STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265676	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Care Center	649 South Walnut Saint Elizabeth, MO 65075

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, the facility staff failed to provide meals which were palatable, attractive and served at a safe and appetizing temperature. Facility staff also failed to maintain the internal temperatures of hot food items at 120 degrees Fahrenheit (F) or higher when served to residents. The facility census was 59.1. Review of the facility's Dietary Food Preparation policy, revised 07/05/23, showed: -The cook or Dietary Manager (DM) will taste food before serving;-Food will be served at the proper temperature to ensure food safety;-Acceptable serving temperature for hot foods including hot pureed foods is 135 degrees Fahrenheit (F) but preferably 160-175;-Each food item, served separately in the regular diet, is pureed and served separately for the pureed diet according to the pureed recipes. 2. Observation on 02/25/26 at 11:30 A.M., showed the 200 hall residents ate lunch in the 200-hall dining room. Observation showed multiple residents used mustard, sugar packets and individual sauce packets to season their food. Observation showed when staff cleared the resident tables after the residents were done eating multiple plates contained cauliflower and rice which was discarded in the trash. 3. Observation on 02/25/26 at 12:20 P.M., showed Resident #25 received his/her lunch tray with white rice, white cauliflower and white chicken on a white plate. The meal did not appear or smell appetizing. Observation at 12:35 P.M., showed the resident ate approximately 10% of his/her food, placed a napkin over the food and pushed his/her plate away. During an interview on 02/25/26 at 12:35 P.M., the resident said he/she did not eat much, because the food did not taste good and did not have flavor. 4. Observation on 02/25/26 at 12:25 P.M., showed Resident #3 brought four containers of personal seasoning from his/her room and sat them on the dining room table. The resident received a white plate, with white rice, white chicken and white cauliflower. The resident's meal did not appear or smell appetizing. During an interview on 02/25/26 at 12:25 P.M., the resident said he/she brings his/her personal sauces and seasoning because the staff makes the food plain and bland. He/She said he/she uses his/her own seasonings so he/she can taste the food. Observation on 02/25/26 at 12:33 PM, showed the resident lifted his/her white plate with white chicken, white rice, and white cauliflower, and pointed to his/her seasonings and said this is why he/she needs the seasonings. 5. Observation on 02/25/26 at 12:28 P.M., showed Resident #49 received his/her lunch tray. All the items on the plate as well as the plate were white. The meal did not appear or smell appetizing. At 12:42 P.M. the resident asked an unknown staff member for seasoning. The unknown staff went to Resident #3 and asked if Resident #49 could use some of his/her personal seasonings. During an interview on 02/25/26 at 2:52 P.M., the resident said he/she has to ask resident #3 for his/her seasoning for his/her food, because the food does not have flavor. 6. During an interview on 02/25/26 at 1:41 P.M., Resident #1 said the food is bland and he/she needs to buy his/her own seasonings to make it taste good. During an interview on 02/25/26 at 3:32 P.M., Resident #43 said the food is not good and is very bland with no seasonings. During an interview on 02/26/26 at 9:07 A.M., Resident # 18 said the quality of the food is not good. The resident said the food does not have flavor and some of it does not even look edible. During an interview on 02/26/26 at 9:20 A.M., Resident #9 said the flavor of the food is gross. 7. During an interview on 02/25/26 at 12:25 P.M., [NAME] G said he/she prepared the rice and cauliflower, but he/she did not season the food according to the recipes. [NAME] G said he/she knew where the recipes were located but (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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	he/she did not follow them. [NAME] G said he/she did not taste the food but did not say why. 8. Observation on 02/25/26 at 12:35 P.M., showed the DM prepared pureed chicken, rice and cauliflower for one resident. Observation showed the temperature of the pureed chicken was 106 degrees F and the pureed cauliflower was 114 degrees F as the items were placed on a service cart and about to be served to the resident. 9. During an interview on 02/26/26 at 9:20 A.M., Resident #9 said he/she always eats in his/her room and the food is always cold.Observation on 02/26/26 at 11:27 A.M., showed Resident #9 received his/her lunch tray in his/her room. Observation showed the temperature of the resident's pork chop was 95.7 degrees F and the green beans were 108.9 degrees F.10. Observation on 02/26/26 at 11:16 A.M., showed Resident #15 received his/her lunch tray in the dining room. Observation showed the temperature of the resident's pork chop was 99.2 degrees F.11. During an interview on 02/26/26 at 9:07 A.M., Resident #18 said his/her food is usallay not hot when staff gets it to his/her room.Observation on 02/26/26 at 11:30 A.M., showed the resident received his/her lunch tray in his/her room. Observation showed the temperature of the pork chop was 95.7 degrees F and the green beans were 109 degrees F.12. During an interview on 02/27/26 at 9:33 A.M., the DM said he/she expected staff to follow the recipes. The DM said he/she had not been keeping up with training and monitoring new staff. The DM said he/she did not know staff were not following the recipes. The DM said he/she knew the residents requested additional sauces and seasonings but did not think about it. The DM said he/she did not taste the food. The DM said pureed items should be reheated to 165 degrees F or according to the recipe. The DM said hot food should be served at 120 degrees F or higher.During an interview on 02/27/2026 at 1:23 P.M., the administrator said the DM and kitchen staff were responsible for following standard recipes. The administrator said he/she did not know kitchen staff were not following the recipes. The administrator said he/she was not aware of how many residents did not like the food.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, facility staff failed to clean and maintain equipment in a manner to prevent potential contamination. Facility staff failed to store food in a manner to prevent potential contamination and outdated use. Facility staff failed to maintain and serve food items at temperatures adequate to prevent food borne illness. Facility staff failed to maintain an ice machine air gap. These failures have the potential to affect all residents. The facility census was 59.1. Review of the facility's policy titled Dietary - Equipment Operations, Infection Control and Sanitation, revised 02/02/24, showed staff were directed to: -Place food waste in covered garbage and trash cans;-Wash and sanitize the meat slicer blade and all parts after each use;-Thoroughly wash walls and ceilings at least twice a year. Observation on 02/25/26 at 9:00 A.M., during the initial kitchen tour showed: -Two trash cans in the kitchen were uncovered and were not in use;-A scoop stored in flour, which was in a large, covered bin;-The back side of the meat slicer contained an accumulation of grease and small pieces of meat;-The dry goods storage area contained a large bin of breadcrumbs which was not dated;-The area behind the ice machine contained a large amount of black material. Observations on 02/25/26 at 11:30 A.M. and 12:20 P.M., showed two trash cans in the kitchen were uncovered and were not in use. During an interview on 02/27/2026 at 9:33 A.M., the Dietary Manager (DM) said he/she was responsible for kitchen cleanliness and food storage. The DM said trash cans should be covered when not in use. The DM said scoops should not be stored in bins and foods in bulk bins should be dated. The DM said he/she never really looked behind the ice machine and he/she did not know who was responsible to do so. The DM said he/she was responsible for the meat slicer since he/she is the only one who used it. 2. Review ow the facility's Dietary Food Preparation policy, revised 07/05/23, showed: -Standardized recipes will be used for all products prepared. The DM will monitor and check routinely the cook's use of recipes;-Food will be served at the proper temperature to ensure food safety;-Acceptable serving temperatures for hot foods including hot pureed foods is 135 degrees Fahrenheit (F) but preferably 160-175;-Each food item, served separately in the regular diet, is pureed and served separately for the pureed diet according to the pureed recipes. Observation on 02/25/26 at 12:35 P.M., showed the DM prepared pureed chicken in a food processor and placed an unmeasured portion on a divided plate. The DM washed the food processor and prepared pureed rice and added an unmeasured portion to the divided plate with the chicken. The DM washed the food processor and prepared pureed cauli flower and added an unmeasured portion to the divided plate with the chicken and rice. Observation showed the divided plate was placed in a warming cabinet after each item was prepared. Observation showed the DM did not reheat the three items after they were pureed. Observation showed the temperature of the pureed chicken was 106 degrees F and the pureed cauliflower was 114 degrees F as the items were placed on a service cart and about to be served to the resident. During an interview on 02/25/26 at 12:35 P.M., the DM said he/she prepared the pureed items for Resident #8 because the original items were too thin. The DM said he/she did not reheat the pureed items or check the temperature and did not measure the portions before placing the items on the plate. The DM said pureed items should be reheated to 165 degrees F or according to the recipe. The DM said he/she was in a hurry to get the resident's food back to him/her. The DM said all hot food should be served at 120 degrees F or higher. 3. Observation on 02/26/26 at 11:16 A.M., showed Resident #15 received his/her lunch tray in the dining room. At time of service the temperature of the resident's pork chop was 99.2 degrees F. 4. During an interview on 02/26/26 at 9:20 A.M., Resident #9 said he/she always eats in his/her room and the food is always cold. Observation on 02/26/26 at 11:27 A.M., showed the resident received his/her lunch tray in his/her room. At time of service the temperature of the resident's pork chop was 95.7 degrees F and the temperature of the green beans was 108.9 degrees F. 5. During an interview on 02/26/26 at 9:07 A.M., Resident #18 said his/her food is usually not hot when staff gets it to his/her (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	room.Observation on 02/26/26 at 11:30 A.M., showed Resident #18 received his/her lunch tray in his/her room. At time of service the temperature of the resident's pork chop was 95.7 degrees F and the temperature of the green beans was 109 degrees F. During an interview on 02/27/2026 at 9:33 A.M., the Dietary Manager (DM) hot food should be served at above 120 degrees F. The DM said he/she did not know food was being served cold since he/she had not done random tray checks in a while. 6. Review of the facility's policy titled Dietary - Equipment Operations, Infection Control and Sanitation, revised 02/02/24, showed the policy did not contain guidance related to ice machine air gaps. Observation on 02/26/26 during the Life Safety Code tour showed the ice machine contained a small drain covered by a dried washcloth. Observation showed when the maintenance director removed the washcloth the ice machine drain led to a larger white plastic drain and did not contain an air gap. Observation showed the larger drain contained a large accumulation of black and brown slimy material. Observation showed the floor at the rear of the ice machine contained a dish bin and a sump pump type device. Observation showed the floor, the bin and the pump contained large amounts of a black substance. During an interview on 02/26/26 at 9:10 A.M., the maintenance director said he/she was not sure what an air gap was and did not know the ice machine drain required an air gap. The maintenance director said the rag was placed over the ice machine drain about three months ago when a contracted plumber used pressurized water to clean a drain which is connected to the ice machine drain. The maintenance director said he/she did not routinely inspect behind the ice machine, so he/she did not know about the accumulation of black material. During an interview on 02/27/2026 at 1:23 P.M., the administrator said the DM and kitchen staff are responsible for ensuring the kitchen is kept clean, trash cans are covered, and food is served at proper temperatures. The administrator said the maintenance director is responsible for the area behind the ice machine. The administrator said he/she did not know about the ice machine drain air gap requirement. The administrator said he/she did not know of any kitchen issues.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, facility staff failed to develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems to inhibit the growth of waterborne pathogens and reduce the risk of an outbreak of Legionnaire's Disease, a serious type of pneumonia caused by Legionella bacteria. Facility staffs' failure to develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems has the potential for the failure of staff to identify and mitigate the presence of waterborne pathogens, which places all residents of the facility at risk of exposure which could lead to illness. The facility census was 59 with a capacity of 63. 1. Review of the Centers for Medicare and Medicaid Services (CMS), QSO-17-30, dated 06/02/17 and revised 07/06/18, showed: -CMS expects Medicare and Medicare/Medicaid certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems;-Facilities must have water management plans and documentation that, at a minimum, ensure each facility:--Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system;--Develops and implements a water management program that considers the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) industry standard and the CDC toolkit;--Specifies testing protocols and acceptable ranges for control measures and document the results of testing and corrective actions taken when control limits are not maintained;--Maintains compliance with other applicable Federal, State and local requirements;--Note: CMS does not require water cultures for Legionella or other opportunistic water borne pathogens. Testing protocols are at the discretion of the provider. Review of the facility's Water Management Plan, undated, showed the documentation did not contain: -A facility specific risk assessment;-Control measures related to identified risk areas;-Corrective actions to take if control measures are not within specified ranges;-Documentation of ten annual water samples completed during water system testing. Review of the facility's Legionella sampling plan showed testing of the building's hot and cold-water distribution systems must be performed at least annually. Review showed water samples from at least five outlets on the hot water system and at least five outlets on the cold-water system should be taken for each annual testing cycle. Review of the facility's inspection, testing and maintenance records for the period of February 2025 through February 2026 showed the records contained a single Legionella test which was performed by the maintenance director on 01/09/26. 2. Observation on 02/26/26 during the Life Safety Code tour showed the ice machine contained a small drain covered by a dried washcloth. Observation showed when the maintenance director removed the washcloth the ice machine drain led to a larger white plastic drain and did not contain an air gap. Observation showed the larger drain contained a large accumulation of black and brown slimy material. Observation showed the floor at the rear of the ice machine contained a dish bin and a sump pump type device. Observation showed the floor, the bin and the pump contained large amounts of a black substance. During an interview on 02/26/26 at 9:10 A.M., the maintenance director said he/she was not sure what an air gap was and did not know the ice machine drain required an air gap. The maintenance director said he/she did not routinely inspect behind the ice machine, so he/she did not know about the accumulation of black material. During an interview on 02/27/2026 at 11:29 A.M., the maintenance director said he/she is familiar with the water management plan. The maintenance director said he/she is part of the water management team but there are not any formal team meetings. The maintenance director said he/she was not familiar with a facility specific risk assessment, but facility risk areas would probably include hot water storage tanks, water lines not in regular use and the tub on the 200 hall since the water is turned off. The maintenance director said he/she did not perform any routine water flushes (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	or system checks. The maintenance director said corporate staff had a water test kit sent to the facility and he/she tested on e water sample by dipstick. During an interview on 02/27/2026 at 1:23 P.M., the administrator said the maintenance director is responsible for the water management plan. The administrator said the facility's water management plan is written by corporate staff and was received by the facility this week. The administrator said he/she should be familiar with the plan, but he/she is not. The administrator said he/she thought facility risk areas would include the ice machine. The administrator send he/she knew the maintenance director completed one water sample in January. The administrator said he/she did not know the water plan directed staff to test ten water samples since corporate staff wrote the plan and sent the sample testing materials.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to document a complete and accurate Minimum Data Set (MDS) assessment (a federally mandated assessment instrument) when staff did not accurately code Section F for activities of interest, for eight residents (Residents #1, #4, #9, #18, #34, #41, #43, and #44) of 41 sampled residents. The facility census was 59. 1. Review of the facility's MDS 3.0 Care Assessment Summary and Individualized Care Plans policy, dated 11/06/23, showed the MDS 3.0 Section F is to be completed by the Activity Director which allows the resident to determine his or her own preferences for daily activities. 2. Review of Resident #1's Annual MDS, dated [DATE], showed staff documented the resident as cognitively intact. Review showed staff completed section F of the resident's assessment and documented no response or non-responsive to all interview questions.Review of the resident's Activity Interest Survey, dated 01/05/2025, showed staff documented the resident's activities of interest as shopping, coloring, crafts, smoking, reading, socials, going out to eat, going to the movie theater, parties, cook outs, and scenic drives. 3. Review of Resident #4's Annual MDS, dated [DATE], showed staff documented the resident as cognitively intact. Review showed staff completed section F of the resident's assessment and documented no response or non-responsive to all interview questions.Review of the resident's Activity Interest Survey, dated 07/07/25, showed staff documented the resident's activities of interest as music, shopping, dance, exercise, manicures, socials, going out to eat, walking, going to movie theater, concerts, and going on scenic drives.4. Review of Resident #9's Annual MDS, dated [DATE], showed staff documented the resident as cognitively intact. Review showed staff completed section F of the resident's assessment and documented no response or non-responsive to all interview questions.Review of the resident's Activity Interest Survey, dated 10/31/25, showed staff documented the resident's activities of interest as sports, watching comedy and horror movies, smoking, rock and roll music, attending social events and going on scenic drives. 5. Review of Resident #18's Annual MDS, dated [DATE], showed staff did not document an interview for activities of interest, due to resident rarely understood. Review of the resident's Activity Interest Survey, dated 04/22/25, showed staff documented the resident's activities of interest as baseball, football, cannabis, rock and roll music, action and comedy movies, magazine, social events, going out to eat, walking, going to movie theater, parties, bar-b-q cook outs, arts and culture outings, and scenic drives. During an interview on 02/27/26 at 2:48 P.M., the Social Services Designee (SSD) said the resident is interviewable. The SSD said the MDS Coordinator documented the resident as not interviewable. 6. Review of Resident #34's Annual MDS, dated [DATE], showed staff documented the resident as cognitively intact. Review showed staff completed section F of the resident's assessment and documented no response or non-responsive to all interview questions.Review of the resident's Activity Interest Survey, dated 07/25/25, showed staff documented the resident's activities of interest as crafts, bible study, church, journaling, music, adventure movies, going to social events, shopping, going out to eat, walks, parties, cook outs, art and culture outings and scenic drives, enjoys reading materials. 7. Review of Resident #41's Annual MDS, dated [DATE], showed staff documented the resident as cognitively intact. Review showed staff completed section F of the resident's assessment and documented no response or non-responsive to all interview questions.Review of the resident's Activity Interest Survey, dated 12/08/25, showed staff documented the resident's activities of interest as cosmetics, music, shopping, bingo, volunteering, dress-up, manicures, social events, going out to eat, walks, parties, cook outs, art and culture outings and scenic drives, and enjoys magazines and the bible.8. Review of Resident #43's Annual MDS, dated [DATE], showed staff documented the resident as moderately cognitively impaired. Review showed staff completed section F of the resident's assessment and documented no response or non-responsive to all interview questions.Review of the resident's Activity Interest Survey, dated 05/29/25, showed staff (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented the resident's activities of interest as animals, bingo, smoking, reading picture books, going out to eat, shopping, socials, scenic drives, cook outs, and going to movie theater. 9. Review of Resident #44's Annual MDS, dated [DATE], showed staff documented the resident as cognitively intact. Review showed staff completed section F of the resident's assessment and documented no response or non-responsive to all interview questions.Review of the resident's Activity Interest Survey, dated 04/11/25, showed staff documented the resident's activities of interest as music, bible study, manicures, social events, shopping, going out to eat, walks, parties, cook outs, art and culture outings and scenic drives, enjoys magazines and the bible. 10. During an interview on 02/27/26 at 11:32 A.M., the activity director said he/she does not complete section F/the activity portion of the MDS. He/She said the facility had an MDS coordinator in the building at one time, but now a regional person completes the MDS's. During an interview on 02/27/26 at 1:11 P.M., the Assistant Director of Nursing (ADON) said Residents #1, #4, #9, #18, #34, #41, #44, and #43 are all interviewable and should have been interviewed for Section F of the MDS. He/She said the corporation took over the MDS position and the facility has had several different MDS coordinators who have not been to the facility or interviewed the residents. During an interview on 02/27/26 at 2:02 P.M., the Director of Nursing (DON) said the facility has a new regional MDS Coordinator, and he/she has only seen him/her once. The DON said if a resident is interviewable, the resident should be interviewed for cognition and for activity preferences. The DON said he/she did not know the interviews were not being completed. The DON said to his/her knowledge the regional MDS Coordinator is responsible for the activity portion/Section F of the MDS. The DON said he/she doesn't know what the policy directs staff to do. The DON said he/she would think staff are supposed to follow their policy and does not know why they are not. The DON said it has been quite a while since a nurse has been to the facility to complete MDSs. During an interview on 02/27/2026 at 2:32 P.M., the administrator said the facility has had a corporate MDS Coordinator since September of 2025. The administrator said today was the first time he/she met the MDS Coordinator. The administrator said he/she doesn't know how the MDS Coordinator is completing resident interviews, he/she doesn't know of the MDS Coordinator calling to speak with the residents. The administrator said if the resident is interviewable, the resident should be interviewed. The administrator said he/she is ultimately responsible for making sure the MDS assessments are completed accurately, and he/she did not know staff were not following the facility policy. During an interview on 03/05/26 at 11:30 A.M., the MDS Coordinator said he/she started completing MDS assessments for the facility in September 2025. The MDS Coordinator said he/she covers five facilities, and she visits each one monthly. The MDS coordinator said he/she does not complete section F/the activity portion because he/she was told not to. The MDS Coordinator said all residents should be interviewed for section F, or at least an attempt should be made.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to develop measurable goals and interventions for comprehensive care plans and update existing care plans to reflect care needs for seven residents (Residents #1, #2, #5, #8, #18, #43, and #44) out of 21 sampled residents. The facility census was 59.1. Review of the facility's policy titled Comprehensive Care Plans, dated 10/31/24, showed: -The facility is to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs; -The Comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly Minimum Data Set (MDS) assessment; -The individualized care services plan, (also called the bedside care plan) will be updated with pertinent information needed for nursing staff on the floor to provide the needed care for residents. 2. Review of Resident #1's Activity Interest Survey, dated 01/05/25, showed staff documented the resident's activities of interest as shopping, coloring, crafts, smoking, reading, socials, going out to eat, going to movie theater, parties, BBQ/Cook outs, and scenic drives. Review of the resident's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 12/17/25, showed staff documented the resident had intact cognition, should not be interviewed for Section F (activity preferences), and did not document activities of interest. Review of the resident's care plan, dated 02/23/26, showed staff did not document the resident's activity preferences or interests. During an interview on 02/27/26 at 1:39 P.M., the Assistant Director of Nursing (ADON) said the resident is alert, oriented, and able to communicate his/her interests and the resident's activity preferences should be on the care plan. During an interview on 02/27/26 at 2:02 P.M., the Director of Nursing (DON) said he/she was not familiar with the activity survey preferences and thinks that activities identified on the survey should be on the care plan, and he/she does not know why it is not on the care plan. The DON said he/she did not know the activity survey existed so would not have known to add it to the care plan. The DON said himself/herself and the ADON are responsible for updating the care plans. 3. Review of Resident #2's Significant Change in Status Assessment (SCSA), dated 12/18/25, showed staff documented the resident as moderately cognitively impaired with a diagnosis of dementia. Review of the resident's care plan, dated 01/22/26, showed staff did not document the resident's diagnosis of dementia or interventions. During an interview on 02/27/26 at 1:14 P.M., Certified Nurse Aide (CNA) C said he/she thinks a (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Care Center	649 South Walnut Saint Elizabeth, MO 65075

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	diagnosis of dementia should be on the care plan, so staff know the appropriate care to provide the resident. During an interview on 02/27/26 at 1:22 P.M., Registered Nurse (RN) B said dementia should be on the care plan, so staff know how to care for the resident. During an interview on 02/27/26 at 1:39 P.M., the ADON said dementia should be on the care plan, and he/she did not know the diagnosis was not addressed on the resident's care plan. He/she said himself/herself and the DON are responsible for updating the care plans. During an interview on 2/27/26 at 2:02 P.M., the DON said dementia with behaviors should be on the care plan, and he/she did not know the diagnosis not addressed on the resident's care plan. During an interview on 2/27/26 at 2:32 P.M., the administrator said the ADON and DON are responsible for completing the care plans, and ultimately, he/she is responsible for ensuring it is done. The Administrator said dementia should be on the care plan, so staff know the type of care to provide the resident. 4. Review of Resident #5's Quarterly MDS, dated [DATE], showed staff documented the resident as moderately cognitively impaired and frequently incontinent of urine and stool. Review of the resident's Physician Order Sheet (POS), dated February 2026, showed the following orders: -02/18/26: Cephalexin (antibiotic) 500 milligrams (mg), daily for prophylaxis; -02/23/26: Macrobid (antibiotic) 100 mg, give two times a day for Urinary Tract Infection (UTI) for seven days; -02/27/26: Cranberry 450 mg daily for frequent UTI. Review of the resident's History and Physical, dated 02/12/26, showed a history of recurrent UTIs and urinary retention, on prophylactic antibiotic for recurrent UTI per urology (urinary specialty). Review of the resident's care plan, dated 02/16/26, showed staff did not document the resident's history of UTIs or use of prophylactic antibiotics and supplements. During an interview on 02/27/26 at 1:14 P.M., CNA C said he/she thinks UTIs should be on the care plan to let him/her know the care the resident requires. During an interview on 02/27/26 at 1:22 P.M., RN B said if a resident has chronic UTIs it should be on the care plan, so staff know what interventions need to be in place to help prevent the UTIs. He/she did not know this was not on the resident's care plan, and he/she does not update the care plans. During an interview on 02/27/26 at 1:39 P.M., the ADON said the resident's chronic UTIs should be on the care plan, so staff know what to do and are able to track the UTIs and treatments. During an interview on 02/27/26 at 2:02 P.M., the DON said the resident's care plan should address the UTI's as he/she has had them for 20 years, and it does not fully go away, so staff should be (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	aware to know what they need to do. During an interview on 02/27/26 at 2:32 P.M., the administrator said the resident's chronic UTIs should be on the care plan so staff know what interventions they should be doing. He/she said he/she did not know the care plan did not address the UTIs. 5. Review of Resident #8's Quarterly MDS, dated [DATE], showed staff documented the resident as moderately cognitively impaired, and did not receive hospice services. Review of the resident's POS, dated February 2026, showed the resident was admitted to hospice on 02/04/26. Review of the resident's care plan, dated 01/22/26, showed staff did not document the resident's hospice status. During an interview on 02/27/26 at 1:14 P.M., CNA C said if a resident received hospice, he/she would expect to see it on the care plan. During an interview on 02/27/226 at 1:22 P.M., RN B said he/she would expect hospice to be on the care plan. The RN said the resident went on hospice recently, but that hospice should be on the care plan. During an interview on 02/27/26 at 1:39 P.M., the ADON said the care plan should be updated when a resident goes on hospice, or if they come off hospice. The ADON said he/she did not realize the care plan was not updated with the change in status for the resident. During an interview on 02/27/26 at 2:02 P.M., the DON said when a resident goes on hospice it should be updated on the care plan, and he/she is still learning care plans. During an interview on 02/27/26 at 2:32 P.M., the administrator said hospice should be on the resident's care plan, so staff know what to do for the resident, and he/she did not know it was not updated. 6. Review of Resident 18's Annual MDS, dated [DATE], showed staff documented an interview for cognition and interview for activities of interest had not been completed, due to the resident assessed as rarely understood. Review of the resident's Activity Interest Survey, dated 04/22/25, showed staff documented the resident's activities of interest as baseball, football, cannabis, rock and roll music, action and comedy movies, magazine, social events, going out to eat, walking, going to movie theater, parties, bar-b-q cook outs, arts and culture outings, and scenic drives. Review of the resident's care plan, dated 12/18/25, showed staff did not care plan the resident's activities of interest identified on his/her Activity Interest Survey. During an interview on 02/27/26 at 10:35 A.M., Nurse Aide (NA) F resident specific activities of interest should be on the care plan. During an interview on 02/27/26 at 11:18 A.M., RN B said he/she would think a resident's activities of (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interest should be on their care plan. During an interview on 02/27/2026 at 1:11 P.M., the ADON said he/she doesn't know why the activities had not been care planned, they should have been. During an interview on 02/27/26 at 2:02 P.M., the DON said the activities of interest should be on the care plan most the time. The DON said he/she doesn't know why they are not. During an interview on 02/27/2026 at 2:32 P.M., the administrator said activities of interest should be identified on the care plan if staff has the information. 7. Review of Resident #43's Annual MDS, dated [DATE], showed staff documented the resident as moderately cognitively impaired, marked resident should not be interviewed in Section F/activities. Review of the resident's Activity Interest Survey, dated 05/29/25, showed staff documented the resident's activities of interest as animals, bingo, smoking, reading picture books, going out to eat, shopping, socials, scenic drives, cook outs, and going to movie theater. During an interview on 02/27/26 at 1:39 P.M., the ADON said the resident is alert, oriented and able to communicate his/her interests and the resident's activity preferences should be on the care plan. During an interview on 2/27/26 at 2:02 P.M., the DON said resident activities of interest should be on the care plan. 8. Review of Resident #44's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Cognitively Intact; -Active diagnoses of Anxiety disorder, Schizophrenia, and Post Traumatic Stress Disorder (PTSD); -Received antipsychotic medication. Review of the resident's care plan, revised 02/09/26, showed the care plan did not contain direction or guidance for Anxiety disorder, Schizophrenia, PTSD, and antipsychotic medication. During an interview on 02/27/26 at 11:37 P.M., Registered Nurse (RN) B said care plans are important to guide the care for the resident, so staff know how to care for each resident. He/She said he/she does not do anything with care plans and said the Assistant Director of Nursing (ADON) and Director of Nursing (DON) does care plans. During an interview on 02/27/26 at 1:20 P.M., the ADON said Schizophrenia, anxiety, and PTSD should be on the resident's care plan and he/she is not sure why it's not. He/She said the care plans tell the resident's story and guide staff care. During an interview on 02/27/26 at 2:15 P.M., the DON said Schizophenria, anxiety, and PTSD should be included on the care plan. He/She said care plans are important for staff to be able to provide care to the residents. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 02/27/26 at 2:40 P.M., the administrator said he/she expects diagnoses to be included on the care plans with interventions. He/She said care plans are how staff know what's going on with the residents and how to care for them.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. Based on interview and record review, facility staff failed to provide an ongoing activity program designed to meet the residents' interest, mental, and psychosocial well-being on the weekends for eleven residents (Resident #59, #44, #41, #4, #1, #3, #34, #29, #43, #18, and #9) out of 21 sampled residents. The facility census was 59.1. Review of the facility's policy titled Activity, dated 07/19/23, showed the purpose is to ensure all residents in the facility are provided an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, their interests and their physical, mental and psychosocial well-being. 2. Review of the facility's Activity Calendar, dated January 2026, showed: -Saturdays, 01/03, 01/10, 01/17, 01/24, 01/31/26, at 9 A.M., Sit and Be Fit at 2 P.M., Deep Clean Room and 6 P.M., and Journal Prompt;-Sundays, 01/04, 01/11, 01/18, 01/25 at 9 A.M., Sit and Be Fit at 2 P.M., Bible Study and 5 P.M., Journal Prompt. Review of the facility's Activity Calendar, dated February 2026, showed: -Saturdays, 02/07, 02/14, 02/21, and 02/28/26 at 9 A.M., Sit and Be Fit, at 2 P.M., Deep Clean Room and 6 P. M. Journal Prompt;-Sundays, 02/01, 02/08, 02/15, and 02/22/26 at 9 A.M., Sit and Be Fit at 2 P.M., Bible Study and 5 P.M. Journal Prompt. During an interview on 02/25/26 at 10:03 A.M., Resident #59 said activities are not offered on the weekends, and he/she would attend the activities if offered. He/She said he/she colors on the weekends. During an interview on 02/25/26 at 11:34 A.M., Resident #44 said activities are not offered on the weekends. He/She said the second Sunday of the month a church group will come in. He/She said he/she tries to keep busy by reading books and watching television. The resident said he/she would like more activities on the weekends.During an interview on 02/25/26 at 11:47 A.M., Resident #41 said he/she likes to go to all activities and really enjoys bowling. The resident said he/she wished activities were offered on the weekends. During an interview on 02/25/26 at 12:07 P.M., Resident #4 said the only activities offered on the weekends involved cleaning and watching television. The resident said he/she would attend actual activities if offered on the weekends. During an interview on 02/25/26 at 1:41 P.M., Resident #1 said there are not any activities offered on the weekends, and he/she usually stayed in his/her room and colored. He/She said staff do not offer activities on the weekends.During an interview on 02/25/26 at 2:24 P.M., Resident #3 said staff do not offer activities on the weekends, and there is not anything to do other than watch television. During an interview on 02/25/26 at 3:14 P.M., Resident #34 said staff do not offer activities on the weekends. The resident said the residents watch television on the weekends. The resident said he/she would like for there to be activities on the weekend. During an interview on 02/25/26 at 3:22 P.M., Resident #29 said he/she has been told there is not staff led activities on the weekends because the activity director (AD) is not available. The resident said he/she would like activities on the weekends because all he/she does is watch television. During an interview on 02/25/26 at 3:32 P.M., Resident #43 said activities are not offered on the weekends and that he/she wished there were some as he/she may participate. The resident said he/she just stays in his/her room on the weekends or watches television because there is nothing to do. During an interview on 02/26/26 at 9:04 A.M., Resident #18 said activities are not offered on the weekends, but if there was, he/she would participate. During an interview on 02/26/26 at 9:25 A.M., Resident #9 said there is not activities on the weekends, and he/she gets bored. During an interview on 02/26/26 at 1:45 P.M., Nurse Aide (NA) E said sometimes when he/she works on the weekends he/she will try and play games with the residents if he/she has the chance. He/She said staff provide coloring pages for the residents to color. He/She said there are not any staff led activities on the weekends. During an interview on 02/26/26 at 2:25 P.M., the AD said on the weekends the residents have coloring pages and if the aides have time they can play games with them. He/She said there is sit and be fit, journal prompting, and cleaning up but those are pretty much on the residents own time. He/She said there is not any group lead activities offered on the weekends. The AD said he/she does not work on the weekends, and it is hard to depend on others to do activities. During an interview on 02/27/26 at 10:35 A.M., NA F said he/she does work some (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	weekends. The NA said there is not scheduled activities on the weekend. The NA said he/she is unsure if anyone is assigned to complete activities with residents on the weekends. During an interview on 02/27/26 at 11:18 A.M., Registered Nurse (RN) B said he/she has worked some weekends. The RN said the activity on weekends is usually church. The RN said staff does not facilitate activities for residents who do not go to church. The RN said there is not a staff member scheduled, or responsible for completing activities with residents on the weekends. During an interview on 02/27/26 at 1:38 P.M., the Assistant Director of Nursing (ADON) said sometimes a church will come in on Sundays. He/She said there are games and books available for the residents. He/She said if aides have time they can play a game with the residents. During an interview on 02/27/26 at 2:15 P.M., the Director of Nursing (DON) said there are coloring sheets and sometimes resident lead bible studies on the weekends. He/She said a church will come in sometimes and residents choose if they want to attend. He/She said he/she is not aware of activities for residents who do not attend church. He/She said there is not scheduled staff lead activities on the weekends. During an interview on 02/27/26 at 2:40 P.M., the administrator said there are not staff lead activities on the weekends. He/She said there should be activities on the weekends. He/She was not aware staff should lead activities on the weekends.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review, the facility staff failed to serve and prepare food in accordance with the nutritionally calculated recipes and menus to all residents. The facility census was 59.1. Review ow the facility's Dietary Food Preparation policy, revised 07/05/23, showed:-Standardized recipes will be used for all products prepared. The dietary manager will monitor and check routinely the cook's use of recipes;-Uniform food portions shall be established for each diet and served to all residents;-The dietary manager will monitor the cooks and their use of portion control utensils on tray line;-Food will be served at proper temperature to ensure food safety;-Acceptable serving temperatures for hot foods including hot pureed foods, 135 degrees Fahrenheit (F) but preferably 160-175;-Each food item, served separately in the regular diet, is pureed and served separately for the pureed diet according to the pureed recipes. Review of the facility's Week Four, Day 25 lunch menu showed residents who received pureed meals were to receive a #6 (five and one third ounces) scoop of pureed chicken, a #8 (four ounces) scoop of mushroom rice, a #12 (two and two thirds ounces) scoop of au gratin cauliflower and a #10 (3.2 ounces) scoop of frosted cake. 2. Observation on 02/25/26 at 12:20 P.M., showed Resident #8 sat in the dining during the noon meal. Observation showed three off white, pureed food items in a divided plate set in front of the resident. Observation showed the pureed items were thin in consistency and contained visible liquid. Observation showed the Dietary Manager (DM) removed the plate from the resident. During an interview on 02/25/26 at 12:25 P.M., [NAME] G said he/she did not follow the standardized recipe when he/she prepared the pureed items. [NAME] G said he/she did not really know how to prepare pureed food items. Observation on 02/25/26 at 12:35 P.M., showed the DM prepared pureed chicken in a food processor and placed an unmeasured portion on a divided plate. The DM washed the food processor and prepared pureed rice and added an unmeasured portion to the divided plate with the chicken. The DM washed the food processor and prepared pureed cauliflower and added an unmeasured portion to the divided plate with the chicken and rice. Observation showed the divided plate was placed in a warming cabinet after each item was prepared. Observation showed the DM did not reheat the three items after they were pureed. Observation showed the temperature of the pureed chicken was 106 degrees F and the pureed cauliflower was 114 degrees F as the items were placed on a service cart and about to be served to the resident. During an interview on 02/25/26 at 12:35 P.M., the DM said he/she prepared the pureed items for Resident #8 because the original items were too thin. The DM said he/she did not reheat the pureed items or check the temperature and did not measure the portions before the items were placed on the plate. The DM said pureed items should be reheated to 165 degrees F or according to the recipe. The DM said hot food should be served at 120 degrees F or higher. The DM said he/she was in a hurry to get the resident's food back to him/her. 3. Review of the facility's standardized recipe for 55 servings of mushroom rice showed the recipe included two quarts of mushrooms. Observation on 02/25/26 at 12:00 P.M. showed kitchen staff served rice at the noon meal and the rice did not contain mushrooms. 4. Review of the facility's standardized recipe for 55 servings of cauliflower au gratin showed the recipe included one pound, two ounces of shredded cheddar cheese and a topping of two and three quarter cups of breadcrumbs. Observation on 02/25/26 at 12:00 P.M. showed kitchen staff served cauliflower at the noon meal and the cauliflower did not contain cheese or a bread crumb topping. During an interview on 02/25/26 at 12:25 P.M., [NAME] G said he/she prepared the rice with butter and salt and did not add mushrooms. [NAME] G said he/she did not season the cauliflower or add cheese or the bread crumb topping. [NAME] G said he/she knew where the recipes were located but he/she did not follow them and did not say why. During an interview on 02/27/26 at 9:33 A.M., the DM said he/she expected staff to follow recipes including portion size. The DM said he/she had not been keeping up with training and monitoring new staff. The DM said he/she did not know staff were not following the recipes. During (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	an interview on 02/27/2026 at 1:23 P.M., the administrator said the DM and kitchen staff were responsible for following standard recipes including portion sizes and temperatures. The administrator said he/she did not know the pureed foods temperature requirements and did not know kitchen staff were not following the recipes.