STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265779	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Lake Ozark	872 College Boulevard Osage Beach, MO 65065

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 - Few	Ensure services provided by the nursing facility meet professional standards of quality. (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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(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 - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to maintain professional standards of care, when staff failed to document the administration of wound treatments as ordered by the physician for one resident (Resident #2), failed to complete wound assessments for two residents (Resident #2 and #4), and failed to complete weekly skin assessments for two residents (Resident #3, and #4) out of three sampled residents with wounds. The facility census was 59. 1. Review of the facility's Pressure Ulcers/Skin Breakdown-Clinical Protocol policy, revised 03/2020, showed: -Assessment and recognition: the nursing staff and attending physician will assess and document an individual's significant risk factors for developing pressure sores; for example, immobility, recent weight loss, and a history of pressure ulcer(s). In addition, the nurse shall describe and document/report the following: -Full assessment of pressure sore (pressure ulcer/wound) including location, stage, length, width and depth, presence of exudate (drainage from a wound) or necrotic tissue, pain assessment, resident's mobility status, current treatments, including support services, and all active diagnoses;-Monitoring: weekly skin evaluations should evaluate the skin integrity of residents. Any skin integrity issues shall be reported to licensed nursing staff. 2. Review of Resident #2's admission Minimum Data Set (MDS), a federally mandated assessment, dated 05/20/25, showed staff assessed the resident as: -Cognitively intact;-At risk of developing pressure ulcers;-Moisture associated skin damage;-Did not receive pressure ulcer care;-Received surgical wound care;-Received application of ointments/medications other than to feet. Review of the resident's progress note, dated 05/17/25, showed staff documented skin irritation to buttocks and small open area to right buttock with treatment orders in place. Review of the resident's Physician's Order Sheet (POS), dated 05/16/25 through 05/31/25, showed: -05/16/25: Apply sure prep (a fast-drying skin protectant) to left heel three times a day and offload with heel protectors at all times for wound; -05/16/25: Paint left lateral ankle with betadine (to treat or prevent skin infection) and leave open to air once daily for wound therapy;-05/16/25: Cleanse bilateral buttocks with barrier wipes and apply a dime thick layer of triad (used to promote wound healing) to open ulcers every shift, three times a day for wound therapy;-Saline wet to dry dressing to Right below knee amputation wound and cover with island dressing (gauze dressing) two times a day for wound treatment. Review of the resident's Treatment Administration Record (TAR), dated 05/16/25 through 05/31/25, showed the record did not contain documentation staff provided wound treatments as directed to the resident's right leg below knee amputation on 05/19/25, or the resident's buttock and left heel on 05/30/25. Review of the resident's weekly skin assessments dated 05/16/25 through 05/31/25, showed the record did not contain documentation of a skin concern or full assessment of the wounds to the resident's buttock and left heel/ankle on 05/23/25 and 05/30/25. Review of the resident's POS, dated 06/01/25 through 06/30/25, showed: -05/16/25: Apply sure prep to left heel three times a day and offload with heel protectors at all times, for wound therapy;-05/16/25: Paint left lateral ankle with betadine and leave open to air daily for wound therapy;-05/16/25: Cleanse bilateral buttocks with barrier wipes and apply a dime thick layer of triad to open ulcers every shift, three times a day for wound therapy. Review of the resident's TAR, dated 06/01/25 through 06/30/25, showed the record did not contain documentation staff provided wound treatments as directed to the resident's buttock on 06/09/25, 06/14/25, 06/16/25 and 06/26/25, or the left heel on 06/09/25, 06/14/25, and 06/16/25. Review of the resident's weekly skin assessments, dated 06/01/25 through 06/30/25, showed the record did not contain documentation of a skin concern or full assessment of the wound to the resident's buttock and left heel/ankle on 06/06/25, 06/13/25, 06/20/25, and 06/27/25. Review of the resident's POS, dated 07/01/25 through 07/31/25, showed the physician ordered: -05/16/25: Sure prep to left heel three times daily and offload with heel protectors at all times, for wound therapy;-05/16/25: Paint left lateral ankle with betadine and leave open to air once daily for wound therapy;-05/16/25: Cleanse bilateral buttocks with barrier wipes and apply a dime thick layer of triad to open ulcers every shift, three times a day for wound therapy. Review of the resident's weekly skin assessment, dated 07/04/25, showed the record did not contain documentation of a skin concern or full assessment of the wounds to the resident's buttock and left heel/ankle. Review of the resident's weekly skin assessments, dated 07/05/25 through 07/31/25, showed the staff assessed the resident on 07/11/25, 07/18/25, and 07/25/25 with open ulcers to bilateral buttocks and upper thighs that were present on admission. The records did not contain documentation of a full assessment of the identified wounds to the resident's buttocks or upper thighs. Review of the resident's POS, dated 08/01/25 through 08/31/25, showed