/she had lived there for 17 years prior to coming to this facility. Resident #74 said Dietary Aide L never made him/her feel uncomfortable or unsafe, and he/she had always felt safe at the facility. Resident #74 said he/she did not want to make a police report or press charges. Resident #74 said he/she deleted all the texts and the picture off his/her phone from Dietary Aide L. Resident #74 said when he/she and Dietary Aide L would get done texting for the night, he/she would go back through the texts and delete all of them. Resident #74 said the DON recovered all the texts and the picture of Dietary Aide L's genitals. During an interview on 02/11/26 at 10:00 A.M., with the Administrator, DON, and the Director of Operations present, the Administrator said they were made aware of the situation between Resident #74 and Dietary Aide L yesterday evening (02/10/26) and the communication was mutual. Resident #74 didn't feel abused and wanted the relationship over with. The Administrator said Dietary Aide L was suspended pending the investigation. The Administrator said Dietary Aide L told her that he/she thought he/she was texting someone from a dating app and at first, he/she didn't know it was Resident #74, but after he/she found out it was Resident #74, they continued texting. Dietary Aide L wouldn't admit to how he/she got Resident #74's phone number because Resident #74 didn't have a dating app. The DON said the texting between Resident #74 and Dietary Aide L started on 02/04/26. The DON said that she, the ADON, and the Administrator went through Resident #74's phone with his/her permission and were able to retrieve multiple texts that were sexual in nature and a picture of Dietary Aide L's genitals. Dietary Aide L had Resident #74's phone number saved under a different name, and that was who Dietary Aide L thought he/she was texting on the dating app. Dietary Aide L told the Administrator the relationship between him/her and Resident #74 was over yesterday (02/10/26). The DON said they offered to call the police, but Resident #74 didn't want them called. The DON and the Administrator both said that Resident #74 did not want any of the texts and the picture saved, emailed, screenshot, or sent anywhere. The DON said Resident #74 told her that nothing sexual or physical ever happened. The DON said Resident #74 did not mention to them about the paper being stuffed down the front of his/her outfit at the neckline or that Dietary Aide L placed his/her hand under his/her outfit and tried to get between his/her legs. The DON said Resident #74 came to her this morning (02/11/26) at around 7:00 or 7:30 A.M. and wanted all the texts and the picture erased, and Dietary Aide L's phone number blocked and deleted off of his/her phone, so the DON deleted the texts and picture and blocked and deleted Dietary Aide L's phone number off of Resident #74's phone.During an observation on 02/11/26 at 3:20 P.M., the facility camera footage of the south nursing station, dated 02/04/26, showed:- At 5:58 P.M., Resident #74 in a power wheelchair at the south nurse's station parked beside the hot meal cart talking to Dietary Aide L. Dietary Aide L ripped off a piece of paper, wrote on the paper, and stuck the paper in his/her pocket;- At 6:00 P.M., Dietary Aide L placed a piece of paper on Resident #74's chest area;- At 6:11 P.M., a staff member adjusted Resident #74's foot buddy (cushioned support accessory designed to keep a wheelchair user's feet and calves securely on the footrests) and showed Dietary Aide L assisted the other staff member and touched Resident #74's lower leg area;- At 6:14 P.M., Dietary Aide L gave Resident #74 a hug. During an interview on 02/11/26 at 3:51 P.M., the Administrator said the police told her that the report will be an informative report since they spoke to Resident #74, and he/she didn't want to press (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	charges.Attempts to obtain an interview with Dietary Aide L by phone on 02/11/26 at 1:10 P.M., and 02/13/26 at 3:09 P.M., were unsuccessful.During a phone interview on 02/18/26 at 5:56 P.M., the Administrator said Dietary Aide L was terminated on 02/14/26.The Administrator was notified on 02/11/26 of the Past Non-Compliance which occurred on 02/04/26. On 02/10/26, facility staff started an investigation, completed disciplinary action, and began in-servicing all staff on abuse policies and procedures. The non-compliance was corrected on 02/10/26.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to implement care plans with specific interventions to meet individual needs for three residents (Residents #3, #8, and #67) out of 22 sampled residents and one resident (Resident #36) outside the sample. The facility's census was 105.1. Review of Resident #3's medical record showed: - admission date of 11/14/24; - Diagnoses of post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event and triggers may bring back memories, intense emotions and physical reactions), major depressive disorder (condition characterized by a persistent low mood, loss of interest in pleasurable activities, and fatigue, lasting at least two weeks), and schizoaffective disorder (condition combining schizophrenia symptoms, such as hallucinations, delusions, and disorganized speech, with a major mood disorder). Review of the resident's care plan, revised 02/09/26, showed: - PTSD only mentioned as a diagnosis related to psychotropic (a drug that affects the brain activities associated with mental processes and behavior) medication use; - Did not address triggers or interventions on how to care for the resident. 2. Review of Resident #8's medical record showed: - admission date of 02/02/24; - Diagnosis of dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking). Review of the resident's care plan, revised 12/12/25, showed: - Dementia not addressed; - Did not address personalized dementia care or interventions associated to the resident or the dementia diagnosis. 3. Review of Resident #36's medical record showed: - admission date of 09/22/25; - Diagnosis of PTSD. Review of the resident's care plan, revised 02/02/26, showed: - PTSD not addressed; - Did not address personalized triggers or interventions associated to the resident. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/12/26 at 2:54 P.M., the resident said he/she has PTSD, and his/her trigger is anger. 4. Review of Resident #67's medical record showed: - admission date of 09/30/25; - Diagnoses of PTSD. Review of the resident's care plan, dated 01/20/26, showed: - PTSD not addressed; - Did not address triggers or interventions. During an interview on 02/12/26 at 11:00 A.M., the MDS Coordinator said she would expect the care plan to be person-centered and to reflect a resident's diagnosis of PTSD or dementia with individualized triggers and interventions. During an interview on 02/12/2026 at 3:18 P.M., the Administrator and Director of Nursing (DON) said Social Services completes the trauma assessments. They will have a conversation with the resident about their trauma, triggers etc. The social worker will note the conversation in the progress notes and should be updating the care plan; however, she did not know she should be updating the care plan until recently. The administrator said care plans should be customized to each resident. During an interview on 02/12/26 at 3:31 P.M., the social worker said the trauma assessment is very broad, so there is really no way to know what their trauma and triggers are based on the assessment and care plan. There needs to be more noted regarding what happened because there is currently not enough information to know what the residents' trauma involves.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to identify, assess, and provide supportive interventions for three residents (Residents #3, #67, and #96) with a diagnosis of post-traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event - either experiencing it or witnessing it; symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event) out of three sampled residents. The facility's census was 105. The facility did not provide a policy on trauma informed care. 1. Review of Resident #3's medical record showed: - admitted on [DATE]; - Diagnoses of PTSD, major depressive disorder (condition characterized by a persistent low mood, loss of interest in pleasurable activities, and fatigue, lasting at least two weeks), bipolar disorder (chronic mental health condition characterized by extreme, often debilitating shifts in mood, energy, and activity levels, alternating between high and low episodes), social phobia (an intense, persistent fear of being watched, judged, or humiliated by others in social or performance situations), and schizoaffective disorder (condition combining schizophrenia symptoms, such as hallucinations, delusions, and disorganized speech, with a major mood disorder). Review of the resident's Preadmission Screening and Resident Review (PASARR - a federal program to prevent inappropriate admission and retention of people with mental disabilities in nursing facilities), dated 03/20/24, showed diagnoses of schizophrenia, schizoaffective disorder, anxiety disorder, social phobia, personality disorder, bipolar disorder, and PTSD. Review of the resident's Trauma Informed Care assessment, dated 12/08/25, showed: - Resident has experienced something unusually or especially frightening, horrible, or traumatic; - In the past month, the resident had nightmares about the event(s) or thought about the event(s) when he/she did not want to, tried hard not to think about the event(s) or went out of his/her way to avoid situations that reminded him/her of the event(s), and had been constantly on guard, watchful, or easily startled; - Did not address triggers or interventions if the resident is triggered. Review of the resident's Physician Order Sheet (POS), dated 02/12/26, showed: - An order for Benztropine (medication to treat involuntary movements caused by psychiatric drugs) one milligram (mg), one tablet by mouth at bedtime for schizoaffective disorder, dated 10/14/25; - An order for clonazepam (anti-anxiety medication) 0.5 mg, one tablet by mouth three times a day for anxiety for 30 days, dated 02/09/26; - An order for Invega injection (antipsychotic medication - a drug that affects the brain activities (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	associated with mental processes and behavior), 234 mg/1.5 milliliters (ml), inject 1.5 ml every 30 days for schizoaffective disorder, dated 01/15/26; - An order for paliperidone (antipsychotic medication) three mg, one tablet by mouth once a day for schizoaffective disorder, dated 10/14/25; - An order for Trintellix (antidepressant) five mg, two tablets by mouth once a day for schizoaffective disorder, dated 10/14/25. Review of the resident's care plan, revised 02/09/26, showed: - PTSD only mentioned as a diagnosis related to psychotropic medication use; - No triggers listed or interventions regarding how to care for the resident's trauma. Review of the resident's behavioral progress note, dated 07/28/25, showed resident continues to see mice in his/her room and other rooms. No mice observed by staff or other residents. Resident states he/she knows he/she is hallucinating but continues to look for mice around room. During an interview on 02/12/26 at 3:31 P.M. the social worker said Resident #3 has PTSD because he/she accidentally burned his/her house down. The social worker saw how staff talking about similar situations could trigger the resident. 2. Review of Resident #67's medical record showed: - admitted on [DATE]; - Diagnoses of PTSD, schizophrenia (a long-term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations), major depressive disorder (MDD - long-term loss of pleasure or interest in life), and anxiety disorder (persistent worry and fear about everyday situations). Review of the resident's PASARR, dated 03/25/24, showed diagnoses of PTSD, anxiety disorder, panic disorder, and MDD; Review of the resident's Trauma Informed Care Assessment, dated 03/05/24, showed no information regarding trauma. Review of the resident's POS, dated February 2025, showed: - An order for clonazepam (anticonvulsant medication) 0.5 mg, one tablet by mouth at bedtime for anxiety, dated 12/02/25; - An order for Lexapro (antidepressant) 10 mg, one tablet by mouth once a day for depression, dated 10/16/25; Review of the resident's Care Plan, dated 01/20/26, showed: - MDD and anxiety; (continued on next page)

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	265654	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountainbleau Nursing Center	1349 Highway 61 Festus, MO 63028

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Administer anti-anxiety medications as ordered by physician. Monitor for side effects and effectiveness every shift. - Monitor the resident for safety. The resident is taking anti-anxiety meds which are associated with an increased risk of confusion, amnesia, loss of balance, and cognitive impairment that looks like dementia and increases risk of falls, broken hips and legs; - Administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness every shift; - Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms of anti-depressant drugs being given; - Monitor/document/report as needed adverse reactions to antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in activities of daily living ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance probs, movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, weight loss, n/v, dry mouth, dry eyes; - Did not address PTSD; - Did not address the resident's past trauma or any triggers that would cause the resident to have behaviors. 3. Review of Resident #96's medical record showed: - admitted on [DATE]; - Diagnoses of PTSD, schizophrenia, MDD, anxiety disorder, mood disturbance (a mental health condition where there is a disconnect between actual life circumstances and one's state of mind or feeling), and bipolar disorder. Review of the resident's PASARR, dated 12/04/25, showed diagnoses of PTSD, major depressive disorder, anxiety disorders, schizophrenia and bipolar disorder. Review of the resident's Trauma Informed Care Assessment, dated 02/11/26, showed no information regarding trauma. Review of the resident's POS, dated February 2026, showed an order for duloxetine (antidepressant) 60 mg, two capsules by mouth daily for mood, dated 10/14/25. Review of the resident's undated Care Plan showed: - Resident had experienced an event or series of events/circumstances that had a long lasting, negative impact on emotional, mental or spiritual well-being; - No triggers voiced by resident; - Give resident opportunities for choice, control of personal decisions within reason; (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Medications as ordered; - Validate resident's feelings and encourage to voice fears or concerns. During an interview on 02/12/2026 at 1:50 P.M. Licensed Practical Nurse (LPN) B said Resident #96 had a diagnosis of PTSD, but he/she did not know of triggers other than the resident would have anxiety when he/she became short of breath due to diagnosis. During an interview on 02/12/2026 at 2:20 P.M., the Director of Nursing (DON) said she did not know what Resident #96's triggers were, but when the resident lived with his/her family for a time, he/she had called the facility and asked to come back because of not receiving medications correctly. The resident sees a counselor at the outpatient clinic. During an interview on 02/12/26 at 11:00 A.M., the MDS Coordinator said she would expect the care plan to be person-centered and to reflect a resident's diagnosis of PTSD or dementia with individualized triggers and interventions. During an interview on 02/12/2026 at 3:18 P.M., the Administrator and Director of Nursing (DON) said Social Services completes the trauma assessments. The assessments do not contain very much information, but that's all that the system shows for the assessment. The social worker will have a conversation with the resident about their trauma, triggers, etc. The social worker will note the conversation in the progress notes and should be updating the care plan; however, the social worker did not know she should be updating the care plan until recently. The administrator said care plans should be customized to each resident. During an interview on 02/12/26 at 3:31 P.M., the social worker said the trauma assessment is very broad, so there is really no way to know what the residents' trauma and triggers are based on the assessment and care plan. There needs to be more noted regarding what happened because there is currently not enough information to know what the residents' trauma involves.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to establish a system of records for the receipt and disposition of all controlled medications in sufficient detail to enable an accurate reconciliation of the controlled medications and to ensure nursing staff signed at the beginning and the end of each shift for four medication carts out of five sampled medication carts. The facility's census was 105.Review of the facility's policy titled, Controlled Substances, revised November 2022, showed:- Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count;- The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services.1. Review of the North Nurses' Cart Nurse Count Log, dated February 1 through February 12, 2026, showed:- No signature and/or initials by the nurse for 14 out of 46 opportunities.2. Review of the 200 Hall Certified Medication Technician (CMT) Cart Narcotic Count Sheet, dated February 1 through February 12, 2026, showed:- No signature and/or initials by the nurse or CMT for eight out of 68 opportunities;- The narcotic count sheet was reviewed on February 12, 2026 at 9:30 A.M., and staff had signed as oncoming day shift, as well as already signed for off-going day shift, oncoming evening shift, and off-going evening shift for that date.3. Review of the 300 Hall Medication Cart Narcotic Count Sheet, dated February 1 through February 12, 2026, showed:- No signature and/or initials by the nurse or CMT for nine out of 68 opportunities;- The narcotic sheet was reviewed on 02/12/26 at 9:30 A.M., and CMT A had already signed as the off-going day shift for that date.Review of the Total Card Count Sheet for 300 Hall showed 18 cards total, but the physical card count was 19.4. Review of the 400 Hall CMT Cart Narcotic Count Sheet, dated February 1 through February 12, 2026, showed:- No signature and/or initials by the nurse or CMT for 20 of 68 opportunities;- The narcotic sheet was reviewed on 02/12/26 at 9:30 A.M., and CMT A had already signed as the off-going day shift for that date.During an interview on 02/12/26 at 8:53 A.M., CMT A said he/she was on the cart last night and was trying to find why the 300 Hall total card count was off. He/She failed to add Resident #43's clonazepam (anti-anxiety medication). The medication came about 6:00 P.M., yesterday and he/she forgot to add it to the count sheet. During an interview on 02/12/26 at 8:53 A.M., the Infection Preventionist said regarding the 300 Hall CMT cart, CMT A may have not updated the count sheet this morning yet, but it should be done when they make a change. During an interview on 02/12/26 at 9:06 A.M., CMT A said the night shift nurses sign when the evening shift CMT leaves, and both CMT A and the Infection Preventionist said there should be signatures on all the lines for each count at the change of shift. During an interview on 02/12/26 at 6:45 P.M., the Administrator, Director of Nursing, and Assistant Director of Nursing said they would expect off-going and on coming nursing staff to count and sign the narcotic sheet, and they would expect the total count sheet in the book to be updated when medications were added to the cart.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to wear proper personal protective equipment (PPE) and to maintain infection control practices to prevent the development and transmission of infection during suprapubic catheter (a thin, flexible tube inserted through a small incision in the lower abdomen and into the bladder to drain urine outside of the body and into a bag) care for one resident (Resident #5) out of one sampled resident, and during wound care when the marker and scissors weren't cleaned and put back into and taken out of the staff's pocket for one resident (Resident #26) out of one sampled resident. The facility failed to ensure staff maintained appropriate hand hygiene practices during medication pass for three residents (Residents #23, #32 and #35) out of seven sampled residents. The facility's census was 105. Review of the facility's policy titled, Enhanced Barrier Precautions (EBP), revised September 2024, showed: - EBPs are used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDROs) to residents; - EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply; - Examples of high contact resident care activities requiring use of gown and gloves for EBPs include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting to toilet, device care or use, (such as urinary catheter, feeding tube) and wound care (any skin opening requiring a dressing). Review of the facility's policy titled, Handwashing/Hand Hygiene, revised October 2023, showed: - All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections; - All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors; - Hand hygiene products and supplies are readily accessible and convenient for staff use to encourage compliance with hand hygiene policies; - Hand hygiene is indicated immediately before touching a resident, before performing an aseptic task (free from contamination), after touching a resident, after touching the resident's environment, before moving from work on soiled body site to clean body site on the same resident, and immediately after removing gloves. Review of the facility's policy titled, Administering Medications, revised April 2019, showed: - Medications are administered in a safe and timely manner, and as prescribed; - Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Observation on 02/12/26 of the medication administration showed: - At 9:15 A.M., Certified Medication Technician (CMT) C did not wash or sanitize his/her hands prior to or after Resident #32's medication administration; - At 9:18 A.M., CMT C did not wash or sanitize his/her hands prior to or after Resident #23's medication administration; - At 9:23 A.M., CMT C did not wash or sanitize his/her hands prior to Resident #35's medication administration; - At 9:24 A.M., CMT C picked two Tums (a chewable antacid tablet) tablets from the bottle using an ungloved hand, placed them into a medication cup, and administered to Resident #35; - CMT C did not wash or sanitize his/her hands after medication administration. During an interview on 02/12/26 at 9:25 A.M., CMT C said he/she should sanitize his/her hands prior to giving medications and in between residents. CMT C said he/she should not pick up tablets using a bare hand, and he/she usually didn't do that. 2. Observation on 02/12/26 at 10:40 A.M., of Resident #26's wound care showed: - Sign on the resident's door for EBP precautions and PPE in the room; - Licensed Practical Nurse (LPN) H sanitized hands, donned gloves, and failed to don a gown; - LPN H placed a barrier under the resident's feet, cleaned his/her left ankle wound, removed gloves, sanitized hands, donned clean gloves, obtained calcium alginate (highly absorbent medical dressing), and placed it onto the wound; - LPN H removed gloves, sanitized hands, donned clean gloves, cleaned the resident's left foot wound, removed gloves, sanitized hands, donned clean gloves and placed Medihoney (medical-grade, sterilized honey dressing) onto the wound; - LPN H wrapped kerlix (a woven cotton gauze) around the resident's foot and ankle and taped in place, obtained a marker from his/her pocket, dated the dressing, and placed it back into his/her pocket; - LPN H removed gloves, washed hands, and donned clean gloves; - LPN H cleaned the resident's right foot wound, removed gloves, sanitized hands, and donned clean gloves; - LPN H cleaned the resident's right ankle wound, removed gloves, sanitized hands, donned clean gloves, and applied dressing to the wound; - LPN H removed gloves, sanitized hands, donned clean gloves, and placed betadine (solution to prevent skin infections) gauze on right foot wound; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- LPN H removed gloves, sanitized hands, donned clean gloves, wrapped the resident's right foot with kerlix, taped in place, obtained scissors, cut gauze, and placed the scissors in his/her pocket; - LPN H removed gloves, took a marker from his/her pocket, dated the dressing, and placed it back into his/her pocket; - LPN H washed hands, donned clean gloves, and cleaned the resident's left buttock wound; - LPN H removed gloves, sanitized hands, donned clean gloves, and placed packing strip (a type of wound dressing) moistened in Dakin's (diluted antiseptic) solution into the wound with a cotton swab; - LPN H removed scissors from pocket, cut the strip, and placed the scissors back into pocket; - LPN H removed gloves, sanitized hands, donned clean gloves, applied the dressing, and removed gloves; - LPN H removed marker from pocket, dated the dressing, and placed it back into pocket; - LPN H removed gloves and sanitized hands in the hallway. During an interview on 02/12/26 at 11:04 A.M., LPN H said he/she forgot PPE because he/she was focused on doing everything correct and should have had it on. The scissors and marker should not have been placed back in his/her pocket prior to being cleaned, and he/she should have removed gloves before getting scissors and marker out of his/her pocket. 3. Observation on 02/12/26 at 4:00 P.M. of Resident #5's suprapubic catheter care showed: - Sign on the resident's door for EBP use and PPE on the back of the door; - Certified Nursing Assistant (CNA) G washed hands, donned gloves, and failed to don a gown; - CNA G cleaned the catheter bag drain spout with an alcohol pad and drained urine into a graduated cylinder (container used to measure liquids); - CNA G removed gloves, washed hands, donned clean gloves, cleaned the spout with alcohol and clamped the spout back; - CNA G emptied the urine into the toilet, rinsed the container, and placed it on a paper towel in the bathroom; - CNA G removed gloves, washed hands, and donned clean gloves; - CNA G lowered the resident's bed, picked up a package of wipes and placed it on the resident's bedside table, removed a stuffed animal, pulled the blanket down, and lowered the resident's pants to access the suprapubic catheter; - With the same gloves, CNA G cleaned around the suprapubic catheter site with his/her right hand, obtained another wipe with his/her left hand, and with the same gloves, repeated five times with five different wipes; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- With the same gloves, CNA G cleaned from the insertion site to about three inches down the suprapubic catheter tubing; - CNA G removed gloves, washed hands, donned clean gloves, assessed by touching the catheter to assure it was clean, and with the same gloves, pulled up the resident's pants, blanket, and lowered the bed. During an interview on 02/12/26 at 4:20 P.M., CNA G said he/she should have worn PPE, and had worn it earlier, but just forgot. He/she should have had on clean gloves after touching the resident's pants and bedspread and before cleaning the catheter site. He/she should have put on clean gloves after touching the catheter and before adjusting the blanket and bed when finished. During an interview on 02/12/26 at 6:42 P.M., the Administrator said she would expect staff to sanitize or wash their hands prior to and in between medication administration and would expect staff not to touch medications directly with their bare hands. Staff were expected to wear proper PPE, which was a gown and gloves, for EBP. They should wear it anytime EBP was noted and glove up when providing any type of personal care. Staff should change gloves anytime they were soiled and between residents. She would expect staff to change their dirty gloves prior to touching residents or items in the room. She would expect items used during resident care to be disinfected.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe and functional environment for the residents by allowing items to be stored on top of overbed light fixtures for residents in three rooms. Storing items on the overbed light creates a hazard of the items falling on the resident below and does not utilize the light fixtures as intended. The deficient practice had the potential to affect all residents and staff in the facility. The facility census was 105. The facility did not provide a policy for overbed lighting safety. 1. Observation on 02/09/26 at 1:36 P.M. of room [ROOM NUMBER] showed a framed photo collage on top of the light fixture above the bed by the window. 2. Observation on 02/09/26 at 1:40 P.M. of room [ROOM NUMBER] showed a poster, a license plate, and a framed picture on top of the light fixture above the bed by the window. 3. Observation on 02/12/26 at 9:15 A.M. of room [ROOM NUMBER] showed three stuffed animals on top of the light fixture above the bed by the window. During an interview on 02/12/26 at 10:20 A.M., Certified Nurse Assistant (CNA) J said he/she tries not to put things on top of the lights in the resident rooms and tries to keep them clear. He/she knows there are some residents that put things on them because they want items on them. During an interview on 02/12/26 at 5:30 P.M., the Administrator said she knew there were a couple of residents who did this, and she had housekeeping checking it. During an interview on 02/12/26 at 6:45 P.M., the Administrator and Director of Nursing (DON) said items should not be placed on the light fixtures due to possible hazards.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to provide the annual competencies of dementia care (care of a resident with an impaired ability to remember, think, or make decisions), and abuse/neglect training and provide at least twelve hours of nurse aide in-service education per year. This affected three of three sampled Certified Nurse Aides (CNAs). The facility census was 105.Review of the facility's policy, In-service Training, Nurse Aide, revised August 2022, showed:- All personnel are required to participate in regular in-service education. Participation in in-service education is considered working time for which personnel are paid their regular wages;- In-service training is based on the outcome of the annual performance review;- Annual in-services: ensure the continuing competences of nurse aides; are no less than 12 hours per employment year; address areas of weakness as determined by nurse aide performance reviews; address the special needs of the residents, as determined by the facility assessment; include training that addresses the care of residents with cognitive impairments; and include training in dementia management and resident abuse prevention;- Nurse Aide participation in training is documented by the staff development coordinator, or his or her designee, and include: the date and time of the training, the topic of the training, the method used for training, a summary of the competency assessment, and the hours of training completed.1. Review of the in-service record for CNA E showed:- A hire date of 10/03/24;- A total of seven in-services, no length of time provided for each in-service;- No documented abuse/neglect or dementia care training.2. Review of the in-service record for CNA D showed:- A hire date of 12/16/24;- A total of 21 in-services, no length of time provided for each in-service.3. Review of the in-service record for CNA F showed:- A hire date of 12/27/24;- A total of 20 in-services, no length of time provided for each in-service;- No documented abuse/neglect or dementia care training.During an interview on 02/12/26 at 5:40 P.M., the Director of Nursing (DON) said they track CNA in-services on a spreadsheet. She was not sure on the specific number of hours required per year and unsure of specific trainings that were required. It would be helpful if the in-services were dated and had the length of time for each in-service.During an interview on 02/12/26 at 6:42 P.M., the Administrator said she would expect all staff to have at least 12 hours of in-service training to include abuse, neglect, and dementia care, and expect trainings to be dated and include the length of time for each in-service.