

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265851	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Silverstone Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2735 Eagleson Dr Rolla, MO 65401	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50432</p> <p>Based on interview and record review, facility staff failed to perform Criminal Background Checks (CBC), and Employee Disqualification List (EDL) checks in accordance with facility policy for six (Licensed Practical Nurse (LPN) M, Nursing Assistant (NA) N, Certified Nursing Assistant Technicain (CMT) O, Laundry Aid U, Dietary Aid R, Dietarty Aid T) out of ten sampled staff. The facility census was 87.</p> <p>1. Review of the facility CBC policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-All applicants for employment must have a CBC submitted a minimum of two days prior to date of hire,</li> <li>-All offers of employment are contingent on a satisfactory report,</li> <li>-No applicant may be offered a position prior to checking the State EDL.</li> </ul> <p>2. Review of LPN M's personnel record showed a hire date of 6/9/2023. Review showed the facility requested and received the CBC results on 6/30/2023 (21 days after hire). Review showed staff documented the EDL check on 6/29/2023 (20 days after hire).</p> <p>3. Review of NA N's personnel record showed a hired date of 4/20/2024. Review showed the facility requested and received the CBC results on 5/15/2024 (25 days after hire). The EDL check was performed on 5/15/2024 (25 days after hire).</p> <p>4. Review of CMT O's personnel record showed a hire date of 1/3/2024. The record showed a CBC was requested and received on 5/15/2024 (133 days after hire).</p> <p>5. Review of Laundry Aid U's personnel record showed a hire date of 4/1/2024. The record showed a CBC was requested and received on 5/15/2024 (45 days after hire). The EDL check was performed on 5/15/2024 (45 days after hire).</p> <p>6. Review of Dietary Aid R's personnel record showed a hire date of 2/20/2024. The record showed a CBC was requested and received on 5/15/2024. The EDL check was performed on 2/23/2024.</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Review of Dietary Aid T's personnel record showed a hire date of 6/21/2023. The record showed a CBC was requested and received on 5/15/2024 (329 days after hire). The EDL check was performed on 8/23/2023 (63 days after hire)</p> <p>During an interview on 5/16/2024 at 1:55 P.M., the Human Resources Manager said there is a lot of documentation missing for the CBC's. He/She apologized and said he/she has looked everywhere and cannot find them. He/she said he/she realizes policy had not been followed. He/she is onboarding a new HR Manager and will ensure he/she is trained in the process according to policy.</p> <p>During an interview on 5/16/2024 at 2:00 P.M., the Corporate Administrator said he/she does not have the policy memorized but can look it up. He/She said he expects staff to follow the policy.</p> <p>During an interview on 5/16/2024 at 2:04 P.M. the administrator said he/she expects staff to follow the policy.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35558</p> <p>48982</p> <p>Based on interview and record review, facility staff failed to notify the Ombudsman (a resident advocate who provides support and assistance with problems and/or complaints regarding the facility) of resident transfers to the hospital for five residents (Resident #4, #47, #61, #77 and #84) of 22 sampled. The facility census was 87.</p> <p>The facility did not provide a policy for Ombudsman notification of resident transfers to the hospital.</p> <p>1. Review of Resident #4's medical record showed the resident transferred to acute care for pneumonia on 04/12/24. The record did not contain documentation staff notified the Ombudsman of the resident's transfer and readmitted on [DATE].</p> <p>2. Review of Resident #47's medical record showed the resident:</p> <ul style="list-style-type: none"> <li>-Transferred to the hospital on 04/04/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the Ombudsman of the resident's transfer;</li> <li>-Transferred to the hospital on 04/30/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the Ombudsman of the resident's transfer;</li> <li>-Transferred to the hospital on 05/03/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the Ombudsman of the resident's transfer.</li> </ul> <p>Review of the facility's monthly resident transfer log sent to the Ombudsman showed the log did not contain documentation of staff notification to the Ombudsman of the resident transfer for the dates of:</p> <ul style="list-style-type: none"> <li>-04/04/24 through 04/05/24;</li> <li>-04/30/24 through 05/01/24;</li> <li>-05/03/24 through 05/08/24.</li> </ul> <p>3. Review of Resident #61's medical record showed the resident:</p> <ul style="list-style-type: none"> <li>-Transferred to the hospital on 03/24/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the Ombudsman of the resident's transfer;</li> <li>-Transferred to the hospital on 05/15/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the Ombudsman of the resident's transfer.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's monthly resident transfer log sent to the Ombudsman showed the log did not contain documentation of staff notification to the Ombudsman of the resident transfer for the dates of:</p> <p>-03/24/24 through 03/28/24;</p> <p>-05/15/24 through 05/15/24.</p> <p>Review of the facility's notification to the Ombudsman showed did not contain documentation March 2024 logs were sent to the Ombudsman;</p> <p>4. Review of Resident #77's medical record showed the resident:</p> <p>-Transferred to the hospital on 03/03/24 for a fracture or possibility of a fracture. The record did not contain documentation staff notified the Ombudsman of the resident's transfer;</p> <p>-Transferred to on 03/29/24 for a head injury. The record did not contain documentation staff notified the Ombudsman of the resident's transfer.</p> <p>5. Review of #84's medical record showed the resident transferred to the hospital on 4/4/24 for changes in mental status and aggressive behavior. The record did not contain documentation staff notified the Ombudsman of the resident's transfer.</p> <p>6. During an interview on 05/15/24 at 11:46 A.M., the Director of Nursing (DON) said he/she is not sure who does the written notification to the Ombudsman when a resident is discharged or transferred from the facility.</p> <p>During an interview on 05/15/24 at 10:00 A.M., the Social Service Director (SSD) said he/she does not notify the Ombudsman when a resident is sent out that day. The SSD said he/she sends a monthly log to the Ombudsman either by fax or email at the end of the month. The SSD said he/she thought the requirement was for the notification to be monthly.</p> <p>During an interview on 05/15/24 at 1:49 P.M., the administrator said he/she does not have written notices to the Ombudsman and the SSD is responsible to do this.</p> <p>During an interview on 05/16/24 at 8:55 A.M., Registered Nurse (RN) U said he/she is not sure who is responsible to notify the Ombudsman when a resident is discharged or transferred from the facility.</p> <p>During an interview on 05/16/24 at 2:45 P.M., the administrator said the SSD is responsible to complete written notification to the Ombudsman when a resident is discharged or transferred from the facility. The Administrator said notification should be given to the Ombudsman with each resident discharge or transfer.</p> <p>50432</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35558</p> <p>37131</p> <p>48982</p> <p>Based on observation, interview, and record review, facility staff failed to provide written information to resident's and/or the responsible party of the bed hold policy at the time of transfer to the hospital on eight residents (Resident #2, #4, #47, #61, #76, #77, #84, and #340) out of 22 sampled residents. The facility census was 87.</p> <p>1. Review of the facility's policy titled Hospital Transfer and Bed Hold Policy, undated, showed if the physician orders his/her patient to be transferred to the hospital, the family or responsible part will be notified and arrangements made. In the event a resident is transferred to a hospital, a copy of the policy with be sent with them.</p> <p>2. Review of Resident #2's Discharge/Return Anticipated Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/15/24, showed the resident discharged to the hospital.</p> <p>Review of the resident's medical record, showed the resident returned to the facility on [DATE]. Review showed the medical record did not contain a bed hold agreement.</p> <p>Review of the resident's Discharge/Return Anticipated MDS, dated [DATE], showed the resident discharged to the hospital.</p> <p>Review of the resident's medical record, showed the resident returned to the facility on [DATE]. Review showed the medical record did not contain a bed hold agreement.</p> <p>3. Review of Resident #4's Discharge MDS, dated [DATE], showed the resident transferred to acute care for pneumonia on 04/12/2024 as an unplanned discharge with return anticipated.</p> <p>Review of the residents Quarterly MDS, dated [DATE], showed the resident readmitted on [DATE]. Review of the resident's medical record showed the record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy.</p> <p>4. Review of Resident #47 Annual MDS, dated [DATE], showed staff assessed the resident as moderate cognitive impairment.</p> <p>Review of the resident's medical record showed the resident:</p> <p>-Transferred to the hospital on 04/04/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy;</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Transferred to the hospital on 04/30/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy;</p> <p>-Transferred to the hospital on 05/03/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy.</p> <p>5. Review of Resident #61's Significant Change MDS, dated [DATE], showed staff assessed the resident as severe cognitive impairment.</p> <p>Review of the resident's medical record showed the resident was:</p> <p>-Transferred to the hospital on 03/24/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy;</p> <p>-Transferred to the hospital on 05/15/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy.</p> <p>6. Review of Resident #76's Discharge/Return Anticipated MDS, dated [DATE], showed the resident discharged to the hospital.</p> <p>Review of the resident's medical record showed the resident returned to the facility on [DATE]. Review showed the record did not contain a bed hold agreement.</p> <p>7. Review of Resident #77 Admission MDS, dated [DATE], showed staff assessed the resident as cognitively independent.</p> <p>Review of the resident's medical record showed the resident:</p> <p>-Transferred to the hospital on 03/03/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy;</p> <p>-Transferred to the hospital on 03/29/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy.</p> <p>8. Review of #84's Significant Change MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>Review of the medical record showed this resident transferred on 04/04/2024 to the hospital for mental status changes and aggressive behavior. Review showed the record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. Review of Resident #340's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>Review of the resident's medical record showed the resident was transferred to the hospital on 04/26/24 and returned to the facility on [DATE]. The record did not contain documentation staff notified the resident or responsible party of the facility's bed hold policy.</p> <p>10. During an interview on 05/15/24 at 10:00 A.M., the Social Service Director (SSD) said he/she does not do the bed holds and thinks the Director of Nursing (DON) takes care of those.</p> <p>During an interview on 05/15/24 at 11:46 A.M., the DON said when a resident is transferred or discharged the nursing staff give them a copy of the bed hold policy, but they do not get it signed or keep a copy of this.</p> <p>During an interview on 05/15/24 at 1:49 P.M., the administrator said he/she does not have any signed bed holds and nursing staff are responsible to do this.</p> <p>During an interview on 05/16/24 at 8:55 A.M., Registered Nurse (RN) U said he/she is not sure who completes the bed holds when a resident is discharged or transferred from the facility.</p> <p>During an interview on 05/16/24 at 10:37 A.M., the DON said nursing only sends a copy of the bed hold policy with the resident upon discharge or transfer. The DON said the SSD is responsible to complete a written notification to the Ombudsman. The DON said he/she is not sure the facility has any signed bed holds and he/she is not sure who is responsible to do that. The DON said a bed hold should be done with every discharge or transfer from the facility.</p> <p>During an interview on 05/16/24 at 2:45 P.M., the administrator said nursing staff are responsible to complete a bed hold when a resident is discharged or transferred. The Administrator said he/she was not sure if the facility kept a signed copy of the bed holds given to the resident.</p> <p>During an interview on 05/16/24 at 2:45 P.M., the corporate administrator said the facility should have a signed copy of a bed hold given. He/She said a resident should have the opportunity to sign a bed hold with any discharge or transfer from the facility. The corporate administrator said he/she is not sure why the facility does not have signed copies of the bed holds given.</p> <p>50432</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</b></p> <p>Based on observation, interview, and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for three residents (Resident #27, #47, and #61) out of 22 sampled residents. The facility census was 87.</p> <p>1. Review of the facility's policy titled Care Planning Policy and Procedure, revised 01/17/18, directed staff to:</p> <ul style="list-style-type: none"> <li>-Ensure the resident and family participate in the resident's care quarterly and annually to ensure there is continuity of care;</li> <li>-Care plan will be developed upon admission, updated quarterly, annually, with any significant change, and in accordance with the individual's needs;</li> <li>-Care plan will be updated as needed.</li> </ul> <p>Review of the facility's policy titled Falls, revised 10/05/23, directed staff to:</p> <ul style="list-style-type: none"> <li>-Care plans with individualized interventions post fall;</li> <li>-The Interdisciplinary Team (IDT) will evaluate the fall prevention plan of care for residents at risk for falls;</li> <li>-Following a resident fall appropriate interventions are implemented, and the care plan updated.</li> </ul> <p>2. Review of Resident #27 Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/05/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Depended on staff for transfers;</li> <li>-Requires maximum assistance with bed mobility;</li> <li>-Uses a wheelchair;</li> <li>-No falls since the prior assessment.</li> </ul> <p>Review of the resident's Physician's Orders Sheet (POS), dated 05/13/24 showed:</p> <ul style="list-style-type: none"> <li>-May have overhead trapeze to aide in repositioning with a start date of 04/02/23;</li> <li>-Air mattress to bed with a start date of 04/09/24.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's nurse note, dated 04/09/24, showed the resident fell out of bed at 3:00 P.M. when his/her leg slipped off the bed. New intervention for bilateral floor mats beside his/her bed placed.</p> <p>Review of the resident's nurses note, dated 05/10/24, showed the resident rolled out of bed at 7:50 A.M.</p> <p>Observation on 05/13/24 at 10:48 A.M., showed the resident in bed on a low air loss mattress with a trapeze over head.</p> <p>Observation on 05/14/24 at 8:29 A.M., showed the resident in bed without floor mats next to the bed.</p> <p>Observation on 05/14/24 at 10:42 A.M., showed the resident in bed without floor mats next to the bed. He/She moved himself/herself in his/her bed with the trapeze bar.</p> <p>Observation on 05/14/24 at 2:14 P.M., showed the resident in bed. Observation showed there were not fall mats on the floor next to the bed.</p> <p>Observation on 05/15/24 at 7:41 A.M., showed the resident in bed on a low air loss mattress with an overhead trapeze and without floor mats next to the bed.</p> <p>Observation on 05/15/24 at 9:30 A.M. showed Certified Nurse Assistant (CNA) I, CNA K, and CNA/Restorative Aide (RA) J performed a mechanical lift transfer on the resident.</p> <p>Review of the resident's care plan, revised 02/22/24, showed the care plan did not contain direction for trapeze use, mechanical lift transfer, and fall interventions placed.</p> <p>During an interview on 05/13/24 at 2:20 P.M., the resident said he/she had a fall from bed a month ago when his/her leg slipped off the bed.</p> <p>During an interview on 05/16/24 at 10:37 A.M., the Director of Nursing (DON) said he/she was aware of the intervention discussed for fall mats to be placed on 04/09/24 but the resident and family member refused. The DON said he/she did not have a note about the refusal and should have documented that.</p> <p>3. Review of Resident #47's Annual MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Moderate cognitive impairment;</li> <li>-Dependent on staff for ADL's and transfers;</li> <li>-Not able to ambulate;</li> <li>-Not at risk for pressure ulcers.</li> </ul> <p>Review of the resident's POS, dated 05/13/24 showed an order for air mattress to bed with a start date of 04/09/24.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 05/13/24 at 11:40 A.M., showed the resident in his/her wheelchair with a mechanical lift pad under him/her.</p> <p>Observation on 05/14/24 at 8:31 A.M. and 2:14 P.M., showed the resident in his/her wheelchair with a mechanical lift pad under him/her.</p> <p>Observation on 05/15/24 at 7:38 A.M., showed the resident in his/her wheelchair with a mechanical lift pad under him/her.</p> <p>Observation on 05/16/24 at 8:44 A.M., showed the resident in his/her wheelchair with a mechanical lift pad under him/her.</p> <p>Review of the residents care plan, revised 04/25/24, showed the resident care plan did not contain direction for the use of low air loss mattress or mechanical lift.</p> <p>4. Review of Resident #61's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Diagnosis of a seizure (uncontrolled movements of the body) disorder.</li> </ul> <p>Review of the resident's face sheet, undated, showed an admitted [DATE] with a diagnosis of unspecified convulsions.</p> <p>Review of the resident's POS, dated 05/13/24, showed staff were directed to administer:</p> <ul style="list-style-type: none"> <li>-Keppra (a medication given to treat seizures) 750 milligrams (mg) twice a day for seizures;</li> <li>-Naloxone (a lifesaving medication) 4mg per nares as needed for low blood pressure with convulsions/seizures.</li> </ul> <p>Review of the resident's care plan, revised 03/27/24, showed it did not contain directions for seizures/convulsions.</p> <p>5. During an interview on 05/16/24 at 8:47 A.M., CNA I said he/she does not have access to the computer to look at the care plans. CNA I said he/she talks to the Care Plan Coordinator (CPC) or the charge nurse with questions regarding a resident's care. CNA I said he/she would expect a care plan to be individualized for each resident.</p> <p>During an interview on 05/16/24 at 8:47 A.M., CNA K said he/she does not have access to the computer to look at the care plans. CNA I said he/she talks to the CPC or the charge nurse with questions regarding a resident's care. CNA K said he/she would expect a care plan to be individualized for each resident.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Silverstone Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2735 Eagleson Dr Rolla, MO 65401	
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/16/24 at 8:47 A.M., CNA J said he/she has access to the computer to look at the care plans as he/she works in therapy. CNA J said he/she would expect a care plan to be individualized for each resident. CNA J said he/she would expect a care plan to contain a low air loss mattress, trapeze, how much assistance a resident need, how they transfer such as using a mechanical lift, if the resident walks or uses a wheelchair. He/She said the care plan should direct staff on how to care for each resident.</p> <p>During an interview on 05/16/24 at 8:54 A.M., CNA I said the administrator told him/her there were printed care plans in a binder at the nurse's station. CNA I said he/she was not aware of this.</p> <p>During an interview on 05/16/24 at 8:55 A.M., Registered Nurse (RN) U said care plans are printed and kept in binders at the nurse's station. RN U said the CPC is responsible for updating them and the staff do not do updates. RN U said a resident's care plan should be individualized to show staff how to take care of a resident. RN U said he/she would expect the care plan to address low air loss mattress', trapeze, mechanical lift to transfer, certain medications, and diagnosis that are relevant such as seizures.</p> <p>During an interview on 05/16/24 at 9:00 A.M., Certified Medication Technician (CMT) E said the CPC is responsible for updating the care plans. CMT E said he/she was not sure if he/she had access on the computer to look at care plans. CMT E said he/she was not aware there were printed copies at the nurse's station. CMT E said care plans should be individualized for each resident. CMT E said resident care plans should address how much assistance a resident need for care, how the resident transfers, if the resident needs a mechanical lift, and special equipment such as a trapeze or low air loss mattress, and any diagnosis such as seizures staff need to be aware of.</p> <p>During an interview on 05/16/24 at 9:07 A.M., the CPC said he/she is responsible to complete and update the care plans but does not do the MDS's. The CPC said he/she is the only one who updates care plans. The CPC said he/she did not get any training on care plans and has learned on his/her own. The CPC said care plans are updated quarterly, annually, and as needed with a change in condition. The CPC said when a new order is obtained that should be on the care plan, he/she relies on the nurse who got the order to tell him/her verbally. The CPC said he/she does not have a report he/she can pull from the computer to look for new orders. The CPC said the facility staff have a meeting each morning as well where they discuss resident changes, and he/she updates the care plan accordingly. The CPC said once he/she updates the care plan in the computer he/she prints a new copy and replaces the old one in the binders at the nurse's station. The CPC said care plans should be individualized and accurate as they direct the resident's care. The CPC said a care plan should have how much assistance a resident needs. The CPC said a care plan should also have certain medications such as antidepressants, antipsychotics, antianxiety, and anticoagulants. He/She said the care plan should also have certain diagnosis that place a resident at risks staff may need to know about such as seizures, and falls. The CPC said if a resident has a fall a new intervention should be placed and the care plan updated with that intervention.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/16/24 at 10:37 A.M., the DON said the CPC is responsible to complete and update all of the care plans. The DON said care plans should be completed upon admission and updated quarterly, annually, and with any changes as needed. He/She said the nursing staff are responsible to verbally communicate or leave a note regarding any new orders to the CPC so he/she can update the care plan as needed. The DON said the facility staff also have a meeting each morning to discuss resident changes and the CPC should update the care plans accordingly with thing they discuss. The DON said once the CPC updates the care plan then the CPC should print a new copy and place in the binders at the nurse's station for the staff. The DON said a care plan should be accurate, individualized, and able to direct the staff on how to care for a resident. The DON said he/she would expect thing such as a mechanical lift transfer, trapeze, wheelchair, walker, low air loss mattress, the amount of assistance a resident needs, any fall interventions put in place, certain at risk meds, and diagnosis such as seizures on the care plan.</p> <p>During an interview on 05/16/24 at 2:45 P.M., the administrator said the CPC is responsible to update the care plans on each resident. The Administrator said he/she is not sure what training the CPC has had, but he/she has access to online seminars from their company, a corporate consultant, and Quality Improvement Program for Missouri (QUIPMO) if he/she has questions. The administrator said care plans should be updated quarterly, annually, and as needed with changes. The administrator said care plans should be accurate and individualized for each resident. The administrator said the care plans serves as a guide for staff on how to care for the resident. The administrator said all staff have access to a paper copy of the care plan in the binders at the nurse's station. The administrator said he/she was not aware not all the staff knew they had paper copies, and he/she plans to educate them. The administrator said care plans should have things on them such as mechanical lift transfer, oxygen, trapeze, wheelchair, walker, low air loss mattress, the amount of assistance a resident needs for any care, any fall interventions put in place, certain at risk meds, and diagnosis such as seizures.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37131</p> <p>Based on observation, interviews and record review, staff failed to maintain a professional standard of care, when facility staff failed to document the dosage of insulin administered to three residents (Resident #2, #59 and #71) of 22 sampled residents. The facility census was 87.</p> <p>1. Review of the facility's Eight Rights of Medication policy, dated 05/2023, showed staff are instructed to ensure when staff administer medications:</p> <ul style="list-style-type: none"> <li>-Right individual;</li> <li>-Right medication;</li> <li>-Right dosage;</li> <li>-Right route;</li> <li>-Right time;</li> <li>-Right documentation;</li> <li>-Right reason;</li> <li>-Right to refuse.</li> </ul> <p>2. Review of the facility's Medication Administration policy, undated, showed staff should ensure the correct medication doses administered to the resident.</p> <p>3. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/25/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Insulin injections seven days of the seven day look back period;</li> <li>-Diagnosis of Diabetes.</li> </ul> <p>Review of the resident's Physician Order Sheet (POS), dated May 2024, showed an order directed staff to administer Lispro (insulin) 100 unit (u)/milliliters (mL) subcutaneous pen, one unit subcutaneous (insertion of medications beneath the skin either by injection or infusion) three times per day, inject insulin lispro blood sugar divided by 30 minus 3 for insulin dosage. Do not give if resident eats less than 50% of meal.</p> <p>Review of the resident Medication Administration Record (MAR), dated May 2024, showed staff documented they administered Insulin Lispro and did not document the dosage they administered on:</p> <ul style="list-style-type: none"> <li>-May 1st at 6:30 A.M., 11:30 A.M. and 4:30 P.M.;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-May 2nd at 6:30 A.M., 11:30 A.M. and 4:30 P.M.;</p> <p>-May 7th at 6:30 A.M., 11:30 A.M. and 4:30 P.M.;</p> <p>-May 8th at 6:30 A.M., 11:30 A.M. and 4:30 P.M.;</p> <p>-May 9th at 6:30 A.M., 11:30 A.M. and 4:30 P.M.;</p> <p>-May 14th at 6:30 A.M., 11:30 A.M. and 4:30 P.M.;</p> <p>4. Review of Resident #59's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Insulin injections seven days of the seven day look back period;</p> <p>- Diagnosis of diabetes.</p> <p>Review of the resident's POS, dated May 2024, showed:</p> <p>- Insulin Lispro (U-100) Insulin 100 unit/mL pen, 12 units subcutaneous before meals;</p> <p>- Insulin glargine (U-100) 100 unit/mL pen, 25 units subcutaneous daily at bedtime.</p> <p>Review of the resident's MAR, dated May 2024, showed staff document they administered the residents Insulin Lispro and did not document the dosage of insulin they administered for:</p> <p>- May 1st at 6:30 A.M., 11:30 A.M., and 4:30 P.M.;</p> <p>- May 2nd at 6:30 A.M., 11:30 A.M., and 4:30 P.M.;</p> <p>- May 3rd at 11:30 A.M., and 4:30 P.M.;</p> <p>- May 4th at 11:30 A.M., and 4:30 P.M.;</p> <p>- May 5th at 11:30 A.M., and 4:30 P.M.;</p> <p>- May 6th at 6:30 A.M., and 11:30 A.M.;</p> <p>- May 7th at 6:30 A.M., 11:30 A.M., and 4:30 P.M.;</p> <p>- May 8th at 6:30 A.M., 11:30 A.M., and 4:30 P.M.;</p> <p>- May 9th at 6:30 A.M., 11:30 A.M., and 4:30 P.M.;</p> <p>- May 10th at 6:30 A.M., and 4:30 P.M.;</p> <p>- May 11th at 11:30 A.M., and 4:30 P.M.;</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- May 12th at 4:30 P.M.;</li> <li>- May 13th at 4:30 P.M.;</li> <li>- May 14th at 6:30 A.M., 11:30 A.M., and 4:30 P.M.;</li> <li>- May 15th at 6:30 A.M., and 11:30 A.M.</li> </ul> <p>Review of the resident's MAR, dated May 2024, showed staff document they administered the Insulin glargine and did not document the dosage they administered for:</p> <ul style="list-style-type: none"> <li>- May 1st at 8:00 P.M.;</li> <li>- May 2nd at 8:00 P.M.;</li> <li>- May 3rd at 8:00 P.M.;</li> <li>- May 4th at 8:00 P.M.;</li> <li>- May 5th at 8:00 P.M.;</li> <li>- May 6th at 8:00 P.M.;</li> <li>- May 8th at 8:00 P.M.;</li> <li>- May 9th at 8:00 P.M.;</li> <li>- May 10th at 8:00 P.M.;</li> <li>- May 11th at 8:00 P.M.;</li> <li>- May 12th at 8:00 P.M.;</li> <li>- May 13th at 8:00 P.M.;</li> <li>- May 14th at 8:00 P.M.</li> </ul> <p>5. Review of Resident #71's Significant Change MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Insulin injections six days of the seven day look back period;</li> <li>-Diagnosis of Diabetes.</li> </ul> <p>Review of the resident's POS, dated May 2024, showed:</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Insulin Lispro 100 unit/mL subcutaneous pen, one unit subcutaneous three times per day, inject insulin lispro blood sugar divided by 30 minus 3 for insulin dosage. Do not give if resident eats less than 50% of meal.</p> <p>Review of the resident's MAR, dated May 2024, showed staff documented they administered the residents Lispro Insulin and did not document the dosage they administered for:</p> <ul style="list-style-type: none"> <li>-May 1st at 7 A.M. and 11 A.M.;</li> <li>-May 2nd at 11 A.M.;</li> <li>-May 3rd at 7 A.M. and 11 A.M.;</li> <li>-May 5th at 7 A.M. and 11 A.M.;</li> <li>-May 6th at 7 A.M. and 11 A.M.;</li> <li>-May 7th at 7 A.M.;</li> <li>-May 8th at 7 A.M. and 11 A.M.;</li> <li>-May 9th at 7 A.M., 11 A.M. and 4 P.M.;</li> <li>-May 10th at 7 A.M. and 11 A.M.;</li> <li>-May 11th at 7 A.M.;</li> <li>-May 12th at 7 A.M.;</li> <li>-May 13th at 7 A.M. and 4 P.M.;</li> <li>-May 14th at 7 A.M. and 4 P.M.</li> </ul> <p>Review showed the MAR did not contain documentation of the dosage of insulin administered to the resident for the 23 administrations documented.</p> <p>6. During an interview on 05/15/24 at 10:38 A.M., the Director of Nursing (DON) said staff do not document the amount of insulin given, the orders are put in the system and it calculates how much to give based off the resident's physician's order. Staff do not document in the computer actual units given, just that staff gave what the calculator said to give. The DON said he/she does not know how to see the dosage administered to the residents. The DON said there is no way to print the dosage of insulin administered to the residents. The DON said corporate said the medication program has a place to add the dosage of insulin administered, but it had not been set up on the facility's program.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/15/24 at 11:15 A.M., Certified Medication Technician (CMT) E said there is no spot on the MAR for how many units are given for sliding scale insulin, for set doses it says to give the amount and shows administered in the chart, but there is no place to document the number that was actually given. CMT E said this can lead to numerous things, the resident's blood sugars could bottom out, or they could be given too much; and if they are sent out to the hospital we would not be able to easily tell them how much insulin they received.</p> <p>During an interview on 05/15/24 at 11:15 A.M., Licensed Practical Nurse (LPN) G said there is no place to chart units given in the chart, it could lead to medication errors, or blood sugar issues if staff can not tell how many units were given or not, and we would not be able to track if the right amount was actually given.</p> <p>During an interview on 05/15/24 at 11:46 A.M., Assistant Director of Nursing (ADON) said staff should write down the amount of insulin given. Staff should make sure the resident's name, medication, date, route, time and dosage is documented at administration. The ADON said staff should have documented the dosage they gave, without documenting the dosage given, there is no way to tell if there is medication errors.</p> <p>During an interview on 05/16/24 at 12:07 P.M., CMT H said he/she did not the document insulin dosages he/she administered to residents on the computer, until yesterday. The CMT said he/she can not look back to the MAR and see what dosage of insulin had been given, just that it had been given.</p> <p>During an interview on 05/16/24 at 1:53 P.M., the DON said he/she does expect staff to document the amount of insulin they administer to residents.</p> <p>45489</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>45564</p> <p>Based on observation, interview, and record review, facility staff failed to ensure dietary staff had the appropriate competencies and skills to safely and effectively carry out the functions of food and nutrition services. Facility staff failed to provide effective training to dietary staff related to kitchen ware washing/sanitation. The facility census was 87.</p> <p>1. Review of the facility's Food Service policy, undated, showed dishwashing machines use either heat or chemical sanitization methods. Manufacturer's instructions must always be followed.</p> <p>Review of the manufacturer's label which was affixed to the front of the dish machine showed wash and rinse temperatures 120 degrees Fahrenheit (F), minimum.</p> <p>Review of the low temperature dish machine operation guidelines, which were mounted on the wall on the clean side of the dish machine showed:</p> <ul style="list-style-type: none"> <li>-Water temperature should be between 120 and 140 degrees F;</li> <li>-Special notes when using this machine;</li> <li>-Wash minimum temperature, 120 degrees F;</li> <li>-Final rinse temperature minimum, 140 degrees F.</li> </ul> <p>Observation on 05/14/24 at 9:55 A.M., showed DA B ran a load of dishes through the dish machine. Observation showed the machine thermometer indicated a temperature of 110 degrees F during the rinse cycle.</p> <p>Observation on 05/14/24 at 10:23 A.M., showed DA B washed a sheet pan in the dish machine. Observation showed the rinse temperature was 115 degrees F.</p> <p>Observation on 05/14/24 at 1:18 P.M., showed DA T ran a load of dishes through the dish machine. Observation showed the highest temperature indicated on the machine thermometer was 112 degrees F.</p> <p>Observation on 05/14/24 at 1:57 P.M., showed Cook R ran two table steam pans through the dish machine. Observation showed the highest temperature indicated on the machine thermometer was 110 degrees F.</p> <p>During an interview on 05/14/24 at 10:20 A.M., DA B said he/she did not check the dish machine temperature before or during use. DA B said he/she only paid attention to the temperature if it was not hot enough. DA B said the water was hot enough. DA B said he/she was not sure what the dish machine water temperature should be.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/14/24 at 10:26 A.M., DA B said the dietary manager told him/her facility chemicals were made to work at any temperature, but the dietary manager liked the machine temperature to be at 120 or above.</p> <p>During an interview on 05/14/24 at 1:18 P.M., DA T said he/she did not know what temperature the dish machine should reach.</p> <p>During an interview on 05/14/24 at 1:57 P.M., Cook R said he/she did not know what the dish machine temperature was supposed to be. Cook R said he/she was trained by another cook within the past month and his/her training did not cover the dish machine temperature.</p> <p>2. Review of the facility's Food Service policy, undated, showed clean and sanitize work surfaces, including cutting boards and food-contact equipment (e.g., food processors, blenders, preparation tables, knife blades, can openers and slicer's) between uses and consistent with applicable code.</p> <p>Review of the three compartment sink procedures, which were mounted on the wall above the three-compartment sink showed users were instructed to allow items to soak for two minutes.</p> <p>Review of the sanitizer directions for use showed:</p> <ul style="list-style-type: none"> <li>-Clean the equipment in the normal manner;</li> <li>-Immerse equipment in the sanitizing solution for at least two minutes and allow the sanitizer to drain.</li> </ul> <p>Observation on 05/14/24 at 9:54 A.M., showed the sanitizer compartment of the three-compartment sink contained two large tubes of ground meat submerged in water.</p> <p>Observation on 05/14/24 at 10:03 A.M., showed Cook R hand washed a large steam table pan, a plastic pitcher, a sheet pan, and a food processor bowl and blade in the first compartment of a three-compartment sink. Cook R dipped the items in the rinse sink and placed them on a drain board on the clean side dish machine. Cook R did not soak the items in sanitizer.</p> <p>Observation on 05/14/24 at 10:05 A.M., showed Cook R added soap to the first compartment of the three-compartment sink. Cook R cleaned two steam table pans and rinsed the pans in the second sink. Cook R placed the pans on the clean side of the dish machine and did not soak the items in sanitizer.</p> <p>Observation on 05/14/24 at 11:56 A.M., showed DA Q added sanitizer to the third compartment of the three compartment sink. DA Q washed a large pot, two steam pans, a pair of tongs, and a large plastic pitcher in the first sink compartment. DA Q dipped the items in the rinse sink and then dipped the items in the sanitizer. The items were placed on a drain board on the clean side dish machine. DA Q did not soak the items in sanitizer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265851	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Silverstone Place		STREET ADDRESS, CITY, STATE, ZIP CODE  2735 Eagleson Dr Rolla, MO 65401	
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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 05/14/24 at 2:01 P.M., showed Cook R washed two pans in sink one of a three compartment sink, rinsed the pans in sink two, then placed the pans in the sanitizer sink for less than one minute and placed the pans on a drain board on the clean side dish machine. Observation showed Cook R then hand washed a food processor blade, lid and steam pan, and rinsed the items. Cook R dipped the items in the sanitizer sink and rotated them before he/she removed the items and placed them on a drain board on the clean side dish machine. Cook R did not allow the items to remain submerged in the sanitizer solution for two minutes.</p> <p>During an interview on 05/14/24 at 11:52 A.M., Cook R said he/she washed dishes in the first sink, rinsed in the second sink and dipped dishes in sanitizer sink. Cook R said he/she did not let the dishes soak in sanitizer. Cook R said he/she skipped the sanitizer because there was meat in the sanitizer sink. Cook R said he/she started about a month ago and never had training or in-services on how to use the three-compartment sink.</p> <p>During an interview on 05/14/24 at 11:56 A.M., DA Q said he/she knew how to use the three-compartment sink and sanitizer and he/she was sanitizing items correctly.</p> <p>During an interview on 05/14/24 at 1:45 P.M., Cook S said he/she was trained on the three compartment sink when he/she started about four years ago. Cook S said staff were to wash pots and pans in soap of first sink, rinse in second sink and then let items set for 10 seconds in the third sink</p> <p>During an interview on 5/15/24 at 10:12 A.M., Human Resources staff said he/she did not maintain any kitchen staff competency paperwork. He/She said the DM was responsible for kitchen staff competency.</p> <p>During an interview on 5/15/24 at 10:16 A.M., the DM. said he/she put new staff one on one with another kitchen staff member for training. The DM said he/she did not document kitchen staff training. The DM said he/she conducted verbal reviews with new staff and asked if they had questions. The DM said the verbal reviews did not follow a schedule or structure.</p> <p>During an interview on 05/15/24 at 10:21 A.M., the administrator said the DM was responsible for kitchen staff competency. The administrator said dietary aides should look at the dish machine temperature to make sure it's working correctly and the DM should monitor. The administrator said kitchen wares should soak in the sanitizer but he/she could not remember how long.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>37131</p> <p>Based on observation and interview, facility staff failed to properly maintain the temperature of hot foods at or above 120 degrees Fahrenheit ( F) at the time staff served hall trays to six residents (Residents #13, #45, #75, #59, #42 and #77) of 22 sampled residents. Facility staff failed to maintain hold temperatures of 135 F, while on the steam table, during food service. Failure to maintain hold temperatures on steam table has the potential to affect all residents served in the main dining room. The facility census was 87.</p> <p>1. Review of the facility's Food Service policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-Avoid holding foods in danger zone temperatures which are between 41 F and 135 F;</li> <li>-Cooking Fresh, Frozen, or canned fruits and vegetables to a hot holding temperature of 135 F prevents the growth of pathogenic bacteria that may be present in, or on these foods;</li> <li>-Does not identify the expectation of temperature for food at time of service.</li> </ul> <p>2. Observation on 05/14/24 at 11:53 A.M., showed Dietary Aide (DA) B served Resident #13 a hall tray. At the time of service, the resident's broccoli was at 108 F. Observation showed the DA failed to offer to reheat the resident's tray.</p> <p>During an interview on 05/14/24 at 10:42 A.M., the resident said he/she always eats in his/her room and the food is always cold. The resident said the facility used to have a heat cart for the hall trays, but it broke and the facility never got a new one.</p> <p>3. Observation on 05/14/24 at 12:06 P.M., showed DA B delivered Resident #45 a hall tray. The temperature of the food at time of service was, pork loin 113 F and broccoli 111 F. Observation showed the DA failed to offer to reheat the resident's tray.</p> <p>4. Observation on 05/14/24 at 12:07 P.M., showed DA B delivered Resident #75 a hall tray. The temperature of food at time of service was, pork loin 118 F, cornbread 117 F and broccoli 101 F. Observation showed the DA failed to offer to reheat the resident's tray.</p> <p>5. Observation on 05/14/24 at 12:33 P.M., showed DA B delivered Resident #59 a hall tray. The temperature of the food at time of service was, cornbread 116 F and broccoli 116 F. Observation showed the DA failed to offer to reheat the resident's tray.</p> <p>6. Observation on 05/14/24 at 12:47 P.M., showed DA B delivered Resident #42 a hall tray. The temperature of food at time of service is, cornbread 112 F and broccoli 119 F. Further observation showed the DA failed to offer, to reheat resident's tray.</p> <p>7. Observation on 05/14/24 at 12:49 P.M., showed DA B delivered Resident #77 a hall tray. The temperature of food at time of service was, cornbread 109 F. Further observation showed the DA failed to offer to reheat the resident's tray.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Silverstone Place		STREET ADDRESS, CITY, STATE, ZIP CODE  2735 Eagleson Dr Rolla, MO 65401	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. During an interview on 05/13/24 at 2:12 P.M., Resident #2 said he/she eats in his/her room and his/her food is not cold sometimes, it is cold all the time.</p> <p>During an interview on 05/14/24 on 10:03 A.M., Resident #71 said he/she always eats in his/her room. The residents said the food is always cold when he/she gets it.</p> <p>During an interview on 5/15/24 at 10:21 A.M., the administrator said food on room trays should be served at 120 F.</p> <p>During an interview on 05/16/24 at 10:17 A.M., Nurse Aide (NA) F said a few residents have complained about the hall trays being cool. The NA said he/she usually brings the tray back to dietary and dietary warms the tray up, or fixes the resident a fresh tray.</p> <p>During an interview on 05/16/24 at 10:26 A.M., the Wound Nurse said he/she has heard residents complain about the food being cold. The Wound Nurse said staff should reheat a resident's food, if it is cold.</p> <p>During an interview on 05/16/24 at 11:00 A.M., the Dietary Manager (DM) said he/she has had complaints about hall trays being cold. The DM said food has to be 120 F, or above at the time it is served to resident. The DM said he/she had received some complaints from residents about cold food. The DM said he/she usually addresses these concerns in the morning meetings with department heads, but they have not been having morning meetings this week.</p> <p>9. Observation on 05/13/24 at 12:06 P.M., showed DA B served lunch to residents in the main dining room. The temperatures taken from the steam table showed, beef stroganoff was 120 F, green beans were 122 F, pureed beef stroganoff was 120 F, pureed green beans were 120 F. Observation showed the DA served six more residents from the steam table through 12:30 P.M., after the temperatures were taken by the DA at 12:06 P.M.</p> <p>During an interview on 05/13/24 at 12:30 P.M., DA B said he/she does not normally serve the food from the steam table, a cook did not come in today and that is why he/she is serving the food off the steam table.</p> <p>10. Observation on 5/14/24 at 12:48 P.M., showed Cook R served residents pork with gravy, sweet potatoes, broccoli and corn bread with butter. Observation showed the temperature of the pork was 124 F, broccoli was 126 F, and sweet potatoes were 132 F on the steam table.</p> <p>During an interview on 5/14/24 at 12:54 P.M., Cook R said he/she did not check food temperatures before or during the lunch meal service. The cook said he/she thought food should be held at 175 degrees, but that was just a guess. The cook said he/she did not know the holding temperature for food, since no one ever told him/her. Cook R said he/she received some training from another cook but the training was not good.</p> <p>During an interview on 5/14/24 at 1:45 P.M., DA S said food temperatures on the serving line should be 160 degrees and if anything was below 130 degrees he/she would tell someone. DA S said he/she did not know how kitchen staff made sure residents who received room trays were getting warm food.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Silverstone Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2735 Eagleson Dr Rolla, MO 65401	

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/14/24 at 2:14 P.M., the DM said foods on the serving line should be held at 120 degrees F. The DM said kitchen staff serve food from the steam table to room trays as quickly as they can and it usually took less than 20 minutes to pass room trays. The DM said three residents complain about cold food regularly but there were no food complaints at the last resident council meeting. The DM said new cooks were trained by other kitchen staff. The DM said he/she did not document new staff training.</p> <p>During an interview on 5/15/24 at 10:21 A.M., the administrator said the DM was responsible for kitchen functions. The administrator said the cook was responsible for making sure food temperatures were maintained. The administrator said he/she could not remember what temperature food needed to be held at during meal service.</p> <p>45564</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37131</p> <p>45564</p> <p>Based on observation, interview and record review, facility staff failed to thaw frozen food in a manner to prevent potential contamination. Facility staff failed to store frozen food in a manner to prevent potential contamination. Facility staff failed to allow cleansed dishes to air-dry prior to stacking in storage to prevent the growth of food-borne pathogens. These failures have the potential to affect all residents. The facility census was 87.</p> <p>1. Review of the facility's Food Service policy, undated, showed thawing some foods at room temperature may not be acceptable because it may be within the danger zone for rapid bacterial proliferation. Recommended methods to safely thaw frozen foods include:</p> <ul style="list-style-type: none"> <li>-Thawing in the refrigerator, in a drip proof container, and in a manner that prevents cross-contamination;</li> <li>-Completely submerging the item under cold water (at a temperature of 70 degrees F or below) that is running fast enough to agitate and float off loose ice particles.</li> </ul> <p>Observation on 05/14/24 at 9:54 A.M., showed the sanitizer compartment of the three-compartment sink contained two large tubes of ground meat submerged in standing water.</p> <p>Observation showed the water temperature was 108 degrees F when checked with a calibrated metal stem thermometer.</p> <p>Observation on 05/14/24 at 11:11 A.M., showed the sanitizer compartment of the three-compartment sink contained two large tubes of ground meat. Observation showed the water was running over one tube of the meat, which was not completely submerged.</p> <p>Observation on 05/14/24 at 11:34 A.M., showed the sanitizer compartment of the three-compartment sink contained two large tubes of ground meat. Observation showed the water was running over one tube of the meat which was not completely submerged.</p> <p>Observation on 05/14/24 at 11:55 A.M., showed Cook S removed two large tubes of meat from the sanitizer sink and placed the meat on the prep counter at room temperature.</p> <p>Observation on 05/14/24 at 12:12 P.M., showed Cook S opened the tubes of meat and added the meat to a pan on the stove top for meal service.</p> <p>During an interview on 05/14/24 at 11:49 A.M., Cook S said his/her boss just told him/her not to thaw meat by soaking. Cook S said ground meat should be thawed under running cold water. Cook S said he/she put the meat in water earlier and he/she thought the water was cold.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/14/24 at 2:52 P.M., the DM said meat should be thawed under cold running water in a tub, not in the sanitizer sink. The DM said meat should not be thawed in warm standing water.</p> <p>During an interview on 05/15/24 at 10:21 A.M., the administrator said the DM was responsible for ensuring kitchen staff handled food correctly. The administrator said the cook was responsible for meat thawing meat correctly. The administrator said meat should not be thawed in warm water or in the sanitizer sink. The administrator said meat should thaw in the refrigerator, or in a pan under cold running water.</p> <p>2. Review of the facility's Food Service policy, undated, showed frozen foods must be maintained at a temperature to keep the food frozen solid. Practices to maintain safe refrigerated storage include monitoring food temperatures and functioning of the refrigeration equipment daily and at routine intervals during all hours of operation.</p> <p>Review of the facility's Refrigeration Temperature Record form showed the form contained a column for recording walk in freezer temperatures but the form did not contain a column to record reach in freezer temperatures.</p> <p>Observation on 05/13/24 at 10:25 A.M., showed the double door reach in freezer contained an internal thermometer which indicated a temperature of 20 degrees F.</p> <p>Observation on 05/14/24 at 9:46 A.M., showed the exterior digital gauge on the reach in freezer indicated a temperature of 10 degrees F. Observation showed the thermometer inside the freezer indicated a temperature of 23 degrees F.</p> <p>Observation on 05/14/24 at 9:57 A.M., showed the interior freezer thermometer indicated a temperature of 24 degrees F. Observation showed the freezer was not opened between 9:46 A.M. and 9:57 A.M.</p> <p>Observation on 05/14/24 at 9:57 A.M., showed the reach in freezer contained bread sticks which were soft to firm pressure.</p> <p>Observation on 05/14/24 at 10:06 A.M., showed the reach in freezer temperature was 24 degrees F with a calibrated metal stem thermometer. Observation showed the reach in freezer was not opened between 9:57 A.M. and 10:06 A.M.</p> <p>Observation on 05/14/24 at 1:15 P.M., showed the interior freezer thermometer indicated a temperature of 22 degrees F.</p> <p>Observation on 05/14/24 at 1:57 P.M., showed the exterior digital gauge on the reach in freezer indicated a temperature of 9 degrees F. Observation showed the thermometer inside the freezer indicated a temperature of 22 degrees F.</p> <p>Observation on 05/15/24 at 7:53 A.M., showed the exterior digital gauge on the reach in freezer indicated a temperature of 8 degrees F. Observation showed the thermometer inside the freezer indicated a temperature of 22 degrees F. Observation showed the reach in freezer contained bread sticks which were soft to firm pressure.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/14/24 at 1:15 P.M., DA T said he/she did not know if kitchen staff kept a freezer temperature log. DA T said the reach in freezer outside gauge should be negative and the inside thermometer should be less than zero. DA T said he/she did not know who was responsible for checking the freezer temperature.</p> <p>During an interview on 05/14/24 at 1:45 P.M., Cook S said the freezer temperature should be negative 20 on the exterior gauge and he/she did not know what the inside temperature should be. Cook S said the dietary aides or maintenance were responsible for keeping the freezer at the correct temperature.</p> <p>During an interview on 05/14/24 at 2:14 P.M., the DM said the reach in freezer should be between 30 degrees F and negative. The DM said the temperature needed to be less than 30 degrees F. The DM said the cook was responsible for maintaining the freezer temperature log. The DM said he/she could not locate the May 2024 reach in freeer temperature log. The DM said he/she did not know the freezer temperature logs did not include the reach in freezer.</p> <p>During an interview on 05/15/24 at 10:21 A.M., the administrator said the cook was responsible for checking the reach in freezer temperatures daily. The administrator said he/she did not know if kitchen staff had a log for freezer temperatures. The administrator said the DM was responsible for ensuring any kitchen logs were being completed. The administrator said freezer temperatures should be at zero degrees F or less.</p> <p>3. Review of the low temperature dish machine procedures, which were mounted on the wall on the clean side of the dish machine, showed users were instructed to place racks of dishes in a clean, dry area and allow to air dry.</p> <p>Review of the three compartment sink procedures, which were mounted on the wall above the three-compartment sink, showed users were instructed to place items to air dry and not rinse or towel dry.</p> <p>Observation on 05/13/24 at 10:32 A.M., showed eight steam table pans on metal storage shelving were stacked wet. Observation showed three of the pans contained dried food debris.</p> <p>Observation on 05/14/24 at 10:08 A.M., showed the metal storage shelving contained one stack of three pans and two stacks of five pans, which were stacked wet.</p> <p>Observation on 05/14/24 at 2:01 P.M., showed Cook R removed clean pans from the dish machine racks and stacked on a service cart, while still wet. Cook R wheeled the service cart full of pans to the storage area and placed the pans on the metal storage shelves, while wet.</p> <p>During an interview on 05/14/24 at 1:23 P.M., DA T said kitchen items should not be stacked wet. DA T said the person washing and stacking kitchen items was responsible for making sure items were dry before being put away.</p> <p>During an interview on 05/14/24 at 2:02 P.M., Cook R said the pans were not soaking wet and he/she could get a towel and dry the pans. Cook R said he/she just cleaned his/her pots and pans and put them away. Cook R said he/she started working in the kitchen about a month ago and nobody ever told him/her about air drying kitchen items.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 05/14/24 at 2:14 P.M., the DM said kitchen items should air dry and staff should not be putting items away wet.</p> <p>During an interview on 05/15/24 at 10:21 A.M., the administrator said whoever put kitchen items away was responsible for making sure the items were dry. The administrator said the DM was responsible for training and monitoring kitchen staff.</p>