

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Stonebridge Westphalia		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>39644</p> <p>Based on observation, interview and record review, facility staff failed to post, in a form and manner accessible to the residents and resident representative, the required telephone number to the Department of Health and Senior Services (DHSS) hotline (to report allegations of abuse and neglect), or a list of names, addresses, and phone numbers of the State Survey Agency (SSA). The census was 50.</p> <p>1. Review of the facility's Facility Postings Policy, dated October 2017, showed the facility will post required postings in an area accessible to all staff and residents. The facility posting include a list of names, addresses (mailing and email), and telephone numbers of all pertinent State Agencies and advocacy groups to include but not limited to:</p> <ul style="list-style-type: none"> -State Survey Agency; -Adult Protective Services. <p>2. Observation of the facility on 05/06/24 through 05/09/24, showed the facility did not post the name, address and toll free telephone number for the DHSS Abuse and Neglect Hotline or the SSA information in a form and manner accessible to residents or visitors.</p> <p>During an interview on 05/09/24 at 11:45 A.M., Resident #56 said he/she did not know where the hotline number is posted. He/She has not been told where it's posted and he/she has not seen it anywhere.</p> <p>During an interview on 05/09/24 at 11:50 A.M., Resident #40 said the hotline number is not posted anywhere but it should be.</p> <p>During an interview on 05/09/24 at 1:40 P.M., Certified Medication Technician (CMT) I said he/she did not know if the abuse and neglect hotline number is posted visibly anywhere. He/She said there is a policy book behind the nurse's station and they believe the number is in the book.</p> <p>During an interview on 05/09/24 at 1:50 P.M., the Social Service Designee (SSD) said he/she thought it was posted in the dining room. The SSD said he/she was not able to find it posted anywhere. The SSD said the abuse and neglect hotline information should be posted for residents, family and staff to see, but he/she is not sure why it is not.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265777
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<p>F 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/09/24 at 3:15 P.M., the Director of Nursing (DON) said she did not know the required information was not posted. The DON said it should be posted visible for everyone to see, family, residents and staff.</p> <p>During an interview on 05/09/24 at 3:16 P.M., the administrator said the SSD is responsible making sure the information is posted. The administrator said is not why the required hotline information was not posted, but she would expect it to be visible for everyone to see.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50422</p> <p>Based on interview and record review, facility staff failed to provide an ongoing program of activities designed to meet three (Resident # 5, #13 and #41) out of 13 sampled residents interest on the weekends. The facility census was 50.</p> <p>1. Review of the facility's policy titled, Life Enrichment Program, dated 10/21, showed this facility will provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences of each resident. Review showed staff were directed to:</p> <ul style="list-style-type: none"> -Activities will be designed with the intent to enhance the residents sense of well-being, promote or enhance physical activities, promote or enhance cognition, and promote or enhance emotional health; -Events may be conducted in different ways, life enrichment programs to include a combination of large and small groups, one to one, and self-directed as the resident desires to attend; -Events will reflect residents' interest and age, be enjoyable, help the residents to feel useful, provide sense of belonging, reflect cultural and religious interests of the resident, and reflect residents choices. <p>Review of the facility's activity calendar, dated May 2024, showed:</p> <ul style="list-style-type: none"> -Saturday, 05/04/24; 09:30 A.M., Rosary; -Sunday, 05/05/24; 09:30 A.M., Rosary and 09:45 A.M. Catholic Church Service; -Saturday, 05/11/24; 09:30 A.M., Rosary; -Sunday, 05/12/24; 09:30 A.M., Rosary and 09:45 A.M. Catholic Church Service; -Saturday, 05/18/24; 09:30 A.M., Rosary; -Sunday, 05/19/24; 09:30 A.M., Rosary Communion; -Saturday, 05/25/24; 09:30 A.M., Rosary; -Sunday, 05/26/24; 09:30 A.M., Rosary and 09:45 A.M. Catholic Church Service. <p>2. Review of Resident #5's Significant Change Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/25/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Activity preferences to be very important to do things with groups of people. <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/06/24 at 2:30 P.M., the resident said the weekends are dead and there are no activities. He/She said they try to do things to keep themselves busy. The resident said he/she would like to have some activities on the weekends because the weekends drag on.</p> <p>3. Review of Resident #13's Annual MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Independent for decisions; -Very important to have books, newspapers and magazines to read and keep up with the news, do favorite activities, participate in religious services or practices; -Somewhat important to do things with groups of people. <p>Review of the resident's care plan, dated 04/16/24, showed staff documented the resident will attend one to two group activities per week through next review. Review showed staff documented the resident enjoys bingo, some music, and sometimes other group activities.</p> <p>During an interview on 05/06/24 at 10:50 A.M., the resident said he/she loves activities. He/She said weekends are long without activities unless family comes and visits. He/She said he/she would love if there were activities on the weekends.</p> <p>4. Review of Resident #41's Annual MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Independent for decisions; -Very important to have books, newspapers and magazines to read and keep up with the news, do favorite activities, to do things with groups of people; -Somewhat important to participate in religious services or practices and listen to music. <p>Review of the resident's care plan, dated 04/16/24, showed staff documented the resident will attend 2-3 activities per week through next review. Said resident enjoys games, some music, some parties, and sometimes other group activities.</p> <p>During an interview on 05/06/24 at 10:30 A.M., the resident said he/she goes to activities during the week. He/She said the facility does not have activities on the weekends. He/She said he/she is not Catholic and does not attend Rosary or Catholic church services. He/She said that he/she is normally in his/her room on the weekend since no activities are happening.</p> <p>5. During an interview on 05/09/24 at 11:46 A.M., Nurse Aide (NA) E said he/she has seen church on Sunday mornings. He/She said that is all he/she has seen on the weekends.</p> <p>During an interview on 05/09/24 at 11:58 A.M., Certified Medication Tech (CMT) C said he/she has only seen rosary and family visits on the weekends. He/She said that a housekeeper helps on Saturday to turn on rosary and a priest comes in on Sunday to do rosary and Catholic Services.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/09/24 at 12:03 P.M., Registered Nurse (RN) D said he/she does not remember many activities on the weekends. He/She said there is church on Sunday mornings and then family visits on the weekends. He/She said there are not any organized activities on the weekends.</p> <p>During an interview on 05/09/24 at 12:12 P.M., the Activity Director said on the weekend residents have a lot of family visits, so they try to keep activities small. He/She said a Deacon comes in on Sunday morning to do rosary and church service. He/She said packets with coloring sheets and word searches are handed out on Friday afternoons that residents can do on the weekend. He/She said a if resident is not catholic, they can do the packet, puzzles, or read books. He/She said on weekends its usually volunteer lead activities or the housekeeper that will help with rosary in the mornings on the weekend.</p> <p>During an interview on 05/09/24 at 2:26 P.M., the Director of Nursing (DON) said on the weekends the facility has rosary. He/She said he/she is not aware of any staff led activities on the weekends. He/She said if residents are not catholic he/she is not sure what the resident does.</p> <p>During an interview on 05/09/24 at 3:03 P.M., the administrator said there is a lot of family visits on the weekends. He/She said that housekeeping helps set up rosary on the weekends. He/She said that the activity director passes out word searches and coloring pages on Friday afternoons.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50422</p> <p>Based on observation, interview, and record review, staff failed to ensure medications were stored in a safe and effective manner, when staff failed to ensure medications were properly labeled and contained in their original package until time of administration on two medication carts. Staff failed to ensure multi-dose medications were dated when opened. Staff failed to discard expired medications in one medication room. Staff failed to store time scheduled controlled medications (drug or other substance that may cause addiction) in a separately locked, permanently affixed compartment. The facility census was 50.</p> <p>1. Review of the facility's Storage of Medication policy, revised 04/2007, showed drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing. Staff shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. Drugs shall be stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications shall be assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medication of several residents;</p> <p>2. Observation on 05/06/24 at 9:09 A.M., showed the 200 hall medication cart contained an envelope with two pills inside.</p> <p>During an interview on 05/06/24 at 9:09 A.M., CMT I said the medication in the envelope is for a resident who is going out for the day. He/She said he/she plans to give the medication to the resident to take with him/her. He/She said he/she was unsure of what policy was.</p> <p>During an interview on 05/09/24 at 3:04 P.M., the administrator said it is his/her expectation staff should not pre-pop medications. He/She said the risk for pre-popping medications is there is a risk medications are not given timely, medications can get missed, other staff may not know what the medications are. He/She said medications should be kept in their original containers until it is time for them to be given.</p> <p>3. Observation on 05/06/24 at 9:20 A.M., showed the 100 hall medication cart contained three loose pills.</p> <p>During an interview on 05/06/24 at 9:25 A.M., the administrator said medication carts should be checked at change of shift and staff should be looking for loose pills. He/She said he/she is not sure why this cart has loose pills.</p> <p>4. Observation on 05/06/24 at 9:20 A.M., showed the 100 hall medication cart contained:</p> <p>-An opened bottle of Milk of magnesia, undated;</p> <p>-An opened bottle of polyethylene glycol 3350 powder (to treat occasional constipation), undated;</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-An opened bottle of megestrol acetate oral suspension 40 milligram (mg)/milliliter (ml) (used to treat loss of appetite), undated;</p> <p>-An opened bottle of guaifenesin oral solution 100mg (for cough relief), undated;</p> <p>-An opened bottle of Carbamazepine suspension 100mg/5ml (used to treat and manage epilepsy), undated.</p> <p>5. Observation on 05/08/24 at 10:15 A.M., showed the 100 hall medication cart contained:</p> <p>-An opened bottle of Aspirin 81mg, undated;</p> <p>-An opened bottle of docusate sodium 100mg (used for constipation), undated;</p> <p>-An opened bottle of zinc 50 mg, undated.</p> <p>During an interview on 05/08/24 at 10:29 A.M., CMT F said when opening a new bottle, need to make sure to date the bottle with the open date. He/She said it is important to date bottles when they are opened so he/she is not giving expired medications.</p> <p>During interview on 05/09/24 at 2:26 P.M., the Director of Nursing (DON) said he/she expects staff to date the bottle once opened. He/She said if opened bottles are not dated, then no one knows how long it has been opened or if the medication is any good and they have to be wasted.</p> <p>During an interview on 05/06/24 at 9:25 A.M., the administrator said he/she is working the medication cart in the 100 hall today. It is his/her expectation staff date all medications in the cart when they open them. He/She said he/she does not know why they medications in the 100 medication cart are not dated. He/She said it should be checked at every change of shift.</p> <p>6. Observation on 05/06/24 at 9:24 A.M., showed the medication room contained:</p> <p>-An expired bottle of aspirin 325 mg;</p> <p>-An expired bottle of magnesium 250 mg;</p> <p>-An expired bottle of cranberry 450 mg;</p> <p>-An expired bottle of vitamin A 3000 microgram (mcg).</p> <p>During an interview on 05/08/24 at 10:29 A.M., CMT F said the CMTs should check for expired medications everyday. He/She said expiration dates should be checked when pulling the bottle from the medication room shelf. He/She said the supply person puts the over the counter medication in the medication room and he/she usually rotates the bottles.</p> <p>During interview on 05/09/24 at 2:26 P.M., the DON said it is the CMTs and nurses' responsibility to check medication room and medication carts for expired medications. He/She said the pharmacy checks the medication cart and medication room once a month to check for expired medication.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>7. Observation on 05/06/24 at 9:24 A.M., showed the medication room refrigerator contained two Lorazepam (used to treat anxiety) 2 mg/ml vials in a removable unlocked box.</p> <p>During an interview on 05/06/24 at 9:25 A.M., the administrator said nurses are responsible for maintaining medication rooms. He/She said Lorazepam is a control medication and should be behind two locks. He/She said he/she does not know why it is in there. He/She said it should be in the medication safe.</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>39644</p> <p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>Based on interview and record review, facility staff failed to ensure the arbitration agreement was explained in a form and manner which correctly describes the arbitration process, or the option to decline the arbitration agreement. The census was 50.</p> <ol style="list-style-type: none"> 1. Review of the facility's policies showed staff did not provide a policy for Arbitration Agreements. 2. Review of the facility's Admission Packet showed a one page Arbitration Agreement did not contain a place to decline arbitration. <p>During an interview on 05/08/24 at 2:12 P.M., the Social Services Director (SSD) said he/she goes over the admission packet with new residents and their family at admission. The SSD said he/she lets them know if they sign, it avoids going to court and cuts on court cost for everyone. The SSD said he/she explains even though they sign and agree to the arbitration, doesn't mean they can't go to court still. He/She said he/she doesn't typically read the arbitration agreement to the resident or residents' family, but tries to explain if they have questions. The SSD said he/she was not aware that the arbitration agreement information mean they could not take matters to court if you sign the agreement. If the resident or family declines the they just dont sign the paper.</p> <p>During an interview on 05/09/24 at 3:20 P.M., the administrator said the residents and their family have the option whether to sign or not sign the arbitration agreement. The administrator said it is the SSD's responsibility during the admission process to explain the form and answer any questions. She was not aware the information was not explained in a form and manner that best describes the process.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644</p> <p>Based on observation, interview, and record review, facility staff failed to perform appropriate hand hygiene, and glove changes during incontinence care for two (Resident #19 and #21) out of two sampled residents. Facility staff failed to perform appropriate hand hygiene, and glove changes during catheter care for one (Resident #4) out of one sampled resident. Facility staff failed to appropriately sanitize a multi-use glucometer (a device for monitoring blood sugars) between use for two residents (Resident #19 and #28) out of four sampled residents to prevent the spread of infection causing contaminants. The facility census was 50.</p> <p>1. Review of the facility's hand hygiene policy, undated, showed all staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards if practice:</p> <ul style="list-style-type: none"> -Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table; -The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves; <p>Hand Hygiene Table;</p> <ul style="list-style-type: none"> -Soap and water; -Hands are visibly dirty; -Hands are visibly soiled with blood or other bodily fluids; -Either soap and water or alcohol based hand rub (ABHR); -Between resident contacts; -After handling contaminated objects; -Before applying or after removing personal protective equipment (PPE), including gloves; -Before or after handling clean or soiled dressings, linens, etc.; -Before performing resident care procedures; -After handling items potentially contaminated with blood, body fluids, secretions, or excretions; -When during resident care, moving from a contaminated body site to a clean body site; -After assistance with personal body functions (e.g., elimination, hair grooming, smoking). <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's Perineal Care Procedure policy, undated, showed staff are directed to:</p> <ul style="list-style-type: none"> -Wash perineal area, wiping front to back. (Note: If the resident has an indwelling catheter, gently wash the junction of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.); -Continue to wash the perineum moving from outward to and including thighs, alternative from side to side, and using downward strokes. Do not reuse the same washcloth -Wash the rectal area thoroughly, -Remove gloves and discard into designated container. Wash and dry your hands thoroughly. <p>2. Review of Resident #19's Quarterly Minimal Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 05/01/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Dependent on staff for toileting and lower body dressing; -Always incontinent of bladder and frequently incontinent of bowel; -Diagnosis of stroke. <p>Observation on 05/07/24 at 11:00 A.M., showed Certified Nursing Aide (CNA) G entered the resident's room to provide perineal care applied gloves and cleaned the resident's front side. With the same soiled gloves, CNA G rolled the resident to their left side and cleaned bowel movement off the resident bottom. CNA G removed his/her soiled gloves, did not perform hand hygiene and applied clean gloves. CNA G assisted the resident to roll onto their right side and wiped feces from the residents left buttock. CNA G continued to wear the same soiled gloves, threw the soiled brief in the trash and placed the residents clean brief and pants on.</p> <p>During an interview on 05/07/24 at 5:22 P.M., CNA G said gloves are supposed to be changed between clean and dirty tasks. CNA G said he/she thought he/she changed his/her gloves before putting on the resident's clean brief, and knows he/she should have.</p> <p>3. Review of Resident #21's Quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Dependent for toileting hygiene and shower/bathing; -Substantial/maximal assistance for personal hygiene; -Always incontinent or bowel and bladder. <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 05/07/24 at 2:10 P.M., CNA J entered the resident's room to perform perineal care. CNA J did not perform hand hygiene before he/she applied gloves. CNA J used the mechanical lift to transfer the resident to his/her bed. CNA J performed perineal care to the resident. With the same soiled gloves, CNA J applied a clean brief underneath the resident, rolled the resident to his/her back, put the residents pants, touch the mechanical lift and remote to lift. CNA J removed his/her soiled gloves, did not perform hand hygiene, applied clean gloves and removed the mechanical lift sling straps.</p> <p>During an interview on 05/15/24 at 9:20 A.M., CNA J said hand hygiene should always be performed before putting gloves on. He/She said gloves should be changed when gloves become soiled. He/She said he/she should perform hand hygiene between removing gloves and before applying new gloves. He/She said hand hygiene should be performed after removing gloves and before leaving the residents room.</p> <p>During an interview on 05/09/24 at 2:26 P.M., the Director of nursing (DON) said it is his/her expectation staff wash their hands or sanitize when they enter the resident's room, anytime contact is made with the resident, when they become visibly dirty, and any time you take gloves off. He/She said to prevent the spread of infections, he/she said staff should have one staff perform the care and the other staff member hand them the clean care items. He/She said if the gloves come into contact with bodily fluids, they should change them and perform hand hygiene before replacing them.</p> <p>4. Review of the facility's policy titled, Catheter Care, Urinary, revised 9/2014, showed staff are directed to:</p> <ul style="list-style-type: none"> -Maintain clean technique when handling or manipulating the catheter, tubing, or drainage bag; -Wash and dry your hands thoroughly; -Put on gloves; -Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry; -Remove gloves and discard into the designated container. Wash and dry your hands thoroughly; -Use one area of the washcloth for each downward, cleansing stroke. Change the position of the washcloth with each downward stroke. Next, change the position of the washcloth and cleanse around the urethral meatus. Do not allow the washcloth to drag on the resident's skin or bed linen. With a clean washcloth, rinse with warm water using the above technique; -Use a clean washcloth with warm water and soap to cleanse and rinse the catheter from insertion site to approximately four inches outward; -Discard disposable items into designated containers. Remove gloves and discard into designated container. Wash and dry your hands thoroughly. <p>5. Review of Resident #4's significant change MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Moderate Cognitive impairment; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Has an indwelling catheter;</p> <p>-Always incontinent of bowel and bladder;</p> <p>-Diagnosis of obstructive uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow).</p> <p>Observation on 05/07/24 at 2:58 P.M., showed CNA J entered the resident's room to perform perineal and catheter care. CNA J did not perform hand hygiene before he/she applied his/her gloves. CNA J used a clean wipe and cleaned the residents abdomen. With the same soiled wipe, CNA J wiped the residents groin eight times with the same portion of the wipe. CNA J used a clean wipe, cleaned the resident's left groin four times with the same portion of the wipe before he/she discarded it into the trash. CNA J wiped down the center of the resident's front side four times with the same portion of the wipe before he/she discarded it into the trash. CNA J wiped down the center of the resident's front side and then with the same portion of the wipe he/she wiped up and down the catheter tubing. CNA J wiped down the resident's front side and with the same wipe, he/she wiped the resident's abdomen and thigh before he/she discarded it in the trash. CNA J did not perform hand hygiene after he/she removed his/her gloves or before he/she gave the resident a drink. CNA J applied gloves without performing hand hygiene and wiped the residents back side five different times with the same portion of the wipe before he/she discarded it into the trash. CNA J again wiped the residents back side five different times with the same portion of the wipe before he/she discarded it into the trash. CNA J wiped the residents back side nine different times with the same portion of the wipe before he/she discarded it into the trash.</p> <p>During an interview on 05/15/24 at 9:20 A.M., CNA J said hand hygiene should always be performed before putting gloves on. He/She said when performing peri care he/she should wipe once in one spot and get new wipe for another spot. He/She said to wipe front to back and clean to dirty. He/She said when cleaning catheter tubing always wipe from base outward from the body. He/She said it is a risk for infection if using same wipe in same spot and wiping in the wrong direction. He/She said he/she was in a hurry that day to get the resident to hospital and knew he/she had messed up and forgot to perform correct hand hygiene.</p> <p>During an interview on 05/09/24 at 2:26 P.M., the DON said it is his/her expectation that his/her staff perform perineal care, and then hand hygiene and glove changes prior to initiating catheter care. He/She said failure to perform hand hygiene and glove changes can introduce bacteria into the catheter and can cause infection. He/She said he/she expects staff to wipe away from the urethra and to only use one wipe per swipe.</p> <p>During an interview on 05/09/24 at 3:04 P.M., the administrator said she expects staff to perform perineal care before they do any catheter care. She expects them to change gloves and perform hand hygiene before they start the catheter care. She expects staff to wipe away from the body and down the tube. She said staff should only use one clean wipe per swipe and throw it away. She said staff should never wipe the catheter tubing with a dirty wipe because it could introduce bacteria.</p> <p>6. Review of the facility's policies showed staff did not provide a policy for cleansing and disinfecting multi-use glucometers.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the multi-use blood glucose monitor system manufactures manual, undated, showed the disinfection procedure is needed to prevent the transmission of blood-borne pathogens. A variety of the most commonly used Environmental Protection Agency (EPA) registered wipes have been tested and approved for cleaning and disinfecting of the multi-use blood glucose monitoring system. The disinfectant wipes listed below have been shown to be safe for use this meter:</p> <ul style="list-style-type: none"> -Clorox Germicidal Wipes; -Dispatch Hospital cleaner Disinfectant Towels with Bleach; -Super Sani-Cloth Germicidal Disposable Wipes; -CaviWipes1. <p>-After disinfection, the user's gloves should be removed and thrown away. Wash hands before proceeding to the next patient.</p> <p>7. Observation on 05/08/24 at 5:45 A.M., showed Licensed Practical Nurse (LPN) C obtained Resident #19's blood sugar with the multi-use glucometer, removed gloves, exited the room, and did not perform hand hygiene. The LPN placed the glucometer on the medication cart without a barrier, got supplies together, and wiped the multi-use glucometer with alcohol wipes. The LPN did not use the disinfectant wipes shown to be approved for the meter.</p> <p>During an interview on 05/08/24, at 5:58 A.M., LPN C said he/she can use alcohol to clean the glucometer.</p> <p>During an interview on 05/09/24 at 1:45 P.M., the Infection Preventionist (IP) said there are at least two glucometers on the cart and staff are to rotate them, while one is disinfecting, they use the other one. The IP said alcohol is not appropriate to clean or disinfect glucometers, their wipes used specificity for the cleaning and disinfecting of glucometer.</p> <p>During an interview on 05/09/24 at 2:35 P.M., the DON said glucometers need to be cleaned between residents, if clean with alcohol and then needs to be disinfected afterwards with the appropriate wipes for 3-5mins. The DON said he/she expects wipes to be in addition to alcohol. The DON said hands should be washed before and after blood sugars.</p> <p>During an interview on 05/09/24 at 3:04 P.M., the administrator said she expects staff to use two glucometers when performing blood sugar checks. She said after taking the residents blood sugar she expects staff clean the glucometer then place on a barrier wrapped in a sani wipe for three minutes.</p> <p>47193</p> <p>50422</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193</p> <p>Based on observation, interview, and record review, facility staff failed to ensure call lights were within reach for three residents (Resident #6, #37, and #42) out of 13 sampled residents. The facility census was 50.</p> <p>1. Review of the facility's policy titled, Call Light Accessibility and Response, dated 9/21, showed all staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light. All residents will be evaluated on how to call for help by using the resident call system. Staff will ensure the call light is within reach of resident and secured, as needed. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room. The call system should be accessible to a resident lying on the floor.</p> <p>2. Review of Resident #6 Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/05/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively moderately impaired; -Responds adequately to simple, direct communication only; -No impairment to upper extremities, but impairment on both lower extremities; -Dependent for ADL's and transfers. <p>Review of the resident's care plan, dated 04/16/2024, showed the plan did not direct staff on how to care for the resident or direct staff on where to place call light.</p> <p>Observation on 05/06/24 at 11:07 A.M., showed the resident in his/her wheelchair in his/her room, with the call light attached to his/her lower bedrail not within reach.</p> <p>Observation on 05/07/24 at 9:28 A.M., showed the resident in his/her wheelchair in his/her room, with the call light attached to his/her lower bedrail not within reach.</p> <p>Observation on 05/08/24 at 10:55 A.M., showed the resident in his/her wheelchair in his/her room, with the call light attached to his/her lower bedrail not within reach.</p> <p>3. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively Impaired; -Responds adequately to simple, direct communications only; -Upper extremity impairment on one side; <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Dependent for activities of daily living (ADL)s and transfers.</p> <p>Review of the resident's care plan, dated 04/16/2024, showed the plan did not direct staff on how to care for the resident or direct staff on where to place call light.</p> <p>Observation on 05/06/24 at 1:36 P.M., showed the resident in his/her broda [NAME](a type of wheelchair that gives patients the ability to tilt and recline) in the middle of his/her room faced opposite of doorway in front of his/her television with his/her call light not within reach.</p> <p>Observation on 05/07/24 at 8:59 A.M., showed the resident in his/her broda chair in the middle of his/her room faced opposite of doorway in front of his/her television with his/her call light not within reach.</p> <p>Observation on 05/07/24 at 10:53 A.M., showed the resident in his/her broda chair in the middle of his/her room faced opposite of doorway in front of his/her television with his/her call light not within reach.</p> <p>Observation on 05/07/24 at 3:46 P.M., showed the resident in his/her broda chair in middle of his/her room faced opposite of doorway in front of his/her television, with the call light not within reach. Resident heard yelled Help.</p> <p>4. Review of Resident #37's Annual MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Clear comprehension and makes self-understood and understands others; -Severely impaired with making decisions; -No impairment to upper extremities, but impairment to both lower extremities; -Substantial/maximal assistance with ADL's and transfers. <p>Review of the resident's care plan, dated 04/16/2024, showed staff should keep call light within each reach.</p> <p>Observation on 05/06/24 at 10:59 A.M., showed the resident in his/her wheelchair in the middle of his/her room, with the call light on the floor beside the bed.</p> <p>Observation on 05/07/24 at 9:29 A.M., showed the resident in his/her wheelchair in middle of his/her room, with the call light on the floor beside the bed.</p> <p>Observation on 05/07/24 at 2:06 P.M., showed the resident in his/her wheelchair in middle of his/her room, with the call light on the floor beside the bed.</p> <p>Observation on 05/09/24 at 11:31 A.M., showed the resident in his/her wheelchair in middle of his/her room, with the call light on the floor beside the bed.</p> <p>(continued on next page)</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During an interview on 05/09/24 at 11:34 A.M., Certified Nurse Aide (CNA) H said call lights should always be within reach of residents. He/She said he/she clips the call light on the resident. He/She said if the call light is not within reach the resident may need something and the resident can end up in danger if call light not within reach.</p> <p>During an interview on 05/09/24 at 11:50 A.M., Registered Nurse (RN) G said residents should always be given their call light, He/She said he/she shows the resident where the call light is or clips it to them. He/She said if call light is not within reach that the resident could get up and fall.</p> <p>During interview on 5/09/24 at 2:26 P.M., the Director of Nursing said the residents should defiantly have the call light on them and not out of reach. He/She said if call light is not within reach the resident will try and get up and will likely fall. He/She said safety is number one. He/She said all staff should make sure call light is within reach when resident is in room.</p> <p>During interview on 05/09/24 at 3:03 P.M., the administrator said that call lights should always be where the resident can reach them. He/She said that if call lights are not within reach, then the resident would not be able to notify staff if they need something.</p>		