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	07/24/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 (LD) (a serious type of pneumonia (lung infection) caused by Legionella bacteria, which places all residents at risk of exposure which could lead to illness.The facility census was 54 with a capacity of 64.1. Review of the Centers for Medicare and Medicaid Services (CMS) Survey and Certification (S&C) letter 17-30, dated 06/02/17 and revised on 06/09/17, showed:-The bacterium Legionella can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least [AGE] years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as shower heads, cooling towers, hot tubs, and decorative fountains;-Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water;-CMS expects Medicare 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. An industry standard calling for the development and implementation of water management programs in large or complex building water systems to reduce the risk of legionellosis was published in 2015 by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). In 2016, the Centers for Disease Control and Prevention (CDC) and its partners developed a toolkit to facilitate implementation of this ASHRAE Standard (https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html). Environmental, clinical, and epidemiological considerations for healthcare facilities are described in this toolkit;-Surveyors will review policies, procedures, and reports documenting water management implementation results to verify that facilities:-Conduct 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;-Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens;-Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.2. Observation on 07/23/25 during the Life Safety Code tour showed the facility ice machine contained a filter dated 03/27/24.3. Review of the facility's Legionella Water management program, reviewed April 2025, showed:-The program did not contain facility specific policies related to water management for the prevention of Legionella;-The program did not identify members of the water management team;-Facility staff identified shower heads, sinks and ice machines as potential risk areas for the growth of Legionella;-Control measures included replacement of ice machine filter on a regular (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	schedule. Review showed the documentation did not specify a frequency related to a regular schedule;-The program did not contain control measures related to sinks or shower heads;-The program did not contain actions to be taken when the specified control limits were not met.Review of the ice machine filter manufacturer's specifications showed filter changes were recommended every year. During an interview on 07/24/25 at 11:30 A.M., the Environmental Services Director said he/she and the administrator were responsible for the water management program. The director said he/she was familiar with the water management program, but he/she had not looked at it lately. The director said his/her staff flushed low use water areas in the facility but did not document the flushes. The director said he/she was not familiar with any risk areas other than low use areas. The director said he/she was responsible for changing the ice machine filter every six months, but he/she got busy with other things and missed the filter change.During an interview on 07/24/25 at 1:00 P.M., the administrator said he/she is responsible for the facility's Legionella program. The administrator said he/she started reviewing and updating the program in April 2025, but he/she had not completed the review. The administrator said the water management team included the Environmental Services Director, the Director of Nursing and himself/herself, but the team did not have regular meetings. The administrator said he/she was aware of facility risk areas, but he/she did not realize the risk areas lacked control measures, corrective actions and monitoring mechanisms. The administrator said the Environmental Services Director is responsible for changing the ice machine filter according to manufacturer's recommendations.

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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 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 a comprehensive person-centered care plan to meet the medical, nursing, mental and psychosocial needs for three residents (Resident #21, #29, and #48) out of three sampled residents who self-administered medication and kept medication at the bedside. The facility census was 54.1. Review of the facility's policy titled Care Plans, Comprehensive Person-Centered, dated October 2017, showed:-A person-centered, comprehensive care plan that includes measurable objectives and timeframes to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident;-The care plan will describe services that are furnished to attain of maintain the resident's highest practicable physical, mental and psychosocial well-being;-Reflect the resident's expressed wishes regarding care and treatment goals. 2. Review of Resident #21's Quarterly Minimum Data Sheet (MDS), a federally mandated assessment tool, dated 06/05/25, showed staff assessed the resident as cognitively intact with a diagnosis of respiratory failure. Review of the resident's care plan, dated 06/08/25, showed the care plan did not contain direction or guidance for self-administration of medication or to keep at bedside.Observation on 07/22/25 at 9:42 A.M., showed a bottle of nasal spray and an inhaler labeled albuterol (prescription medication used to open airways) on the overbed table. The resident's roommate sat in a chair in reach of the medication. During an interview on 07/22/25 at 9:46 A.M., the resident said he/she takes his/her medication as needed and always has it in his/her room. 3. Review of Resident #29's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact and a diagnosis of lung disease. Review of the resident's care plan, dated 06/20/25, showed the care plan did not contain direction or guidance for self-administration of medication or to keep at bedside.Observation on 07/22/25 at 9:42 A.M., showed a bottle of nasal spray and an inhaler labeled Combivent (prescription medication used to open the airways) on the overbed table. The roommate sat in proximity of the overbed table. During an interview on 07/22/25 at 9:42 A.M., the resident said he/she takes his/her nasal spray and inhaler as needed and keeps it in reach. 4. Review of Resident #48's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact with a diagnosis of non-Alzheimer dementia. Review of the resident's care plan, dated 07/23/25, showed the care plan did not contain direction or guidance for self-administration of medication or to keep at bedside. Observation on 07/22/25 at 9:49 A.M., showed three medication cups with an unknown number of capsules and tablets stacked on top of one another on the resident's nightstand. The roommate is in proximity of the medication cups and the resident is in the bathroom, out of sight of the medication. During an interview on 07/22/25 at 10:00 A.M., the resident said he/she has the nurses leave his/her medication as he/she can take the medications by himself/herself. 5. During an interview on 07/24/25 at 10:57 A.M., Certified Nurse Aide (CNA) C said he/she knows how to access the care plans on the electronic health record (EHR) but does not take the time to read them. During an interview on 07/24/25 at 11:10 A.M., the MDS nurse said he/she is responsible for ensuring care plans are up to date and accurate. Care plans are reviewed at a minimum quarterly and sometimes are updated daily with resident changes. The MDS nurse said self-administration of medications should be included in the resident care plans but he/she is not aware of any resident that self-administers medication or that keeps medication in his/her room. During an interview on 07/24/25 at 11:25 A.M., the administrator said he/she did not know if there were any residents that self-administered medications unless it was Resident #21 and #29, in which, he/she did not know if they had been assessed for self-administration. He/She said residents are not able to self-administer medication or keep medication at bedside unless they have been assessed, have a physician's order and a care plan has been initiated. The administrator said the MDS nurse is responsible to ensure care plans are accurate and updated as needed.

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to ensure residents who are unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for three (Resident #9, #10, and #15) out of five sampled residents who required assistance with bathing as scheduled. The facility census was 54. 1.Review of the facility's Bath, Shower/Tub policy, dated February 2018, showed the policy directed staff to document:-The date and time the shower/tub bath was performed;-The name and title of the individual who assisted the resident with the shower/tub bath;-All assessment data obtained during the shower tub/bath;-If the resident refused the shower/tub bath, the reason and the intervention taken;-The signature and title of the person recording the data. 2. Review of Resident #9's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 07/16/25, showed staff assessed the resident as:-Cognitively impaired;-No behaviors or rejection of care;-Required substantial to maximum assistance for showers/tub baths;-Required partial to moderate assistance for shower/tub bath transfers;-Diagnosis of dementia. Review of the resident's care plan dated 07/23/25, showed staff assessed the resident required assistance with all activities of daily living. Review of the facility's shower schedule, undated, showed the resident scheduled to receive a shower every Monday and Thursday.Review of the resident's shower record from 04/23/25 through 07/23/25, showed the record did not contain documentation the resident received a shower/tub bath on 04/24, 04/28, 05/22, 05/26, 05/29, 06/05, 06/12, 06/16, 06/19, 06/23, 06/26, 06/30, 07/03, 07/07, 07/10, 07/17 and 07/21/25. Review of the medical record showed one unsigned, undated shower sheet with refused handwritten on it for the period of 04/23/25 through 07/23/25. Observation on 07/22/25 at 10:33 A.M., showed the resident with a foul odor. Observation on 07/23/25 at 02:06 P.M., showed the resident in bed with a foul odor. 3. Review of Resident #10's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Severely cognitively impaired;-Had verbal and physical behaviors one to three days in the look-back period;-No rejection of care;-Impaired range of motion in all extremities;-Dependent on staff for shower/tub baths and transfers;-Diagnosis if dementia.Review of the resident's care plan, dated 06/09/25, showed staff are directed to assist the resident with all activities of daily living to ensure they are completed adequately. Review of the facility's shower schedule, undated, showed the resident scheduled to receive a shower every Monday and Thursday.Review of the resident's shower record from 04/23/25 through 07/23/25, showed the record did not contain documentation the resident received a shower/tub bath on 04/24, 05/01, 05/08, 05/15, 05/19, 05/22, 05/29, 06/02, 06/05, 06/12, 06/16, 06/19, 06/23, 06/26, 06/30, 07/03, 07/17, and 07/21/25.Observation on 07/22/25 at 2:09 P.M., showed the resident reclined in a specialized wheelchair with greasy hair and long facial hair.Observation on 07/23/25 at 8:23 A.M., showed the resident in the dining room with greasy hair and long facial hair. During an interview on 10:57 A.M., Certified Nurse Aide (CNA) C said the resident can be resistive during shaves and staff may need to stop care but thinks it should be documented somewhere if the resident does that. 4. Review of Resident #15's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Cognitively impaired;-No behaviors or rejection of care;-Required supervision to touch assist for shower/tub bath and transfers;-Diagnosis of depression.Review of the resident's care plan, dated 06/23/25, showed staff are directed to assist the resident. Review of the facility's shower schedule, undated, showed the resident scheduled to receive a shower every Monday and Thursday.Review of the resident's shower record from 04/23/25 through 07/23/25, showed the record did not contain documentation the resident received a shower/tub bath on 04/24, 04/28, 05/01, 05/15, 05/26, 06/05, 06/12, 06/19, 06/23, 06/26, 07/10, and 07/21/25.Observation on 07/22/25 at 10:27 A.M., showed the resident in bed with family at bedside. The resident had a foul odor.During an interview on 07/22/25 at 10:27 A.M., the family said the resident is incontinent and will often have a smell. He/She does not (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	feel the resident is getting showered as often as twice a week and sometimes not even once a week. He/She said the resident might refuse but feels the staff give up if the resident says no instead of trying again later or with different staff. 5. During an interview on 10:57 A.M., Certified Nurse Aide (CNA) C said showers are scheduled by room number. CNAs are supposed to complete shower sheets when giving a shower and turn them into the charge nurse and then document in the electronic health record. If the resident refuses, then he/she tells the charge nurse who he/she thinks makes a note in the record. The CNA said he/she does not think the showers are getting done twice a week but feels they are getting better. During an interview on 07/24/25 at 10:35 A.M., Licensed Practical Nurse (LPN) A said the aides have a shower schedule the are to go by to know when a resident is supposed to get a shower. The aides then complete a shower sheet that gets turned into the nurse to sign off on as completed. He/She is not sure how often residents are to get shaved but would think the resident would request it. Shower refusals are documented on the shower sheet and signed off by the nurse. He/She is not aware of any residents refusing showers or shaves. He/She said the nurses are responsible to monitor if the aides are completing their assigned showers. During an interview on 07/24/25 at 11:25 A.M., the administrator said he/she is aware there are issues with showers being completed. He/She said the Director of Nursing is working on a new process to ensure the showers are getting completed but has not got it up and running yet. Right now, there is a shower schedule the aides are to go by set up by room number. The aides are expected to document completion of the showers on a shower sheet and in the electronic record to include refusals of bathing. The residents should get at least one to two showers a week or more often if they wish.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to ensure the resident environment remained free of accident hazards when staff left medication at the bedside of three residents (Resident #21, #29, and #48) of eight sampled residents. The facility census was 54. 1.Review of the facility's Storage of Medication's policy, dated April 2007, showed drugs shall be stored in an orderly manner in cabinets, drawers, carts or automatic dispensing systems.Review of the Self-Administration of Medications policy, dated December 2016, showed self-administered medications must be stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident room, the medications of resident permitted to self-administer will be stored on a central medication cart or in the medication room. Staff will identify and give to the Charge nurse any medications found at the bedside that are not authorized for self-administration, for return to the pharmacy or family. 2. Review of Resident #21's Quarterly Minimum Data Sheet (MDS), a federally mandated assessment tool, dated 06/05/25, showed staff assessed the resident as cognitively intact with a diagnosis of respiratory failure. Observation on 07/22/25 at 9:42 A.M., showed a bottle of nasal spray and an inhaler labeled albuterol (prescription medication used to open airways) on the overbed table while the resident was in the restroom. The resident's roommate sat in a chair in reach of the medication.Observation on 07/24/25 at 8:32 A.M., showed a bottle of nasal spray and an inhaler labeled albuterol on the overbed table. The resident's roommate sat in a chair in reach of the medication. During an interview on 07/22/25 at 9:46 A.M., the resident said he/she takes his/her medication as needed and always has it in his/her room. 3. Review of Resident #29's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact with a diagnosis of lung disease. Observation on 07/22/25 at 9:42 A.M., showed a bottle of nasal spray and an inhaler labeled Combivent (prescription medication used to open the airways) on the overbed table. The resident's roommate sat in proximity of the overbed table. Observation on 07/24/25 at 8:32 A.M., showed a bottle of nasal spray and an inhaler labeled Combivent on the overbed table. The resident's roommate sat in proximity of the overbed table. During an interview on 07/22/25 at 9:42 A.M., the resident said he/she takes his/her nasal spray and inhaler as needed and keeps it in reach. 4. Review of Resident #48's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact with a diagnosis of non-Alzheimer dementia. Observation on 07/22/25 at 9:49 A.M., showed three medication cups with an unknown number of capsules and tablets stacked on top of one another on the resident's nightstand. The roommate in proximity of the medication cups and the resident in the bathroom, out of sight of the medication. During an interview on 07/22/25 at 10:00 A.M., the resident said he/she has the nurses leave his/her medication as he/she can take the medications by himself/herself. 5. During an interview on 07/24/25 at 10:35 A.M., Licensed Practical Nurse (LPN) A said he/she did not know of any residents who are able to self-administer medication. During an interview on 07/24/25 at 10:54 A.M., Certified Medication Technician (CMT) D said he/she is not aware of any residents who keep medication at the bedside or who self-administers medication. If he/she seen medication at the bedside and didn't know if the resident was approved to have it, he/she would give the medication to the charge nurse. He/She said if medication is left in the room another resident could go in there and take it. During an interview on 07/24/25 at 11:40 A.M., LPN B said he/she is not aware of any resident who self-administers medications at bedside. Leaving medication at the bedside could put residents at risk of overmedicating or other residents getting access to it. He/She would expect the CMT's to observe the resident take the medication and then return the remaining medication to the cart. During an interview on 07/24/25 at 11:10 A.M., the MDS nurse said he/she is not aware of any resident that self-administers medication or that keeps medication in his/her room. During an interview on (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	07/24/25 at 11:25 A.M., the administrator said he/she did not know if there were any residents that self-administered medications unless it was Resident #21 and #29. The Administrator said the residents should not keep medication at bedside unless the resident is assessed by staff and ordered by the physician.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to provide written information to the resident and/or the resident's representative of the bed hold policy at the time of transfer to the hospital for two residents (Resident #7 and #9) out of three residents sampled. The facility census was 54.1. Review of the facility's policy titled Bed Hold Notice Prior to Transfer, dated October 2017, showed:-In the event of a resident transfer to the hospital or the resident goes on therapeutic leave, the facility will provide written information to the resident and/or the resident representative regarding the bed hold;-The notice will be provided prior to leave, if possible;-In the event the notice is not provided prior to leave due to unforeseen circumstances, the notice will be provided within the requirements for such notices. Review of the facility's policy titled Transfer and Discharges, dated September 2017, showed: -Before the facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the social service designee or other designated staff member should provide written information to the resident and a family member or legal representative of the bed-hold and admission policies;-In cases of emergency transfers, the notice of the bed-hold policy under the State plan and the facility's bed-hold policy should be provided the to resident or resident's representative within 24 hours of the transfer. This may be sent with other papers accompanying the resident to the hospital. 2. Review of Resident #7's medical record showed staff documented the resident discharged from the facility to the hospital on [DATE] and readmitted to the facility on [DATE]. The medical record did not contain documentation staff issued a bed hold notice upon discharge with the resident or the resident's responsible party.3. Review of Resident #9's medical record showed staff documented the resident discharged from the facility to the hospital on [DATE] and readmitted to the facility on [DATE]. The medical record did not contain documentation staff issued a bed hold notice upon discharge with the resident or the resident's responsible party.4. During an interview on 07/24/25 at 8:58 A.M., the Social Service Designee (SSD) said the nurses are responsible to complete and send bed hold notices with the resident on discharge. He/She said if the resident is sent out emergently the nurses are responsible to call the resident contact and discuss the bed hold via phone. During an interview on 07/24/25 at 10:35 A.M., Licensed Practical Nurse (LPN) A said he/she has only worked at the facility about a month and has not sent a bed hold notice and did not know who was responsible to complete it.During an interview on 07/24/25 at 10:42 A.M., LPN B said bed holds are sent with the resident on discharge to the hospital and if sent out emergently, the nurse should contact the resident's responsible party and inform them of the bed hold. He/She said he/she could not find a documented bed hold for resident #7 or #9 and did not know why it was not discussed or sent with the resident. The LPN said there are a lot of new nurses that may not know the procedure.During an interview on 07/24/25 at 11:25 A.M., the administrator said the nurses are responsible to send bed holds with the resident when going to the hospital. If it's an emergency transfer, the SSD can send it the next day. The electronic medical record (EMR) should trigger a bed hold during the discharge process and he/she did not know why the facility was missing bed holds for resident #7 or #9.