

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265792	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of O'Fallon		STREET ADDRESS, CITY, STATE, ZIP CODE 7068 South Outer 364 O Fallon, MO 63368	
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, the facility failed to implement policies to monitor the water system and monitor for Legionella (a bacterium that can cause a serious type of pneumonia called Legionnaires' Disease, a bacterial disease commonly associated with water-based aerosols, in persons at risk) control that included specific control parameters based on the Center for Disease Control and Prevention (CDC) and American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) standards and failed to develop procedures consistent with CDC guidelines to test residents with healthcare-associated pneumonia (pneumonia with onset ^48 hours after admission) for Legionnaires' disease. The facility census was 157. 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 following:-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 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;-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. Review of the undated Centers for Disease Control and Prevention Legionella Environmental Assessment Form showed Legionella generally grow well between 77 degrees Fahrenheit (F) and 113 degrees F. The optimal growth range for Legionella is between 85 degrees F and 108 degrees F. Growth slows between 113 degrees F and 120 degrees F, and Legionella begins to die above 120 degrees F. Growth also slows between 68 degrees F and 77 degrees F, and Legionella become dormant below 68 degrees F. Review of the ASHRAE guidelines, dated December 2020, showed the following:-Information and recommendations in this section apply to every portion of the hot and coldpotable water systems, including all components and branches, from intake to taps. Methodsfor limiting Legionella growth in potable water systems include the following: a. Keeping the (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	system clean and free of sediment; b. Controlling hot-water and cold-water temperatures; c. Minimizing water age (the residence time of the water in the system); d. Maintaining a disinfectant residual. Review of the facility policy Legionella, last reviewed 08/17/24, showed the following:-The Water Management Plan for this facility requires actions to be taken during regularly scheduled intervals to prevent Legionella and other bacteria from developing in the water delivery system;-The facility has these items that require a scheduled action: -Hot water heater tanks: check temperature once a week and visually inspect and flush every six months; -Electronic and manual faucets: flush system every six months for five minutes on warm; -Showerheads and hoses: flush every three months in low risk areas and once a month in high risk areas for five minutes on warm;-Facility water system written description: -Water enters the building in the lower level mechanical room. The water main is from the municipal water line under the street in front of the building. Water is immediately drawn off the main to the water softener system, then the hot water tanks, the boiler, laundry, ice machine, sinks and showers, eye wash station and kitchen appliances. There is backflow prevention throughout the system, including between the cold water distribution and the city water main; -Cold water is distributed directly to eye wash station, ice machines, sinks, decorative fountains, showers, kitchen, toilets, drinking fountains, and laundry. Cold water is also sent to the cooling towers in the receiving area outside the building; -Cold water is heated to 140 degrees Fahrenheit (F) by three hot water heaters located in the basement mechanical room. All three are 250 gallon water heaters. Two water heats are for domestic water and laundry system, and one is for the kitchen area; -Hot water is distributed to plumbing fixtures in the building from the hot water heaters located in the basement mechanical room. The hot water is delivered to all sinks, housekeeping closet, and shower heads. A separate hot water heater delivers hot water to the kitchen;-Legionella grows best from 77 degrees F to 108 degrees F;-Flushing frequency: -Daily use areas (faucets, mixing valves, showers): quarterly for low risk and high risk occupants for five minutes on warm; -Intermittent use of the area (faucets, mixing valves, showers): -Faucets and mixing valves: weekly for low risk and twice weekly for high risk, for five minutes on warm; -Showers: once a week for low risk and every other day for high risk, for five minutes on warm; -Area has not been used in greater than 10 days (faucets, mixing valves, showers): before re-occupying area within 24 hours for low and high risk, for five minutes on warm;-Hot and Cold Water Storage Tanks: water temperatures in tanks, hot greater than 140 degrees F, cold less than 68 degrees F. Sample the temperature at the closest outlet from the tank. Hot water should be at 115 degrees F to 120 degrees F at the faucet or shower. Check outlet temperature weekly. 1. Review of the facility's Weekly Water Temperature Log, dated May 2026, showed staff did not check the temperature of the cold water in the facility. Review of the facility's Weekly Water Temperature Log, dated June 2026, showed staff did not check the temperature of the cold water in the facility. Review of the facility's Weekly Water Temperature Log, dated July 2026, showed staff did not check the temperature of the cold water in the facility. Observation on 07/30/26 at 8:46 A.M., in the men's bathroom located on the 300 hall, showed the temperature of the cold water was 84.9 degrees Fahrenheit (F). Observation on 07/30/26 at 8:53 A.M., in resident room [ROOM NUMBER]-B, showed the temperature of the cold water was 85.5 degrees F. Observation on 07/30/26 at 9:00 A.M., in the 100 hall men's spa, showed the temperature of the cold water was 85.2 degrees F. Observation on 07/30/26 at 9:02 A.M., in the 200 hall men's spa, showed the temperature of the cold water was 84.7 degrees F. Observation on 07/30/26 at 9:13 A.M., in resident room [ROOM NUMBER]-B, showed the temperature of the cold water was 84.9 degrees F. Observation on 07/30/26 at 11:40 A.M., in the 300 hall men's spa, showed the temperature of the cold water was 84.4 degrees F. Observation on 07/30/26 at 11:50 A.M., in the unoccupied 400 hall men's spa, showed the temperature of the cold (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	water was 84.1 degrees F. Observation on 07/30/26 at 12:00 P.M., in unoccupied room [ROOM NUMBER]-B, showed the temperature of the cold water was 84.6 degrees F. Observation on 07/30/26 at 12:09 P.M., in resident room [ROOM NUMBER], showed the temperature of the cold water was 84.6 degrees F. Observation on 07/30/26 at 12:18 P.M., in the 500 hall men's spa, showed the temperature of the cold water was 82.1 degrees F. Observation on 07/30/26 at 12:25 P.M., in the 600 hall men's spa, showed the temperature of the cold water was 84.1 degrees F. Observation on 07/30/26 at 12:34 P.M., in resident room [ROOM NUMBER], showed the temperature of the cold water was 84.7 degrees F. Observation on 07/30/26 at 12:42 P.M., in the 700 hall men's spa, showed the temperature of the cold water was 82.6 degrees F. Observation on 07/30/26 at 12:50 P.M., in resident room [ROOM NUMBER]-B, showed the temperature of the cold water was 82.9 degrees F. During an interview on 07/29/26 at 10:39 A.M., the Maintenance Supervisor said the following:-He was not sure of everything the facility did to monitor for Legionella;-He completed a quarterly water flush;-A third party took water samples and tested the water in the cooling tower, but he did not know what it tested for; -Staff monitored the temperature of the hot water weekly. Staff did not monitor the temperature of the cold water;-The facility flushed all the water in the unoccupied 400 hall once a quarter and randomly flushed room toilets and showers; -He did not check the water heaters or faucets for sediment, biofilm, or scaling;-He and the maintenance team were on the water management team. No clinical or administrative staff were on the team;-He did not know what the ASHRAE guidelines were. Review of the Service Report from the third party water testing company, dated 06/03/26, showed the company did not test for Legionella. 2. Review of the facility policy, Infection Prevention and Control Program, last reviewed 02/2024, showed this program will provide written standards, policies, and procedures, which must include, but are not limited to the following:-Develop prevention, surveillance, and control measures to protect residents and personnel from healthcare-associated infections;-Perform surveillance activities to monitor and investigate causes of infection and manner of spread in order to prevent infections in the facility;-Analyze, in a timely manner, clusters or trends of infection, changes in prevalent organisms, and any increase in the rate of infection;-Monitor community-acquired infections in residents who are newly admitted to the facility and develop control measures to protect other residents;-Ensure compliance with state and federal regulations related to infection prevention and control. Review of the Centers for Disease Control and Prevention, Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings Toolkit, dated 06/24/21, showed the following: -Clinicians should test patients with healthcare-associated pneumonia (pneumonia with onset ~48 hours after admission) for Legionnaires' disease. This is especially important among patients at increased risk for developing Legionnaires' disease, among patients with severe pneumonia (particularly those requiring intensive care), or if any of the following are identified in your facility: -Other patients with healthcare-associated Legionnaires' disease diagnosed in the past 12 months; -Positive environmental tests for Legionella in the past two months; -Current changes in water quality that may lead to Legionella growth (e.g., low residual disinfectant levels, temperatures permissive to Legionella growth, nearby construction, areas of stagnation); -Other patients, besides those with healthcare-associated pneumonia, should also be tested for Legionnaires' disease. The preferred diagnostic tests for Legionnaires' disease are culture of lower respiratory secretions on selective media and the Legionella urinary antigen test.-Symptoms of Legionella include headache, confusion, cough, shortness of breath, nausea, vomiting, diarrhea, fever, chills, tiredness, muscle or body aches;-Symptoms usually begin two to 10 days after being exposed to Legionella. 3. Review of Resident #1's face sheet showed the resident was admitted to the facility on [DATE]. The resident's diagnoses included pneumonia (infection and (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	inflammation of the lung) and cough. Review of the resident's antibiotic tracker form, dated 05/07/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's POS, dated 05/07/26, showed an order for amoxicillin (antibiotic) 500 milligram (mg) capsule, one capsule three times a day for two days. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 4. Review of Resident #166's face sheet showed the resident's diagnoses included chronic obstructive pulmonary disease (COPD, a lung disease), pneumonia, shortness of breath, interstitial pulmonary disease (chronic lung disease causing inflammation and scarring), acute respiratory failure (sudden failure of the lungs) with hypoxia (lack of oxygen), and emphysema (chronic lung disease). Review of the resident's progress notes, dated 05/07/26, showed the following:-The resident had a productive cough;-The resident's lungs had crackles;-The resident was warm to the touch and had a temperature of 99.6 degrees Fahrenheit (F);-The resident had an oxygen saturation of 89% (normal range 95% to 100%);-The resident went to the hospital for evaluation and treatment. Review of the resident's antibiotic tracker form, dated 05/11/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's physician order sheet (POS), dated 05/11/26, showed an order for cefdinir (antibiotic) 300 mg capsule every 12 hours for five days. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 5. Review of Resident #66's face sheet showed the resident's diagnoses included COPD, pulmonary hypertension (narrowing of the arteries that carry blood from your heart to your lungs, causing shortness of breath), pulmonary nodule (a mass of tissue in the lung), and pneumonia. Review of the resident's antibiotic tracker form, dated 05/12/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's POS, dated 05/12/26, showed an order for amoxicillin-potassium clavulanate (antibiotic) tablet 875-125 mg, twice a day for seven days for pneumonia. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 6. Review of Resident #81's face sheet showed the resident's diagnoses included bacterial pneumonia, acute respiratory failure with hypoxia, COPD, and pulmonary fibrosis (a serious lung disease where the lung tissue becomes thick and stiff). Review of the resident's progress notes, dated 05/17/26, showed the following:-The resident complained of right-sided pain;-The physician ordered a chest x-ray;-The chest x-ray showed a right apical infiltrate. Review of the resident's antibiotic tracker form, dated 05/18/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's POS, dated 05/18/26, showed an order for doxycycline hyclate (antibiotic) 100 mg capsule, one capsule twice a day for seven days. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 7. Review of Resident #70's face sheet showed the resident's diagnoses included pneumothorax (collapsed lung), pleural effusion (buildup of fluid outside the lung, compressing the lung), acute respiratory failure with hypoxia, shortness of breath, and pneumonia. Review of the resident's progress notes, dated 05/16/26, showed the following:-The resident had shortness of breath;-The resident's lungs sounded coarse;-The resident was sent to the hospital for evaluation and treatment. Review of the resident's antibiotic tracker form, dated 05/22/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's Physician Order Sheet, dated 05/22/26, showed an order for cefdinir 300 mg capsule, one capsule every 12 hours for two days for pneumonia. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 8. Review of Resident #34's progress notes dated 05/28/26 showed the following:-The resident had labored breathing during (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	his/her shower;-The resident's lungs sounded congested;-The resident's oxygen saturation was less than 90%;-The resident used his/her abdominal muscles while breathing;-The resident went to the hospital for evaluation and treatment. Review of the resident's antibiotic tracker form, dated 05/30/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's POS, dated 05/30/26, showed an order for cefdinir 300 mg capsule every 12 hours for five days. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 9. Review of Resident #86's antibiotic tracker form, dated 06/01/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's Physician Order Sheet, dated 06/01/26, showed an order for azithromycin (antibiotic) 250 mg tablet, take one tablet daily for five days. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 10. Review of Resident #45's face sheet showed the resident's diagnoses included pneumonia, COPD, and cough. Review of the resident's progress notes, dated 06/12/26, showed the following:-The resident complained of right lung pain;-The resident said it was hard to take a deep breath and felt short of breath;-The resident's oxygen was 95% on room air;-The resident's right lung sounded coarse;-The provider ordered a chest x-ray. Review of the resident's antibiotic tracker form, dated 06/12/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's POS, dated 06/12/26, showed an order for amoxicillin-potassium clavulanate tablet 875-125mg, one tablet twice a day for seven days for pneumonia. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 11. Review of Resident #106's face sheet showed the resident's diagnoses included pneumonia. Review of the resident's antibiotic tracker form, dated 07/08/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's POS, dated 07/08/26, showed the following:-An order for amoxicillin-potassium clavulanate tablet 875-125 mg, one tablet twice a day for seven days for pneumonia;-An order for azithromycin tablet 250 mg, one tablet daily for four days for pneumonia. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 12. Review of Resident #62's antibiotic tracker form, dated 07/21/26, showed the resident had an upper respiratory infection and was diagnosed with pneumonia by chest x-ray. Review of the resident's POS, dated 07/21/26, showed an order for cefdinir capsule 300 mg, one capsule twice a day for two days. Review of the resident's medical record showed no documentation the facility tested the resident for Legionnaires' disease. 13. During an interview on 07/29/26 at 2:39 P.M., the Infection Preventionist (IP) said the following:-She was not part of the water management team;-She took over as the IP in March;-She tracked infections by hall, including upper respiratory infections like pneumonia;-She had not tested any residents diagnosed with pneumonia for Legionella. During an interview on 07/29/26 at 2:45 P.M., the Assistant Administrator said the following:-The facility had not tested residents diagnosed with pneumonia for Legionella;-The facility physicians thought testing for Legionella was unnecessary;-She acted as the IP on the water management team until the new IP adjusted to her role. During an interview on 07/29/26 at 11:53 A.M., the Administrator said the following:-The facility had a third-party company develop the Legionella plan;-The Maintenance Supervisor and maintenance staff were responsible to know and implement the Legionella plan;-She knew the maintenance team flushed unused areas quarterly and checked hot water temperatures;-She knew Legionella thrived in 85 degrees to 108 degrees;-She was not aware of any clinical testing or monitoring. 3094602		