

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265866	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Steelville Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 311 N Spring Street Steelville, MO 65565	

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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50422</p> <p>Based on interview and record review, facility staff failed to ensure three residents (Resident #19, #22, and #37) out of twelve sampled residents have appropriate access to their trust fund account to include on the weekends. The facility census was 41.</p> <ol style="list-style-type: none"> Review of facility's policies showed staff did not provide a policy for resident funds. Review of Resident #19's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 05/05/24, showed staff assessed the resident as moderate cognitive impairment. <p>During an interview on 08/14/24 at 2:30 P.M., the resident said he/she cannot get money on the weekends and likes to have cash on the weekends for a soda. He/She said it feels like they are ripping me off, it's my money, not theirs. He/she said he/she should have access to it when he/she needs it.</p> <ol style="list-style-type: none"> Review of Resident #22's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact. <p>During an interview on 0/14/24 at 9:29 A.M., the resident said we can't get money on the weekends because no one is here to get it from. He/She said usually they have to ask for money on Fridays or they won't have it for the weekend. He/She said he/she wish money was available on the weekends.</p> <ol style="list-style-type: none"> Review of Resident #37's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact. <p>During an interview on 8/14/24 at 8:39 A.M., the resident said no one is here on the weekends to give him/her money. He/She said ff you are not in the office by 4:00 P.M. on Friday, you might as well forget it, because you won't get any money. He/She said he/she would like money to be available on the weekends.</p> <ol style="list-style-type: none"> During an interview on 08/16/24 at 1:15 P.M., License Practical Nurse (LPN) A said he/she is unsure what he/she would do if a resident asked for money on the weekends. He/She said he/she would call Social Services and ask what he/she needed to do. <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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/15/24 at 10:09 A.M., the Business Office said he/she is in office Monday-Friday 8:00 A.M.- 4:30 P.M. for the residents if they need money. He/She said we do not have anyone here on the weekends to give cash. He/She said he/she was not aware residents needed to have access to their money on the weekends. He/She said he/she thought it was three banking days.</p> <p>During an interview on 08/16/24 at 12:35 P.M., the Director of Nursing said residents have access to their money Monday-Friday. He/She said he/she was unsure what is done on the weekends if resident asks for money.</p> <p>During an interview on 08/16/24 at 12:58 P.M., the administrator said if residents need money, they go to the business office and get it. He/She said on Fridays we encourage the residents to take more money out in case they need some on the weekend. He/She said ff resident asks for money on the weekends, they can call me, and he/she can come in.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39644</p> <p>Based on observation, interview, and record review, facility staff failed to document and update care plans in regard to catheters for two (Resident #19 and #22) out of two sampled residents. Facility staff failed to document and update one resident (Resident #11) out of four resident care plans when the resident had a fall. The facility census was 41.</p> <p>1. Review of the facility's Goals and Objective, Care Plans Policy, revised 04/2009, showed staff are directed to update and revise care plans when there has been a significant change in residents' condition, when the resident has been readmitted to facility, and at least quarterly.</p> <p>2. Review of the Resident #19's Quarterly Minimum Data Sheet (MDS), a federally mandated assessment tool, dated 05/05/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderate Cognitive impairment; -Dependent of toileting; -Had indwelling catheter. <p>Review of the resident's care plan, dated 07/16/24, showed the plan did not contain documentation of the resident's catheter.</p> <p>3. Review of the Resident #22's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitively intact; -Independent of toileting. <p>Review of the resident's care plan, dated 07/16/24, showed the plan did not contain documentation of the resident's catheter.</p> <p>Observation on 08/13/24 at 12:58 P.M., showed resident in bed with his/her catheter bag on side of bed.</p> <p>Observation on 08/14/24 at 9:28 A.M., showed resident in bed with his/her catheter bag on side of bed.</p> <p>Observation on 08/16/24 at 9:50 A.M., showed resident in bed with his/her catheter bag on side of bed.</p> <p>4. Review of Resident #11's quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Severe cognitive impairment;</p> <p>-No falls since last MDS</p> <p>-Used wheelchair for mobility.</p> <p>Review of the resident's nurses note, dated 07/30/24, showed staff documented the resident found on the floor.</p> <p>Review of the resident's care plan, dated 05/21/24, showed the care plan did not contain documentation of the resident's fall on 07/30/24 or updated fall interventions.</p> <p>5. During an interview on 08/16/24 at 12:00 P.M., the Care Plan Coordinator said the facility has Interdisciplinary team (IDT) meetings weekly to discuss resident declines and falls to be added to care plans. He/She said fall interventions are immediately implanted by the charge nurse when a fall occurs and then interventions are added to care plan weekly after IDT meetings. He/She said he/she expects catheters and falls to be updated and added to care plans. He/She said he/she is the only one who puts things on the resident's care plans. He/She said he/she is unsure who monitors the care plans after him/her.</p> <p>During an interview on 08/16/24 at 12:38 P.M., the Director or Nursing said care plans are updated with change of condition, hospitalization s, falls, every three months. He/She said he/she expects catheters and falls to be on care plan. He/She said falls are talked about weekly during the IDT meeting. He/She said care plan coordinator updates the care plans. He/She said corporate nurse monitors the care plans and lets the care plan coordinator know if something else needs to be added to care plan.</p> <p>During an interview on 08/16/24 at 12:58 P.M., the administrator said care plans are updated with significant change, fall, diet change, after weekly IDT meetings, and quarterly. He/She said he/she expects falls and catheters to be on care plans. He/She said care plan coordinator updates the care plan and the corporate nurse oversees care plans.</p> <p>50422</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>39644</p> <p>Based on interview and record review, facility staff failed to provide the services of a Registered Nurse (RN), for at least eight (8) consecutive hours per day, seven days a week. The facility census was 41.</p> <ol style="list-style-type: none"> Review of the facility's policies showed staff did not provide a policy for RN coverage. Review of the facility's RN staff schedule, and payroll detail, dated June 2024, showed the facility did not have an RN in the building the following dates: <ul style="list-style-type: none"> -Sunday 06/02/24; -Saturday 06/08/24; -Sunday 06/09/24. Review of the facility's RN staff schedule, and payroll detail, dated July 2024, showed the facility did not have an RN in the building the following dates: <ul style="list-style-type: none"> -Thursday 07/04/24; -Friday 07/05/24. Review of the facility's RN staff schedule, and payroll detail, dated August 2024, showed the facility did not have an RN in the building the following dates: <ul style="list-style-type: none"> -Saturday 08/03/24; -Sunday 08/04/24; -Monday 08/5/24. During an interview on 08/16/24 at 12:42 P.M., the Director of Nursing (DON) said when there is no RN to cover a shift he/she would come in to cover the shift. The DON said if there was a shift not covered the only reason, would have been because he/she was on vacation. <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/16/24 1:09 P.M., the administrator said the DON is available as a backup if there is not an RN on the schedule. The administrator said the DON is also on call every other weekend. The administrator said she is responsible for the schedules, and does the schedule a month ahead for vacation or planned time off. The administrator said, usually as the month goes on things happen, like a call in or no call, no show. The administrator when that happens it is posted on a messaging system we use. If no one takes the shift the DON is called. The administrator said when asked why the above dates were not covered by an RN, that she believed the DON came in those days. The administrator said the other RN in the building had surgery within the last few months and that may have been why days were missed.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47193</p> <p>Based on observation, interview, and record review, facility staff failed to discard expired medications from amedication storage cabinet. Failed to ensure medications were stored in a safe and effective manner, by not ensuring medications were properly labeled and contained in their original package until time of administration for two medication carts. Facility staff placed nonmedication in a medication refrigerator in the storage room. The facility census was 41.</p> <p>1. Review of the facility's storage of medication policy, revised April 2019, showed it directed staff as follows:</p> <ul style="list-style-type: none"> -Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received; -The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner; -Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed; -Medications requiring refrigeration are stored in a refrigerator located in the drug room at the nurses' station or other secured location. Medications are stored separately from food and are labeled accordingly. <p>2. Observation on 08/13/24 at 10:12 A.M., showed the cabinet in the medication storage room contained four bottles of Vitamin D 10 micrograms (mcg) with an expiration date of 5/24.</p> <p>Observation on 08/14/24 at 10:00 A.M., showed the cabinet in the medication storage room contained four bottles of Vitamin D 10 mcg with an expiration date of 5/24.</p> <p>During an interview on 08/13/24 at 10:49 A.M., Certified medication technician (CMT) B said it is the CMT's responsibility to check the medication room for expired medications. He/She said there is not a schedule and the CMT's just spot check them. He/She was not aware there were expired medications in the medication storage room cabinet.</p> <p>During an interview on 08/14/24 at 9:29 A.M., Licensed Practical Nurse (LPN) A said he/she is not sure who is in charge of maintaining the medication storage room but he/she believes the Assistant Director of Nursing/Director of Nursing (ADON/DON) do regular checks. He/She said there should not be any expired medications in the medication storage room cabinets.</p> <p>During an interview on 08/14/24 at 9:41 A.M., the ADON said CMT's are responsible for maintaining the medication storage room over the counter medications and they should be looking for expired medications. He/She was not aware there were expired medications in the med storage room.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/14/24 at 9:47 A.M., the DON said LPN D does weekly medication storage checks and pharmacy comes and checks it monthly. He/She said that CMT's should be checking for expired over the counter medication in the medication storage room. He/She said he/she was not aware there were expired medications in the medication storage room.</p> <p>During an interview on 08/14/24 at 1:03 P.M., the Administrator said it is the responsibility of their weekday CMT's to maintain the medication storage room. He/She said they should be checking for expired medications at least weekly. He/She was not aware there were any expired medications in the medication storage room. He/She said pharmacy also comes monthly and usually checks the medication storage room as well.</p> <p>During an interview on 08/15/24 at 8:39 A.M., LPN D said he/she was just recently tasked with being in charge of checking and maintaining the medication storage room. He/She said he/she has only been in charge of the task for the last week. He/She has not observed any concerns with expired medication in the medication room.</p> <p>3. Observation on 08/13/24 at 10:17 A.M., showed the [NAME] Way hall medication cart contained the following loose pills:</p> <ul style="list-style-type: none"> -One oval green tablet; -One oval blue tablet. <p>During an interview on 08/13/24 at 10:30 A.M., CMT C said it is the CMT's responsibility to check medication carts. He/She said he/she checks his/her medication cart at least once weekly or as needed for loose pills. He/She said medication carts should not have loose pills.</p> <p>4. Observation on 08/13/24 at 10:22 A.M., showed the Yadkin Lane hall medication cart contained the following loose pills:</p> <ul style="list-style-type: none"> -One large circle white tablet; -One small circle yellow tablet; -One small circle white tablet; -One oval yellow tablet. <p>During an interview on 08/13/24 at 10:49 A.M., CMT B said it is the CMT's responsibility to check medication carts for loose pills. He/She said there is not a scheduled time and that he/she just spot checks his/her medication cart. He/She was not aware the medication cart contained loose pills.</p> <p>During an interview on 08/14/24 at 9:29 A.M., LPN A said it is the responsibility of the CMT's to maintain their medication carts and check for loose pills. He/She knows they check the medication carts but he/she is not sure how often the CMT's are doing it. He/She said there should not be any loose in the medication carts.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/14/24 at 9:41 A.M., the ADON said CMT's are responsible for checking their carts for loose pills. He/She expects staff to check carts at least once weekly and as needed. He/She was not aware there were loose pills in medication carts.</p> <p>During an interview on 08/14/24 at 9:47 A.M., the DON said CMT's are responsible for maintaining the medication carts and checking for loose pills. He/She said LPN D does weekly medication cart checks and pharmacy comes and checks them monthly. He/She said he/she was not aware there were loose pills in the medication carts.</p> <p>During an interview on 08/14/24 at 1:03 P.M., the Administrator said the weekday CMT's are responsible for maintaining medication carts. He/She expects the CMT's to check medication carts once weekly and as needed. He/She was not aware there were loose pills in the medication carts. He/She said pharmacy also come once a month and checks medication carts. He/She said the pharmacist usually notifies him/her if he/she finds anything.</p> <p>During an interview on 08/15/24 at 8:39 A.M., LPN D said he/she was just recently tasked with overseeing checking medication carts. He/She said he/she checks them weekly and checks for loose pills. He/She has not observed any issues with loose pills being found in the medication carts. He/She said the facility uses the clear pre-filled pill packs so there is not usually an issue with loose pills being found in the carts.</p> <p>5. Observation on 08/13/24 at 10:07 A.M., showed the medication room refrigerator with medications contained:</p> <ul style="list-style-type: none"> -Two bottles of lemon juice; -One energy drink; -One can of cream soda; -Two uncovered containers of pudding; -One fruit dessert; -One opened bottle of water. <p>Observation 08/14/24 at 10:00 A.M., showed the medication room refrigerator with medications contained:</p> <ul style="list-style-type: none"> -Two uncovered containers of pudding; -Two undated bottles of lemon juice. <p>During an interview on 08/13/24 at 10:30 A.M., CMT C said he/she checks medication refrigerators at least once weekly or as needed. He/She said policy is staff should not place their food or drinks in the medication fridge. He/She said he/she is not sure why it is in there.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/13/24 at 10:49 A.M., CMT B said it is the CMT's responsibility to check the medication refrigerator. He/She said there should not be food in the medication refrigerator. He/She is not sure who put it in there, but policy says it shouldn't be in there.</p> <p>During an interview on 08/14/24 at 9:29 A.M., LPN A said he/she is not sure who is in charge of maintaining the medication storage room refrigerator but he/she believes the ADON/DON do regular checks. He/She does not know why there is food and drinks in the refrigerator, but he/she said there should not be due to the possibility of cross contamination.</p> <p>During an interview on 08/14/24 at 9:41 A.M., the ADON said CMT's are responsible for maintaining the medication storage room refrigerator. He/She said the medication storage room refrigerator is only allowed to have closed pudding, house shakes and juices used for the medication cart. He/She said staff and resident food should not be stored in the medication storage room refrigerator.</p> <p>During an interview on 08/14/24 at 9:47 A.M., the DON said the CMT's are responsible for maintaining the medication storage room refrigerator. He/She said they have a separate fridge for staff and resident food and there should not be food or drinks in the fridge. He/She said he/she was not aware of food in fridge or who put it in there. He/She said this is a risk for cross contamination.</p> <p>During an interview on 08/14/24 at 1:03 P.M., the Administrator said the weekday CMT's are responsible for maintaining the medication storage room refrigerator. He/She expects the CMT's to be checking the refrigerator weekly. He/She said they also do refrigerator temperature checks daily so that should be another observation of the refrigerator as well as monthly pharmacy checks. He/She said there should not be any food or drinks in the refrigerator. He/She said he/she was not aware there was food and drinks in the refrigerator and he/she is not sure why because staff and residents have their own separate refrigerator.</p> <p>During an interview on 08/15/24 at 8:39 A.M., LPN D said he/she was just recently tasked with overseeing the medication storage room refrigerator. He/She said it is checked weekly with the medication storage room. He/She said the only food items allowed in the fridge are the house shakes. He/She said staff should not place personal food or drinks in the refrigerator due to the possibility of cross contamination. He/She was not aware there were food items in the fridge. He/She said he/she has not had that issue in the past. He/She said the facility has an employee fridge and a resident fridge to store personal food and drinks.</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>45564</p> <p>Based on observation, interview and record review, facility staff failed to store and serve food at temperatures adequate to prevent food borne illness. Facility staff failed to sanitize kitchen wares in a manner to prevent contamination. These failures have the potential to affect all residents. The census was 41.</p> <p>1. Review of the instructions for completing daily temperature logs, undated, showed refrigerators should be 40 degrees F or lower. Review showed staff were instructed to circle the date and explain any corrective actions on the back of the chart or separate piece of paper.</p> <p>Review of the facility's refrigerator temperature log, dated August 2024, showed the log contained columns labeled AM, Noon and PM and indicated a maximum allowable temperature of 41 degrees F. Review showed the log did not contain any circled dates and there were no attached corrective action notes. Review showed:</p> <ul style="list-style-type: none"> -On 08/01/24 staff documented a temperature of 52 degrees F in the noon and PM columns; -On 08/02/24 staff documented a temperature of 45 degrees F in the PM column; -On 08/03/24 staff documented a temperature of 42 degrees F in the noon column and 50 degrees F in the PM column; -On 08/04 staff documented a temperature of 50 degrees F in the PM column; -On 08/05/24 staff documented a temperature of 52 degrees F in the PM column; -On 08/06/24 staff documented a temperature of 46 degrees F in the noon column and 47 degrees F in the PM column; -On 08/07/24 staff documented a temperature of 46 degrees F in the AM column, 49 degrees F in the noon column and 47 degrees F in the PM column; -On 08/10/24 staff documented a temperature of 48 degrees F in the AM column and 50 degrees F in the noon column; -On 08/13/24 staff documented a temperature of 51 degrees F in the AM column, 55 degrees F in the noon column and 55 degrees F in the PM column; -On 08/14/24 staff documented a temperature of 50 degrees F in the AM column. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265866	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Steelville Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 311 N Spring Street Steelville, MO 65565	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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>Observation on 08/14/24 at 12:19 P.M., showed the exterior thermometer on the walk in refrigerator indicated a temperature of 58 degrees Fahrenheit (F). The facility's thermometer located inside the door of the walk in refrigerator indicated a temperature of 56 degrees F. Observation showed a calibrated digital thermometer, placed next to the facility thermometer inside the door, indicated a temperature of 54 degrees F.</p> <p>Observation on 08/15/24 at 8:54 A.M., showed the interior and exterior thermometers on the walk in refrigerator indicated a temperature of 50 degrees F.</p> <p>Observation on 08/15/24 at 11:37 A.M., showed the interior and exterior thermometers on the walk in refrigerator indicated a temperature of 52 degrees F.</p> <p>During an interview on 08/14/24 at 1:18 P.M., Coog G said the walk in refrigerator temperature should be 41 degrees F or below. [NAME] G said the refrigerator temperature was at 58 degrees F on the outside thermometer. [NAME] G said if the temperature was above 41 degrees F he/she would check to see if anyone had been in the refrigerator, and if not, let maintenance know.</p> <p>During an interview on 08/14/24 at 1:30 P.M., Dietary Aide (DA) I said he/she checked the walk in refrigerator this morning and the temperature was 50 degrees F. DA I said he/she told his/her supervisor the temperature was too high. DA I said he/she checked the walk in refrigerator temperature the day prior but he/she did not remember what the temperature was.</p> <p>During an interview on 08/14/24 at 3:42 P.M., the maintenance director said he/she was not aware of walk in refrigerator not cooling correctly and did not have a TELS work order related to the refrigerator. The maintenance director said he/she did not know what temperature the refrigerator should be since kitchen staff monitored and knew to a put work order in TELS if it was not right.</p> <p>During an interview on 08/15/24 at 8:56 A.M., [NAME] H said he/she checked walk in refrigerator temperature earlier and the temperature was 51 degrees F. [NAME] H said he/she knew the temperature was too high so he/she let the DM know. [NAME] H said he/she thought the temperature was high for the past three days and another staff member had told the DM.</p> <p>During an interview on 08/15/24 at 11:31 A.M., the Dietary Manager (DM) said the dietary aides were responsible for checking refrigerator temperatures. The DM said the aides had a temperature log for refrigerator temperatures which were taken morning, noon and evening. The DM said refrigerator temperatures should be 40 degrees F or below. The DM said if refrigerators were not at the correct temperature the aides should tell him/her so he/she could put a work order in TELS (computerized building management software) and the work order would go to maintenance. The DM said all kitchen staff knew correct refrigerator temperature ranges. The DM said he/she was not aware the walk in refrigerator temperature was too high on the previous couple of days.</p> <p>2. Observation on 08/15/24 at 9:01 A.M., showed the resident dining room cold table contained pinchers of resident drinks, a partial gallon of milk and a plastic container of pudding. Observation showed the pudding temperature was 45 degrees F.</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>Observation on 08/15/24 at 11:41 A.M., showed the cold table contained six pitchers of resident drinks, a partial gallon of milk, two plastic containers of pudding, and one container of cottage cheese. Observation showed the temperature of the milk was 52 degrees F and the temperature of the pudding was 48 degrees F. Observation showed the residents were served drinks and pudding from the cold table during lunch.</p> <p>During an interview on 08/15/24 at 9:02 A.M., DA J said he/she checked food and drink temperatures on the cold table after every meal but he/she had not checked yet since breakfast was not over. DA J said the pudding temperature should be around 34 degrees F. DA J said he/she had only worked at the facility for three weeks so he/she was still learning how everything worked.</p> <p>During an interview on 08/15/24 at 11:41 A.M., the DM said items on the cold table should be 41 degrees F or less. The DM said the dietary aides were responsible for making sure items on the cold bar were kept at the correct temperature. The DM said he/she did not know when the items were put on the cold table, but they were typically put out after breakfast. The DM said the pudding was prepared with milk and should be kept cold.</p> <p>3. Review of the facility's Sanitization policy, revised October 2008, showed the instructions for manual washing and sanitizing did not contain direction to fully submerge items in the sanitizer solution.</p> <p>Review of the sanitizer directions for use showed sanitize by immersing articles with a use solution of one to two ounces of this product per four gallons of water (or equivalent dilution) (200-400 pm active quaternary) for at least 60 seconds. Articles too large for immersion should be thoroughly wetted by rinsing, spraying or swabbing.</p> <p>Observation on 08/14/24 at 1:05 P.M., showed the sanitizer sink contained a food processor bowl which was not fully submerged in the sanitizer solution. Observation showed [NAME] G removed the bowl and placed it on the drain board. [NAME] G then hand washed and rinsed a pot, then placed the pot in the sanitizer. Observation showed the pot was not fully submerged. Observation showed the pot remained in the sanitizer for five minutes and was never fully submerged before [NAME] G removed the pot from the sanitizer and placed it on the drain board.</p> <p>Observation on 08/14/24 at 1:12 P.M., showed [NAME] G washed and rinsed a large steam table pan, and placed the pan in the sanitizer. Observation showed the pan was not fully submerged. Observation showed the pan remained in the sanitizer for two minutes and was never fully submerged before [NAME] G removed the pan from the sanitizer and placed it on a shelf to dry.</p> <p>During an interview on 08/14/24 at 1:18 P.M., [NAME] G said staff fully submerge kitchen wares in the sanitizer for at least two minutes before removing to air dry. [NAME] G said he/she thought everything was fully submerged in the sanitizer.</p> <p>During an interview on 08/15/24 at 11:31 A.M., the DM said staff should wash, rinse, then soak items in sanitizer for over 2 minutes. The DM said all items should be fully submerged in the sanitizer. The DM said he/she was not aware of kitchen wares not being fully submerged in the sanitizer.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39440</p> <p>Based on observation, interview, and record review, facility staff failed to use appropriate infection control procedures to prevent or reduce the risk of spreading bacteria, when staff failed to wash/sanitize hands during wound care and catheter care for one (Resident #1) of one sampled resident. Facility staff failed to change gloves and wash/sanitize hands during perineal care for one (Resident #7) out of two sampled residents. Facility staff failed to follow standard precautions during the performance of routine blood glucose tests for two (Resident #20 and #27) of two sampled residents. The facility census was 41.</p> <p>1. Review of the facility's policy on Handwashing/Hand Hygiene, dated 2001, showed the facility considers hand hygiene is the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Staff are instructed:</p> <ul style="list-style-type: none"> -Wash hands with soap (antimicrobial or non-antimicrobial) and water when hands are visibly soiled; -Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: <ul style="list-style-type: none"> -Before and after direct contact with residents; -Before handling clean or soiled dressings, gauze pads, etc.; -Before moving from a contaminated body site to a clean body site during resident care; -After contact with blood or bodily fluids; -After handling used dressings, contaminated equipment, etc.; -After removing gloves. <p>2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/20/24, showed staff assessed the resident as cognitively intact, and received application of non-surgical dressings (with or without topical medications) other than to feet.</p> <p>Review of the resident's care plan, dated 07/09/24, showed staff assessed the resident with pressure ulcer related to immobility, and his/her open areas will show signs of healing and remain free from infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/14/24 at 3:16 P.M., showed Licensed Practical Nurse (LPN) A entered the resident's room to provide catheter and wound care. The LPN put gloves on, removed the soiled dressing from the resident's genital wound, changed his/her gloves, opened a sterile catheter kit, and performed the catheter treatment. The LPN changed his/her gloves, removed the dressing from the resident's left hip, cleansed the wound, and covered the wound with a dressing. The LPN changed his/her gloves, cleansed the genital wound, applied an ointment, covered the wound with a dressing, changed the glove to his/her right hand, and pulled up the resident's brief. The LPN did not wash/sanitize his/her hands between glove changes during care.</p> <p>During an interview on 08/14/24 at 3:57 P.M., LPN A said he/she should have washed/sanitized his/her hands between glove changes to prevent cross-contamination. The LPN said he/she did not wash/sanitize his/her hands between glove changes because he/she was nervous.</p> <p>3. Review of Resident #7's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Substantial/maximal assistance with toileting hygiene; -Frequently incontinent of bowel and bladder. <p>Observation on 08/14/24 at 9:10 A.M., showed Certified Nurses Aide (CNA) E performed peri care on the resident. CNA E did not change his/her gloves after he/she performed peri care to the buttock area or before he/she placed new brief underneath resident, performed frontal peri care, and adjusted the resident up in bed and adjusted bed sheets.</p> <p>During an interview on 08/14/24 at 9:15 A.M., CNA E said he/she should have changed his/her gloves and washed her hands between dirty and clean cares due to risk of infection. He/She said he/she did not because he/she was nervous.</p> <p>During an interview on 08/16/24 at 12:35 P.M., the Director of Nursing (DON) said he/she expects staff to wear gloves when they provide care to residents and when they anticipate contact with bodily fluids. The DON said staff should wash or sanitize their hands between glove changes, and when their hands are soiled, to prevent the spread of infection.</p> <p>During an interview on 08/16/24 at 12:59 P.M., the administrator said he/she expects staff to wear gloves when they provide peri-care, catheter care, wound care, and when they anticipate contact with bodily fluids. The administrator said staff should wash hands/sanitize between glove changes, and when their hands are soiled, to essentially prevent infection and cross-contamination.</p> <p>4. Review of the facility's Obtaining a Fingerstick Glucose Level, policy, Revised October 2011, showed staff are directed as follows:</p> <ul style="list-style-type: none"> -Remove gloves and discard into designated container; -Wash hands. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Centers for Disease Control and Prevention (CDC) guidance for Considerations for Blood Glucose Monitoring and Insulin Administration, recommended practices in healthcare settings showed:</p> <p>Hand hygiene:</p> <ul style="list-style-type: none"> -Wear gloves during blood glucose monitoring and during any other procedure that involves potential exposure to blood or body fluids; -Change gloves that have touched potentially blood-contaminated objects or fingerstick wounds before touching clean surfaces; -Preform hand hygiene immediately after removing gloves. <p>5. Review of Resident #20's quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Diagnosis of Diabetes (chronic disease that occurs when the body doesn't produce enough insulin or cant use insulin properly); -Received insulin injections seven days of the seven day look back period. <p>Observation on 08/14/24 at 11:06 A.M., showed Certified Medication Technician (CMT) B tested the residents blood glucose level, removed his/her gloves, grabbed the used test strip by the blood soiled end and removed it from the glucometer. CMT B then used a disinfectant wipe to clean his/her hands and glucometer.</p> <p>Observation on 08/15/24 at 11:20 A.M., showed CMT B tested the residents blood glucose level, he/she then grabbed the used test strip by the blood soiled end and removed it from the glucometer, then with the same soiled gloves touched the computer mouse and keyboard before he/she removed the soiled gloves.</p> <p>6. Review of Resident #27's quarterly MDS, dated /24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Diagnosis of Diabetes; -Received insulin injections 7 days of the 7 day look back period. <p>Observation on 08/14/24 at 11:09 A.M., showed CMT B tested the residents blood glucose level, removed his/her gloves, grabbed the used test strip by the blood soiled end and removed it from the glucometer. CMT B then used a disinfectant wipe to clean his/her hands and glucometer.</p> <p>Observation on 08/15/24 at 11:24 A.M., showed CMT B tested the residents blood glucose level, he/she then grabbed the used test strip by the blood soiled end and removed it from the glucometer, then with the same soiled gloves touched the computer mouse and keyboard before he/she removed the soiled gloves.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/15/24 at 11:30 A.M., CMT B said he/she should have used the glove to take the test strip out of the glucometer, and then thrown both away. The CMT said he/she should have removed the soiled gloves before he/she used the computer to document the blood sugar levels.</p> <p>During an interview on 08/16/24 at 12:40 P.M., the DON said staff should remove the strip out the glucometer with gloved hands, then throw gloves and strip away, sanitize hands and clean glucometer. The DON said staff should wash hands their hands if they touched the test strip where the blood is placed. It is important to wash your hands if it came in contact with blood so it doesn't come in contact with other things such as a machine card or the computer.</p> <p>During an interview on 08/16/24 at 1:05 P.M., the administrator said when blood sugar checks are done by staff she would expect them to wear gloves. The administrator said it is not appropriate to grab the end of the test strip where the blood is collected due to opportunity of coming in contact with the blood. The administrator said she would expect staff to wash their hands if they come in contact with blood or bodily fluids.</p> <p>39644</p> <p>47193</p> <p>50422</p>		