STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265860	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottages of Lake St Louis	2885 Technology Drive Lake Saint Louis, MO 63367

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 follow current infection control standards for seven residents (Residents #3, #28, #31, #49, #76, #81, and #84), in a review of 18 sampled residents. The facility failed to follow infection control practices while performing blood glucose monitoring (a procedure where a drop of blood is obtained to test the amount of sugar in the blood) for three residents (Residents #81, #76 and #49) and one additional resident (Resident #84), when staff failed to appropriately sanitize the glucometer (a machine that tests a drop of blood for the amount of sugar it contains) after use and use a barrier to protect against contamination. The facility failed to store oxygen tubing and continuous positive airway pressure (CPAP - equipment used to treat sleep apnea) masks when not in use in a way to prevent potential contamination for two residents (Residents #3 and #31) and one additional resident (Resident #84). Staff failed to perform proper hand hygiene to prevent infection during personal care for Resident #28 and #49 and failed to properly handle soiled linens during personal care for Resident #28. The facility failed to follow the facility policy for Legionella Control that included specific control parameters based on Center for Disease Control and Prevention (CDC) and American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) standards, failed to monitor cold water temperatures and failed to complete a water flow map. The facility census was 49. Review of the undated facility policy, Glucometer Disinfection, showed the following:-The community will ensure blood glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions for multi-elder use;-Glucometers will be disinfected with a wipe pre-saturated with an EPA registered healthcare disinfectant that is effective against HIV, hepatitis B and hepatitis C;-Glucometer will be cleaned and disinfected after each use and according to manufacturer's instructions regardless of whether they are intended for single elder or multiple elder use;-Procedure is to obtain needed equipment and supplies (gloves, glucometer, alcohol pads, gauze pads, single-use lancet, blood glucose testing strips and disinfecting wipes);-Wash hands, explain procedure to the elder, provide privacy, put on gloves and obtain blood glucose sampling according to community policy;-Remove and discard gloves, perform hand hygiene;-Reapply gloves if there is visible contamination of the device or if the elder is HIV or hepatitis B or C positive;-Retrieve disinfectant wipes from container, using first wipe, clean first to remove heavy soil, blood and/or other contaminants left on the surface of the glucometer;-After cleaning, use second wipe to disinfect the glucometer thoroughly with the disinfectant wipe, following the manufacturer's instructions;-Allow the glucometer to air dry;-Discard wipes and perform hand hygiene. 1. Review of the Centers for Disease Control and Prevention (CDC), Considerations for Blood Glucose Monitoring, showed the following:-Assign blood glucose meters to a person unless the device is designed for use in professional settings and is cleaned and disinfected after every use;-Clean and disinfect blood glucose meters after every use per the manufacturer's instructions, to prevent the spread of blood and infectious agents;-Place barrier under blood glucose monitor when in resident's room or placed on top of medication cart to avoid spread of microorganisms and contamination of surfaces. 2. Review of the Medline EvenCare G2 Blood Glucose Monitoring System User Manual, revised March 2011, showed the following:-To clean the meter, use a (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	A collected a glucometer, a test strip, alcohol pads and a lancet device and approached the resident's bed;-LPN A placed the glucometer directly on the resident's bed without placing a barrier, completed the blood sugar check procedure, took the glucometer back to the treatment cart, placed the glucometer on top of the treatment cart and then put the glucometer in the drawer;-LPN A did not clean, sanitize or disinfect the glucometer after obtaining the blood glucose sample;-LPN A doffed his/her gloves, performed hand hygiene, and left the resident's room. 7. Review of Resident #49's care plan, dated 06/24/25, showed the resident had a diagnosis of diabetes mellitus. Staff to perform accu-checks (blood glucose monitoring where a finger stick procedure is completed, and a droplet of blood is obtained for sampling) as ordered. Review of the resident's July 2025 POS showed an order for accu-check daily related to a diagnoses of type II diabetes mellitus. Observation on 07/22/25 at 8:35 A.M., showed the following: -The resident lay awake in his/her bed;-LPN A performed hand hygiene and donned gloves;-LPN A collected a glucometer (the same glucometer he/she just used to obtain Resident #76's blood glucose sample), a test strip, alcohol pads and a lancet device and approached the resident's bed;-LPN A wiped food crumbs off the resident's bed and then placed the glucometer directly on the resident's bed without a barrier. LPN A did not sanitize the glucometer, completed the accu-check procedure and took the glucometer back to the treatment cart and placed the glucometer on top of the treatment cart and then in the drawer where the glucometer was stored;-LPN A did not clean, sanitize or disinfect the glucometer before obtaining the blood glucose sample; -LPN A doffed his/her gloves, performed hand hygiene and left the resident's room. During an interview on 07/24/25, at 9:58 A.M., LPN A said the following: -He/She did not clean, sanitize or disinfect the multi-use glucometer after using it on Resident #76, before using it on Resident #49 or after using it on Resident #49; -He/She did not place a barrier between the surface of the bedside table or bed when obtaining blood glucose samples for either resident;-He/She should have placed a barrier between the glucometer and surface, as well as disinfected/cleaned the multi-use glucometer before and after using with approved bleach/sani-wipes;-He/She did not know why he/she did not place the barrier or disinfect/sanitizer the glucometer after use. During an interview on 07/24/25, at 3:50 P.M., the Director of Nursing (DON) said the following: -Staff should clean and disinfect the glucometer with disinfectant wipes per the guidelines on the wipes container;-Staff should put the glucometer on a barrier in while in the resident's room. 8. Review of the undated facility policy, CPAP/BiPAP, showed the following:-Respiratory therapy equipment can become colonized with infectious organisms and serve as a source of respiratory infections;-Clean mask frame daily after use with CPAP cleaning wipe or soap and water, dry well and cover with plastic bag or completely enclosed in machine storage when not in use;-The policy did not address who was to clean the CPAP masks or who was to ensure a plastic bag was available for supply storage. 9. Review of Resident #3's face sheet showed he/she had a diagnosis of chronic obstructive pulmonary disease (COPD; a group of lung diseases that block airflow and make it difficult to breathe). Review of the resident's admission MDS showed the following: -Moderate cognitive impairment;-Use of non-invasive mechanical ventilator as a resident;-Dependent on staff for wheelchair mobility of 50 and 150 feet;-Dependent on staff for toilet transfer, sit to stand and chair/bed-to-chair transfers;-Substantial/maximum staff assistance with rolling left to right, sit to lying, lying to sitting on the side of the bed. Review of the resident's July 2025 POS did not show any order for use of a continuous positive airway pressure (CPAP; a device that uses mild air pressure to keep breathing airways open while you sleep). Review of the resident's care plan, revised on 07/08/25, showed no area to address COPD or CPAP use. Observation on 07/21/25, 12:55 P.M., showed a CPAP mask sat uncovered on the resident's bedside table. There was no evidence a storage bag/container for the mask was available for use. During an interview on 07/21/25 at 12:58 P.M., the resident said he/she used the CPAP every night. Observation on 07/22/25 at 5:40 A.M., showed the resident lay awake in his/her bed. Staff had just assisted the resident to the toilet. The resident's CPAP mask sat uncovered on the resident's bedside table. There was no evidence a storage bag/container for the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	mask to was available for use. During an interview on 07/22/25 at 5:41 A.M., the resident said he/she used the CPAP all night, but just took it off to go to the bathroom and would be getting up for the day soon. Observation on 07/23/25 at 11:03 A.M., showed the resident's CPAP mask sat uncovered on the resident's bedside table. There was no evidence a storage bag/container for the mask was available for use. Observation on 07/24/25 at 9:51 A.M., showed the resident's CPAP mask sat uncovered on the resident's bedside table. There was no evidence a storage bag/container for the mask was available for use. During an interview on 08/05/25, at 6:05 A.M., Certified Nurse Aide (CAN) O said the following: -When he/she helped the resident with anything during the night, the resident typically removed his/her CPAP mask independently;-To the best of his/her recollection, if he/she helped the resident, he/she put the CPAP mask on the bedside table;-He/She did not recall if the resident had been educated on how to store the CPAP mask when not in use or who would have provided that education;-He/She believed the CPAP mask always sat on the bedside table uncovered when not in use;-He/She did not have to help the resident put on or take off the CPAP mask; the resident was able to do it independently;-He/She was unaware of how a CPAP mask should be stored when not in use. 10. Review of the undated facility policy, Oxygen Administration, showed the following:-Change oxygen tubing, mask, and cannula (a plastic tube device for delivering oxygen by way of two small prongs that are inserted into the nares) weekly and as needed if it becomes soiled or contaminated;-Keep delivery devices covered in plastic bag when not in use;-The policy did not address who was to monitor the changing of oxygen tubing or who was to ensure a plastic bag was available for use to keep supplies in and did not address dating the tubing. 11. Review of Resident #31's face sheet showed his/her diagnoses included chronic respiratory failure with hypoxia (a condition where lungs cannot adequately oxygenate the blood over an extended period, often due to underlying respiratory issues) and CHF. Review of the resident's care plan, revised 06/27/25, showed the following: -He/She used continuous oxygen;-Change oxygen tubing weekly as ordered. Review of the resident's July 2025 POS showed the following: -Change oxygen tubing every week on Monday; -Continuous oxygen at two liters per nasal cannula (flexible prongs placed in the nares that deliver supplemental oxygen). Review of the resident's admission MDS, dated [DATE], showed the following:-Cognitively intact;-Oxygen therapy used as a resident. Review of the resident's July 2025 Treatment Administration Record (TAR) showed LPN P documented the resident's oxygen tubing was changed on 07/07/25 and 07/14/25. Observation on 07/21/25 at 12:45 P.M., showed the resident's oxygen tubing rolled up and placed in the resident's bedside table with a date of 07/04/25 (the oxygen tubing had not been changed on 07/07/25 or 07/14/25 as documented on the TAR). No storage bag was visible for the tubing to be placed in when not in use. The resident currently used oxygen by portable tank. During an interview on 07/21/25 at 12:55 P.M., the resident said the following:-He/She used his/her oxygen most of the time; -Sometimes there was a bag to store his/her tubing in and sometimes there was not;-Staff usually just put the oxygen tubing across his/her bed when not in use;-He/She was unsure who put the tubing in his/her bedside table, usually it was across the bed. Observation on 07/23/25 at 11:05 A.M., showed the resident's oxygen tubing connected to the concentrator and the tubing (including the nasal prongs) on the floor, and tubing dated 7/21/25. There was no visible storage bag for the tubing. Observation on 07/24/25, at 9:34 A.M., showed the resident's oxygen tubing connected to the concentrator and the tubing (including the nasal prongs) were on the floor, and tubing dated 7/21/25. There was no visible storage bag for the tubing. During an interview on 07/24/25, at 9:45 A.M., CNA L said when oxygen supplies, including tubing and the CPAP mask are not in use, they should be stored in the plastic bag that has a date on it and hung up in the resident's room. During an interview on 07/24/25, at 9:54 A.M., CNA M said when oxygen supplies like tubing and a CPAP mask are not in use they should be stored in a plastic bag and placed on the bedside table. During an interview on 07/24/25, at 9:58 A.M., LPN A said when oxygen supplies like tubing and a CPAP mask are not in use, they should be stored in a plastic bag and hung in the resident's closet. During an interview on 07/24/25, at 3:50 P.M., the Director of Nursing (DON) said (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	towers, hot tubs and decorative fountains;-Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water;-CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems. An industry standard calling for the development and implementation of water management programs in large or complex building water systems to reduce the risk of legionellosis was published in 2015 by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). In 2016, the 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. 18. 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 begin 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. 19. Review of the facility's most recent water management team meeting, dated 12/26/24, showed the following: -Members present included the Chief Executive Officer (CEO), Administrator, prior maintenance director, prior Infection Preventionist (IP), DON and food/water management;-Section 3: Describe your building water systems using a flow diagram was blank with no water flow map available for review. Review of the facility's weekly water temperature logs for 07/14/25 through 07/21/25 showed no documentation staff monitored the temperature of the cold water. Review of water temperatures, obtained by the state agency on 07/24/25, showed the following water temperatures fell between 77 and 113 degrees F, temperatures at which legionella generally grows well:-At 8:52 A.M., [NAME] Cottage room [ROOM NUMBER], cold-water faucet temperature was 78.9 degrees F (too warm), and hot-water faucet temperature was 111.9 degrees F (too cool);-At 8:59 A.M., [NAME] Cottage community restroom, cold-water faucet temperature was 77.7 degrees F (too warm);-At 9:06 A.M., [NAME] Cottage room [ROOM NUMBER], cold-water faucet temperature was 77.1 degrees F (too warm);-At 9:14 A.M., [NAME] Cottage room [ROOM NUMBER], cold-water faucet temperature was 77.5 degrees F (too warm);-At 9:24 A.M. [NAME] Cottage room [ROOM NUMBER], cold-water faucet temperature was 77.3 degrees F (too warm);-At 9:32 A.M., Grace Cottage room [ROOM NUMBER], cold-water faucet temperature was 77.5 degrees F (too warm). During an interview on 07/24/25, at 2:15 P.M., the IP said she believed she was a part of the water management team but had not attended a meeting and had been the IP since February. During an interview on 07/24/25 at 3:41P.M., the maintenance director said the following:-He was a part of the water management team;-He had been at the facility since February and there had been no water management team meeting since he had been the director;-He did not check cold water temperatures because he was unaware he was supposed to;-He had heard of the CDC tool kit but had not heard of ASHRAE guidelines;-There should be a water flow diagram as part of the water management plan for Legionella but he had not seen one and could not find one. During an interview on 07/24/25, at 4:06 P.M., the Executive Director said the following: -She was a part of the water management team;-The water management team discussed the Legionella program. The facility was a relatively new building (continued on next page)

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	265860	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottages of Lake St Louis	2885 Technology Drive Lake Saint Louis, MO 63367

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(six years old) and there had not been any plumbing issues since the facility was built; -If a resident had a pneumonia diagnosis, the physician was made aware, and he determined if a legionella test needed to be completed;-She wa

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide incontinent care consistent with acceptable standards of practice to prevent urinary tract infections (UTI) and failed to follow proper infection control procedures for one sampled resident (Resident #48), of 18 sampled residents. The resident has a history of UTI's with a multi drug resistant organism (MDRO) that required the resident be on Enhanced Barrier Precautions (EBP- infection control measures designed to reduce the transmission of multidrug-resistant organisms (MDROs) in healthcare settings, particularly in nursing homes). The facility census was 49. Review of the facility's undated policy for Perineal Care showed the following:-It is the practice of this facility to provide perineal care to all incontinent elders during routine bath and as needed in order to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown;-Perform hand hygiene and put on gloves. Apply other personal protective equipment as appropriate;-Assist the elder in bending the knees and slightly opening the legs, wet a washcloth and apply perineal cleanser, or if using prepackaged product, open package and obtain the wet cloth;-Separate the gluteal folds and cleanse with one hand by wiping in the direction from front to back;-Repeat on the opposite side using separate section of washcloth or new disposable wipe;-Turn the elder on their side and clean and dry the anal area, wiping from front to back. Review of the facility's undated facility policy for hand hygiene showed the following:-All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, elders, and visitors;-Hand Hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR);-Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice;-The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves;-Hand hygiene should be performed when hands a visibly soiled, visibly soiled with blood or other body fluids; after caring for a person with known or suspected infectious diarrhea; between elder contacts; after handing contaminated objects; before applying and after removing personal protective equipment (PPE), including gloves; before and after handling clean or soiled dressings, or linens; before performing elder care procedures; before and after providing care to elders in isolation; after handling items potentially contaminated with blood, body fluids, secretions or excretions, when, during elder care, moving from a contaminated body site to a clean body site. 1. Review of Resident #48's face sheet showed the resident admitted to the facility on [DATE] with diagnoses including history of UTI, hydronephrosis (the swelling of one or both kidneys due to a buildup of urine) with ureteral calculous obstruction (a condition where a kidney is swollen due to a blockage in the ureter (the tube carrying urine from the kidney to the bladder) caused by a kidney stone). Review of the resident's Physician Orders dated 10/23/24 showed an order for staff to perform hand hygiene, wear a gown and gloves while performing high contact care activities for elders with infection of Multi Drug Resistant Organism (MDRO) Enhanced Barrier Precautions. Review of the resident's urinalysis (UA) with a culture and sensitivity (C&S) dated 4/21/25 showed greater than 100,000 of Escherichia coli (E. coli is a type of bacteria commonly found in the gastrointestinal (GI) tract.) with an antibiotic ordered. Review of the resident's comprehensive Minimum Data Set (MDS) a federally mandated assessment instrument completed by staff dated 5/22/25 showed the following:-Dependent on staff for Activities of Daily Living (ADL's), including toileting;-Incontinent of bowel and bladder;-Diagnosis of renal insufficiency and obstructive uropathy (a condition where urine flow is blocked or reduced, leading to urine backing up into the kidney and potentially causing damage). Review of the resident's care plan for infection with a revision date of 5/30/25 showed the following:-At risk of transmitting an infection related to history of VRE (Vancomycin Resistant (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Enterococcus - bacteria that have become resistant to the antibiotic vancomycin. These bacteria are typically found in the intestines and genital tract, and can cause infections, especially in healthcare settings. VRE infections are generally spread through contact with contaminated surfaces or equipment, and person-to-person contact);-Interventions: Enhanced Barrier Precautions; monitor for signs and symptoms of an infection. Review of the resident's urinalysis (UA) with a culture and sensitivity (C&S) dated 4/21/25 showed greater than 100,000 of Escherichia coli (E. coli is a type of bacteria commonly found in the gastrointestinal (GI) tract.) with an antibiotic ordered. Review of the resident's UA with C&S dated 6/2/25 showed greater than 100,000 of E-Coli. Review of the nurses note dated 6/2/2025 at 7:38 P.M. showed the nurse practitioner (NP) visited the elder. Has UTI, started him/her on Rocephin (antibiotic used to treat various bacterial infections) 1 gram intramuscular (IM) for three days. Review of the nurses note dated 6/22/2025 at 10:30 P.M. showed:: When doing care with elder, the elder seemed confused. This nurse asked the elder if he/she felt confused, the elder replied, Yes I feel off, can't put my finger on it, oh yea, when do I get out of here?. Wheezing upper respirations, do not hear anything in lungs. Elder is short of breath (SOB). Called the responsible party wants me to ask the elder if he/she wants to go to hospital. When this nurse asked elder, elder replied, Lord give me the strength to be nice, then looked at care partner and said he/she was going to break her arm in same breath said care partner is his/her best friend can you get me some strawberries but could not pronounce the word. Called the responsible party back he/she is heading to the facility. Review of the nurses notes dated 6/30/2025 at 8:54 A.M. showed:: Elder stated he/she did not feel good. Shaky, confused, SOB, talking about dreams he/she had, not sure if they are real or not, sick to his/her stomach. Body feels warm to the touch, pale, shaking. Review of the nurses note dated 7/6/2025 at 7:27 P.M. showed:-Faxed UA with C&S to provider. Organisms enterococcus faecium -70-99 CFU/ml and two different gram negative rods, no work up less than10,000CFU/ml. Review of the UA with C&S dated 7/7/25 showed the following:-70-99,000 of enterococcus faecium (this type of bacteria is mainly transmitted through direct or indirect contact with contaminated people or objects. Enterococci are bacteria normally found in the human intestines, genital tract, and environment (e.g., soil and water);-Sensitive to Linezolid (an antibiotic used to treat various serious bacterial infections) and nitrofurantoin (an antibiotic medication primarily used to treat and prevent urinary tract; brand names include Macrobid and Macrodantin). Review of the Physician Order Sheet (POS) dated July 2025 showed:-Macrobid 100mg one capsule two times a day (BID)for 10 days for UTI;-Start date of 7/8/25 and end date of 7/15/25. Review of the resident's nurses note dated 7/20/2025 at 7:40 P.M. showed the care partner came to this nurse and said elder had strong odor and blood in his/her urine. Assessed the elder who said, I think I am getting another UTI because it burns when urinating. poke with NP, ordered UA with C&S. Review of the resident's UA collected on 7/21/25 showed the resident's urine was orange (yellow), extra turbid (normal clear), three plus blood (significant amount of blood in the urine), one plus protein (indicative of potential kidney damage), three plus leukocytes (signs of a UTI increase white blood cells), too numerous to count (TNTC) bacteria, mucous present with WBC (white blood cells) clumps present. Review of the resident's C&S collected on 7/21/25 dated 7/26/25 showed the following:-70-99,000 pseudomonas aeruginosa, (a type of bacteria, when present in urine typically indicates a urinary tract infection (UTI), especially in individuals with catheters or those who are elderly. This bacterium is an opportunistic pathogen, meaning it can cause infection when the body's defenses are weakened. While UTIs are common, those caused by P. aeruginosa can be more challenging to treat due to the bacteria's high resistance to many antibiotics);-Sensitive antibiotics: Cipro. Review of the resident's nurses noted dated 7/22/25 at 4:43 P.M. showed the nurse practitioner was onsite and ordered Cipro (a broad-spectrum antibiotic used to treat a wide range of bacterial infections) 500 mg BID for seven days. Observation on at 07/22/2025 6:22 A.M. showed the following:-Certified Nurse Aide (CNA) K and CNA J put on gowns and gloves to provide care. Both said the resident was on EBP due to possible MDRO.;-Both used hand sanitizer and applied gloves;-CNA K using disposable wipes cleaned the (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's front perineal folds then rolled the resident to the right, unfastened the urine saturated brief, and tuck the brief, pad and sheet under the resident, then took disposable wipes and began to wipe between the buttocks. There was a slight amount of blood on the wipe and fecal matter;-CNA K used several wipes to remove fecal matter;-CNA K did not wash the resident's buttocks, thighs or lower back that were in contact with urine. Without changing gloves or performing hand hygiene, CNA K rolled the resident to the left side;-CNA J pulled the urine soaked brief, pad, and sheet out from under the and rolled the resident back onto his/her back without cleaning the urine from the resident's buttocks;-There were several areas of bright red blood on the soiled sheet;-CNA K and CNA J adjusted the resident in the bed, touched items on the resident's over the bed table and put away the bag of disposable wipes with soiled gloves. During an interview on 7/29/25 at 2:15 P.M. CNA J said the following:-He/she did not clean the right side of the resident's buttocks as he/she thought CNA K had cleansed that part of the resident's body;-All areas of the body that come into contact with urine or feces should be cleaned;-He/She should have washed his/her hands or used hand sanitizer between glove changes and after touching anything that is dirty in the resident's room or providing resident cares. During an interview on 7/29/25 at 2:40 P.M. CNA K said the following:-He/She should have cleaned every part of the body that had come into contact with urine or feces;-He/She should have changed his/her gloves after providing peri-care and before touching anything that was clean or the resident. During an interview on 7/24/25 at 12:45 PM Licensed Practical Nurse (LPN) I said the following:-The resident has had recurrent UTI's;-He/She noticed blood on the resident's brief on Sunday and the resident had a change in mental status he/she notified the physician and received an order for the UA which was done on Monday and showed a possible UTI;-The lab was contacted regarding the C&S of the urine, and the results are still pending;-Staff should perform hand hygiene before applying gloves and after providing peri-care and before touching clean items;-Staff should cleanse all areas of the body that come into contact with urine or feces. During an interview on 7/24/25 at 10:00 AM the Infection Preventionist (IP) said the following:-Staff should wash their hands or use hand sanitizer before applying gloves, staff should change gloves and either wash their hands or use hand sanitizer then apply glove before touching clean items or the resident after care;-Staff should cleanse all parts of the residents body that come into contact with urine. During an interview on 7/24/25 at 3:50 P.M. the Director of Nursing said the following:-Staff should wash their hands or use hand sanitizer and apply gloves before performing incontinent care and when finished with incontinent care staff should wash their hands and apply new gloves before touching clean items;-Staff should clean all areas of the body in contact with urine or feces.

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview and record review, the facility failed to ensure one resident (Resident #75) of 18 sampled residents and one additional resident (Resident #100), were treated in a manner to maintain dignity and respect. Resident #75 said the way staff treated him/her during cares made him/her feel disrespected and discouraged. The facility census was 49. Review of the facility's undated policy, Resident Rights, showed the following: -The community will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the community;-The community will ensure that all direct care and indirect care staff members, including contractors and volunteers, are educated on the rights of residents and the responsibility of the community to properly care for its residents. 1. Review of Resident #75's undated face sheet showed he/she had diagnoses that include congestive heart failure (a chronic condition in which the heart does not pump blood as well as it should). Review of the resident's care plan, dated 07/10/25 showed the following: -He/She had an activities of daily living (ADLs) self-care need;-He/She required limited assistance from one staff to turn and reposition in bed, with personal hygiene, for toileting, to move between surfaces and to walk. During an interview on 07/23/25 at 10:42 A.M., the resident said the following: -He/She was abruptly awakened by staff about 2:00 A.M on 07/23/25; -The staff blasted into his/her room, turned on the overhead light and was very loud and announced bed check time;-He/She went ahead and went to the restroom and the (unidentified) Certified Nurse Assistant (CNA) told the resident he/she needed to be using his/her legs more, insinuating the resident was not doing enough to help staff; -It was very disrespectful for this staff to barge into his/her room and treat the resident in this manner, the resident felt discouraged;-He/She had a rough day, was in significant pain due to a physician's appointment where his/her stitches were removed and x-rays taken, and it took him/her some time to fall asleep again. During an interview on 07/24/25 at 10:10 A.M., the resident said the following: -Last night was rough again;-The CNA was just as gruff and did not act like he/she had much patience;-He/She was not sure if it was the same staff as the night before;-It was not very respectful;-The way staff treated him/her the past two nights made him/her feel like a burden and it was very disheartening. 2. Review of Resident #100's face sheet showed he/she had diagnoses that include bilateral primary osteoarthritis of the knee (a type of arthritis that occurs when flexible tissue at the ends of the bones wears down causing pain in the joints). Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility, dated 05/14/25, showed the following: -Cognitively intact;-Adequate hearing, makes self understood and understands others;-No behaviors or rejection of cares;-Dependent on staff for toileting hygiene;-Needs substantial/maximum staff assistance for rolling left to right, sit to lying, lying to sitting on the side of the bed, sit to stand, chair/bed-to-chair transfer and toilet transfer;-Occasionally incontinent of bladder. Review of the resident's care plan, dated 06/08/25, showed the following: -Extensive assistance by one staff for personal hygiene and transfers between surfaces;-Extensive assistance from two staff members for toilet use. During an interview on 05/20/25 at 9:15 A.M., the resident said the evening of 05/19/25 a caretaker, came into his/her room and threw the sheet off him/her and touched his/her private area. He/She asked the caretaker what he/she was doing, and the caretaker said, checking to see if you're wet. The resident told the caretaker to ask next time instead of just throwing the sheet off him/her. The resident did not feel like there was anything sexual about the incident and was not scared. The caretaker told the resident he/she did not want to wake the resident. During an interview on 07/24/25, at 3:49 P.M., the Director of Nursing (DON) said the following: -She would expect staff to speak to residents respectfully;-She would expect staff to treat residents with dignity and respect;-Bed check should be completed during the night by knocking lightly on the door, wake the resident up to provide needed care and not to scare or startle the (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident; -During the night, the overhead light should not be flipped on, and staff should not announce themselves in a loud manner;-A resident should never be told by staff that they should be doing more than they are doing or be made to feel like they are not doing enough;-Covers should never be pulled back to do a bed check and a hand should never be placed on an incontinent product without telling the resident what was occurring;-Staff should not be gruff or short with a resident while providing care, the residents should always be treated with respect and kindness. During an interview on 07/24/25 at 4:06 P.M., the administrator said the following:-She would expect staff to speak to all residents with respect;-All residents should be treated with dignity and respect;-Bed check should be completed during the night with respect, dignity and with common decency;-The light should not be flipped on, and staff announce themselves in a manner that startled the resident during the middle of the night;-A resident should not be told they could be doing more, or be made to feel like they are not doing enough;-Covers should not be pulled back to do a bed check and a hand be placed on an incontinent product without tell the resident what is occurring;-Staff should never be gruff or short with a resident when providing care or during any interactions. 1779565

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow acceptable standards of practice for two sampled residents (Resident #10 and Resident #72) out of 18 sampled residents, when staff failed to ensure only current ordered medications were available for administration and medications were kept secured in each resident's individual medication storage cabinet. The facility census was 49. 1. Review of Resident #10's face sheet showed the resident was admitted to the facility on [DATE] with diagnoses of amyotrophic lateral sclerosis (ALS - a progressive neurodegenerative disease that affects nerve cells controlling muscle movement) and major depressive disorder. Review of the resident's care plans dated 6/24/25 showed no care plan for the resident to self-medicate. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff dated 6/26/25 showed the following:-Able to understand others, and usually able to make self-understood;-Brief Interview for Mental Status (BIMS - a screening tool used to assess cognitive function) score of 14, able to make decisions appropriately;-Dependent upon staff for activities of daily living. Observation on 7/22/2025 at 9:14 A.M. showed the following:-A locked medication cabinet inside a series of cabinets on the wall upon entering the resident's room.-Inside a separate unlocked cabinet several cards of medications including baclofen (a muscle relaxer), meclizine (an antihistamine that's used to prevent and treat nausea, vomiting, and dizziness, particularly those associated with motion sickness and vertigo), omeprazole (an antacid), fluticasone (treat various inflammatory conditions), albuterol inhaler (used to treat breathing difficulties), potassium chloride (used to treat low potassium levels); Riluzole (a medication used to treat ALS), Vitamin B12, Vitamin C and a bottle of Thera Vitamins;-A bag of fleets enemas.-The cards of medications were dated from March 2025. The box of individual pill pouches was dated 2024. Review of the resident's physician orders dated July 2025 showed the following:-An order for albuterol sulfate inhaler, but no order for the resident to self-medicate;-Omeprazole 2mg one tablet daily - but no order for the resident to self-medicate;-Bacolfen 10 mg as needed - but no order for the resident to self-medicate;-Omeprazole 20 mg as needed - but no order for the resident to self-medicate;-There were no physician orders for meclizine, fluticasone, potassium chloride, Riluzole, Vitamin B12, Vitamin c or the Thera Vitamins. Review of the resident's medical record showed no assessment for the resident to self-medicate nor a physician order to self-medicate. During an interview on 7/22/25 at 9:05 A.M. the Director of Nursing said the following:-The resident did not have physician orders for some of the medications;-The resident came from an assisted living facility and medications must have come from that facility. The resident admitted to the facility in March of 2025. -The medication should be in the locked cabinet. 2. Review of Resident #72's face sheet showed the following:-admitted to the facility on [DATE];-Diagnoses of dementia, anxiety, Parkinsonism (a general term describing a group of neurological conditions that share similar symptoms with Parkinson's disease, such as tremors, stiffness, and slow movement), fracture of T 11 and T13 vertebra, wedge compression fracture (a type of spinal fracture where the front portion of a vertebra collapses, causing it to take on a wedge shape) of fourth lumbar vertebra. Review of the resident's care plans dated 7/16/25 showed no care plan for the resident to self-medicate. Review of the resident's BIMs dated 7/21/25 showed a score of 11 (indicating moderate cognitive impairment) Review of the resident's medical record showed no self-medication assessment or order to self-medicate. Observation on 7/22/25 at 5:27 AM and again on 7/23/25 at 2:00 PM showed the following:-A bottle of Salonpas (pain relief medication) on the resident's over bed with no pharmacy label. The bottle had been opened;- An open bottle of probiotic medication; -Saline nasal spray on the sink in the bathroom. Review of the resident's physician orders dated July 2025 showed no order for the Salonpas, the probiotic or the nasal spray.During an interview on 7/23/25 at 2:00 PM Licensed Practical Nurse (LPN) I said the following:-The resident should not have the medication at the bedside (continued on next page)

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Cottages of Lake St Louis	2885 Technology Drive Lake Saint Louis, MO 63367

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	even if it was over the counter, unless there was a physician order for the resident to keep the medication at the bedside;-The resident did not have an order to keep medication at the bedside. During an interview on 7/24/25 at 3:30 P.M. the Director of Nursing said all medications should be in the locked medication cabinets in each resident's room unless there was a physician's order for the medication to be kept at bedside.