STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265777	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Westphalia	1899 Highway 63 Westphalia, MO 65085

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43010 Based on observation, interview, and record review, facility staff failed to meet professional standards when staff did not complete weekly skin assessments per facility policy, for three residents (Resident #1, #2, and #3) out of three sampled residents. The facility census was 49. 1. Review of the facility's Pressure Injury Prevention and Management Policy, dated October 2018, showed licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly, and after any newly identified pressure injury. Findings will be documented in the medical record. 2. Review of Resident #1's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 6/11/24, showed staff assessed the resident as: -Cognitively intact; -Impairment to both upper and lower extremities on both sides; -Substantial/maximal assistance with bed mobility, transfers, and toileting; -Diagnosis of Pressure Ulcer of left buttock unstageable (a type of bed sore that occurs when prolonged pressure on the skin causes tissue loss and prevents blood flow and oxygen from reaching the area), right ankle unstageable pressure ulcer, Deep Tissue Injury (a type of pressure ulcer that occurs when prolonged pressure or shear forces damage the tissues beneath the skin) of left heel, and pressure ulcer of unspecified buttock stage II (partial thickness loss of dermis presenting as a shallow open ulcer with red or pink wound bed, without slough or bruising); -At risk for pressure ulcers with unhealed pressure ulcers. Review of the residents care plan, revised 8/14/24, showed the resident admitted with stage II pressure ulcer to buttocks required daily treatments, an facility acquired pressure ulcer to left heel and buttocks, deep tissue injury to left heel, two pressure ulcer to scrotum, deep tissue injury right ankle, and pressure ulcer to left hip. Interventions included weekly skin and wound assessments until resolved. Review of the resident's medical record, dated 6/6/24 to 9/6/24, showed staff did not complete skin assessment upon admission or weekly. (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

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff assessed the resident as: -Cognitively intact; -Impairment to lower extremities on both sides; -Diagnosis of acute kidney failure, type II Diabetes; -At risk for pressure ulcers. Review of the resident's care plan, revised 8/22/24, showed open areas on top of left swollen hand. Interventions included to treat as ordered and complete weekly skin and wound assessments Review of the resident's medical record from 6/10/24 to 9/6/24 showed staff completed one skin assessment dated [DATE]. Review showed staff did not complete weekly skin assessments or a skin assessment upon readmission. 4. Review of Resident #3's Admission MDS, dated [DATE], showed staff assessed the resident as: -Cognitively intact; -Impairment to upper and lower extremities on both sides; -Substantial/maximal assistance for bed mobility; -Diagnosis of pressure ulcer stage II (partial thickness tissue loss), pressure ulcer to left buttock stage III (full thickness tissue loss), pressure ulcer to left ankle stage II, and pressure ulcer of unspecified heel; -At risk for pressure ulcers with unhealed pressure ulcers. Review of the resident's care plan, revised 8/27/24, showed the resident admitted with a pressure to the left heel, stage II coccyx pressue ulcer, and acquired a stage III pressure ulcer to right heel and deep tissue injury to the right foot. Interventions included weekly skin and wound assessments until resolved. Review of the resident's medical record, dated 7/9/24 to 9/6/24 showed staff completed an admission skin assessment on 7/9/24. Review showed staff did not complete weekly skin assessments thereafter. 5. During an interview on 9/6/24 at 1:38 P.M., Licensed Practical Nurse (LPN) D said skin assessments will depend upon the resident but thinks they are completed weekly at this facility. LPN D said he/she works part-time. He/She said if a resident is due to have a skin assessment it will pop up on the Treatment Administration Record (TAR) and it is the only time he/she has completed one. He/She is not aware there are missing skin assessments and does not know who is responsible for making sure they are completed. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/6/24 at 1:47 P.M., the Director of Nursing (DON) said skin assessments are completed upon admission, readmission, and if there are new skin developments. He/She does not know how often the skin assessments are completed and why they are not completed. He/She is new to the position and said it would be the DON's responsibility to make sure they were completed. During an interview on 9/6/24 at 1:57 P.M., LPN E said he/she looks under assessments to see if any are due. He/She does not know who is responsible for making sure they are completed. During an interview on 9/13/24 at 10:45 A.M., the administrator said skin assessments should be completed upon admission, readmission, and weekly. He/She said the DON, Assistant DON, and wound care nurse would be responsible for making sure these are completed. He/She does not know why these have not been completed weekly. MO00241576