

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265819	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2025
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NAME OF PROVIDER OR SUPPLIER STONEBRIDGE OAK TREE	STREET ADDRESS, CITY, STATE, ZIP CODE 3108 WEST TRUMAN BOULEVARD JEFFERSON CITY, MO 65109
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 695 SS=E	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, facility staff failed obtain physician orders for Continuous Positive Airway Pressure (CPAP) machines, non-invasive mechanical ventilation device, and failed to adequately clean and maintain the machines, masks and tubing for three residents (Residents #26, #9 and #14) of four sampled residents. The facility census was 30.</p> <p>1. Review of the facility's policy titled "CPAP/Bi-level positive airway pressure (BiPAP), non-invasive mechanical ventilation machine, Support", dated March 2015, showed staff should wipe the machine with warm soapy water and rinse at least once a week and as needed. Clean humidifier weekly and air dry. Rinse washable filter under running water once a week to remove dust and debris. Replace disposable filters monthly. For mask, nasal pillows and tubing, clean daily by placing in warm, soapy water and soaking/agitating for five minutes. Mild dish detergent is recommended. Rinse with warm water and allow it to air dry between uses. Document the following in the resident's medical record:</p>	F 695		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE LNAIA	(X6) DATE 3/17/2025
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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.

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F 695	Continued From page 1 -Time CPAP was started and duration; -Mode and settings for CPAP; -How resident tolerates CPAP therapy; -Oxygen saturation during CPAP therapy. Review of the facility's policy titled "Medication and Treatment Orders", dated July 2016, showed orders for medications must include: -Start and stop date, or specific duration of therapy; -Dosage and frequency of administration; -Route of administration. 2. Review of Resident #26's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/11/25, showed staff assessed the resident as: -Intact cognition; -Did not receive CPAP therapy; -Diagnosis of Parkinson's Disease. Review of the care plan, dated 01/23/25, showed staff documented CPAP machine in use. The care plan did not contain direction for cleaning, maintenance, or settings of the CPAP. Review of the resident's Physician Order Sheet (POS), dated February 2025, showed CPAP per home settings-non life sustaining, one time a day for Sleep Apnea and remove per schedule. The POS did not contain scheduled times, or setting for CPAP use. The POS did not give instruction for cleaning and maintaining the CPAP machine, tubing or mask. Review of the Treatment Administration Record	F 695			

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F 695	<p>Continued From page 2</p> <p>(TAR), dated February 2025, showed staff documented CPAP per home settings-non life sustaining, one time a day for Sleep Apnea and remove per schedule. The TAR did not contain settings or scheduled times for CPAP use. The TAR did not contain direction for cleaning and maintenance of the CPAP machine, tubing or mask.</p> <p>Observation 02/25/25 at 9:48 A.M., showed the resident's CPAP mask on top of the refrigerator unbagged and uncovered. The CPAP mask had dried debris in it.</p> <p>Observation 02/26/25 at 10:00 A.M., showed the resident's CPAP on the refrigerator unbagged and the mask had dried debris on it.</p> <p>During an interview on 02/26/25 at 10:00 A.M., the resident said he/she cleans and takes care of his/her own CPAP machine. The resident said he/she does not know what the settings for the CPAP are and he/she changes the mask and tubing when a company sends him/her new ones.</p> <p>During an interview on 02/28/25 at 9:47 A.M., Certified Nurse Aide (CNA) H said the resident puts on his/her own mask with minimal assistance from staff. The CNA said staff should check the resident's mask for cleanliness.</p> <p>3. Review of Resident #9's Significant Change MDS, dated 12/11/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Required the use of Non-invasive mechanical ventilator; -Diagnosis of Renal Failure. 	F 695			

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F 695	Continued From page 3 Review of the care plan, revised 02/25/25, showed staff documented CPAP machine in use. The care plan did not contain direction for cleaning, maintenance, or settings of the CPAP. Review of the resident's POS, dated February 2025, showed CPAP per home settings-non life sustaining, one time a day related to Obstructive Sleep Apnea and remove per schedule. The POS did not contain scheduled times, or settings for the CPAP. The POS did not give instruction for cleaning and maintaining the CPAP machine, tubing or mask. Review of the TAR, dated February 2025, showed staff documented CPAP per home settings-non life sustaining, one time a day related to Obstructive Sleep Apnea and remove per schedule. The TAR did not contain settings or scheduled times for CPAP use. The TAR did not contain direction for cleaning and maintenance of the CPAP, tubing or mask. Observation on 02/25/25 at 10:05 A.M., showed the resident asleep in his/her wheelchair. The resident did not have his/her CPAP on. The CPAP mask on the bedside table out of the residents reach, unbagged and uncovered. The CPAP mask had a large amount of an unknown brown dry debris in it. Observation on 02/26/25 at 11:36 A.M., showed the resident asleep in his/her wheelchair. The resident did not have his/her CPAP on. The CPAP mask laid on the bedside table out of the residents reach, unbagged and uncovered. The CPAP mask had a large amount of an unknown brown dry debris in it.	F 695			

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F 695	Continued From page 4 Observation on 02/27/25 at 5:46 A.M., showed the resident's CPAP mask with built up brown debris on it. During an interview on 02/28/25 at 9:47 A.M., CNA H said he/she takes the CPAP mask on and off the resident. The CNA said he/she did not notice the debris on the mask. The CNA said he/she did not know how often the mask should be cleaned. 4. Review of Resident #14's Admission MDS, dated 12/24/24, showed staff assessed the resident as: -Intact cognition; -Impairment to one side of upper extremities and both sides of lower extremities; -Dependent on staff members for assistance with dressing, transfers and bed mobility; -Required moderate assistance from staff members for personal hygiene; -Always incontinent of bowel and bladder; -Required CPAP; -Diagnoses of Chronic Obstructive Pulmonary Disease (COPD). Review of the care plan, revised 01/03/25, showed staff documented CPAP machine in use. The care plan did not contain direction for cleaning, maintenance, or settings of the CPAP. Review of the resident's POS, dated February 2025, showed CPAP may use home settings-non life sustaining, one time a day for sleep disturbances and remove per schedule. The POS did not contain scheduled times, or setting for CPAP use. The POS did not give instruction for	F 695			

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F 695	<p>Continued From page 5</p> <p>cleaning and maintaining the CPAP machine, tubing or mask.</p> <p>Review of the TAR, dated February 2025, showed staff documented CPAP may use home settings-non life sustaining, one time a day for sleep disturbances and remove per schedule. The TAR did not contain settings or schedule times for CPAP use. The TAR did not contain direction for cleaning and maintenance of the CPAP, tubing or mask.</p> <p>Observation 02/25/25 at 10:21 A.M., showed the resident's CPAP mask on the bedside table, uncovered and unbagged. The mask had a build up of brown debris and a heel protector laid on it.</p> <p>During an interview on 02/26/25 at 10:47 A.M., the resident said he/she has not had any staff do anything with his/her CPAP since being at the facility, other than hand it to him/her and turn it on, or off. The resident said staff has not changed his/her CPAP mask or hose and has not cleaned his/her mask or machine since he/she was admitted to the facility back in December.</p> <p>Observation on 02/26/25 at 10:53 A.M., showed the resident's CPAP mask had a large amount of brown dried debris on it. The mask sat on the bedside table, unbagged and uncovered, out of reach of the resident.</p> <p>Observation on 02/26/25 at 3:03 P.M., showed the resident CPAP mask had a build up of dried brown debris on it and sat uncovered.</p> <p>During an interview on 02/28/25 at 9:47 A.M., CNA H said he/she does not know the settings for the resident's CPAP. The CNA said he/she will</p>	F 695			

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F 695	<p>Continued From page 6</p> <p>take the CPAP off the resident, or the resident will take it off. The CNA said the night shift staff changes out the tubing and mask for the CPAP machines. The CNA said the nurses change the tubing and mask, so he/she does not know how often they are changed. The CNA said if the resident's CPAP mask is dirty, he/she would tell the nurse. The CNA said he/she did not notice the dirty mask.</p> <p>5. During an interview on 02/28/25 at 10:23 A.M., Licensed Practical Nurse (LPN) K said nurses are responsible for cleaning and changing CPAP masks and tubing. The LPN said changing the tubing and mask is dependent on the order, but the mask should be cleaned daily. The LPN said the masks are kept in bags so dust and debris don't get in them. The LPN said the order for timeframes to change tubing and masks should be on the POS. The LPN said there should be orders for care and the CPAP settings and there is not. The LPN said he/she did not know why there are not orders. The LPN said orders should have been gotten by the charge nurse on admission.</p> <p>During an interview on 02/28/25 at 11:12 A.M., the Director of Nursing (DON) said staff should clean the CPAP masks daily and ensuring they are clean before putting the mask on the resident. The DON said he/she did not know why staff are not cleaning the CPAP masks and putting them in the provided bags when not in use. The DON said there should be a physician's order in regard to cleaning and changing the tubing and mask and for the settings and he/she does not know why there is not an order. The DON said the nurses are responsible for obtaining the orders</p>	F 695			

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F 695	Continued From page 7 and verifying they are correct .	F 695			
F 812 SS=F	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to store food in a manner to prevent contamination and out-dated use. Facility staff failed to perform hand hygiene as often as necessary, using approved techniques, to prevent cross-contamination. Facility staff failed to allow sanitized dishes to air dry prior to stacking in storage to prevent the growth of foodborne pathogens. The facility census was 30.</p> <p>1. Review of the facility's Food Safety Requirements policy, dated September 2022,</p>	F 812			

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F 812	<p>Continued From page 8 showed:</p> <ul style="list-style-type: none"> -Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident; -Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely proper storage; -Keep foods/beverages in a clean, dry area off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents; -Practices to maintain safe refrigerated storage include labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded and keeping foods covered or in tight containers. <p>Observation on 02/25/25 at 9:21 A.M., showed an undated and unlabeled plastic resealable bag of unidentifiable cookies and an undated plastic resealable bag of chocolate chip cookies in undated sacks stored in the dry goods pantry.</p> <p>Observation on 02/25/25 from 9:21 A.M. to 12:00 P.M., showed cases of ready-to drink orange juice and no sugar added applesauce stored on the floor in the dry goods pantry.</p> <p>Observation on 02/25/25 at 9:55 A.M., showed the walk-in refrigerator contained:</p> <ul style="list-style-type: none"> -An undated plastic resealable bag which contained a large opened and undated bag of shredded cheddar cheese; -An undated plastic resealable bag which contained a large opened and undated bag of 	F 812			

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F 812	<p>Continued From page 9</p> <p>grated parmesan cheese; -An undated plastic resealable bag of white cheese slices removed from their original packaging; -An opened and undated five pound container of sour cream; -An opened and undated five pound container of cottage cheese. Observation showed the container printed with a use-by date of 01/28/25.</p> <p>During an interview on 02/25/25 at 9:55 A.M., Cook C said the bag of parmesan cheese was opened on 02/23/25 and should be dated.</p> <p>Observation on 02/25/25 at 9:58 A.M., showed the walk-in freezer contained an undated plastic resealable bag of chicken breasts removed from their original packaging and cases of pork fritters and beef patties opened to the air and undated.</p> <p>During an interview on 02/25/25 at 10:03 A.M., the Dietary Manager (DM) said all opened food items should be dated, labeled and sealed and staff are trained to do so. The DM said staff should also discard food items past their use-by or best-by dates. The DM said the white cheese slices were opened last week, but he/she did not know about the rest of the food items. The DM said he/she does daily rounds to monitor food storage, but guessed he/she missed some things that he/she should not have. The DM said he/she has forms that he/she is supposed to use to document his/her daily rounds, but he/she got used to the routine so he/she stopped filling out the forms sometime before December 2024.</p> <p>Observations on 02/26/25 at 3:00 P.M., showed:</p> <p>-an opened and undated one gallon container of</p>	F 812			

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F 812	<p>Continued From page 10</p> <p>honey mustard dressing in the walk-in refrigerator; -a case of bacon and a case of chicken stored on the floor in walk-in freezer; -an undated and unlabeled pitcher which contained a tan thick substance and an opened and undated five pound container of sour cream with a printed use-by date of 12/23/24 in the reach-in refrigerator.</p> <p>Observation on 02/27/25 6:14 A.M., showed the undated and unlabeled pitcher which contained a tan thick substance and the opened and undated five pound container of sour cream with a printed use-by date of 12/23/24 remained in the reach-in refrigerator.</p> <p>Observation on 02/27/25 at 6:33 A.M., showed an undated case of biscuits opened to the air in the walk-in freezer.</p> <p>During an interview on 02/27/25 at 6:54 A.M., the DM said food should not be stored on the floor and staff are trained to store it on a shelf.</p> <p>During an interview on 02/27/25 at 9:00 A.M., the administrator the said opened and prepared food items should be stored in sealed containers off of the floor, be labeled with its name if it is not easily identified, and dated with the opened and use-by dates. The administrator said staff should discard things that are past their use-by or best-by dates and staff are routinely trained on food storage requirements. The administrator said the DM is responsible to monitor food storage during his/her daily rounds, he/she should document his/her daily rounds, and he/she did not know that the DM stopped documenting his/her daily rounds.</p>	F 812			

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NAME OF PROVIDER OR SUPPLIER STONEBRIDGE OAK TREE			STREET ADDRESS, CITY, STATE, ZIP CODE 3108 WEST TRUMAN BOULEVARD JEFFERSON CITY, MO 65109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	<p>Continued From page 11</p> <p>2. Review of the facility's Food Safety Requirements policy, dated September 2022, showed:</p> <ul style="list-style-type: none"> -Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process included employee hygienic practices; -Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects; -Staff shall wash hands according to facility procedures; -Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper and spatulas; -Gloves will be worn when directly touching ready-to-eat foods and when serving residents who are on transmission-based precautions. <p>Review of the facility's Hand Hygiene policy, dated May 2021, showed:</p> <ul style="list-style-type: none"> -All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility; -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 technique when using soap and water included instruction to rub hands together 	F 812			

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F 812	<p>Continued From page 12</p> <p>vigorously for at least 20 seconds and to use a clean towel to turn off the faucet.</p> <p>Observation on 02/25/25 at 10:48 A.M., showed Dietary Aide (DA) D donned gloves and portioned pieces of cake onto plates for service to residents at the lunch meal. Observation showed DA removed his/her gloves and washed his/her hands at the handwashing sink. Observation showed, after the DA washed his/her hands, he/she turned the faucet off with a paper towel and then used same paper towel to dry his/her hands. Observation showed the DA donned new gloves and returned to putting cake on plates for service.</p> <p>Observation on 02/25/25 at 11:14 A.M., showed DA D prepared bowls of cake for service to residents at the lunch meal. Observation showed the DA used his/her bare hands to remove his/her cellular phone from his/her back pants pocket and use the phone. Observation showed the DA then, without performing hand hygiene, continued to prepare the bowls of cake for service.</p> <p>Observation on 02/25/25 at 10:50 A.M., showed Cook C placed uncooked pork fritters into the deep fat fryer with his/her gloved hand. Observation showed cook removed his/her glove and, without performing hand hygiene, took the lid off the steamtable, obtained a food service pan from the storage shelf and placed the pan in the steamtable. Observation showed the cook then donned a facial hair restraint and, without performing hand hygiene, removed the cooked pork fritters from fryer, placed them into the pan on the steamtable and covered them with the lid.</p> <p>Observation on 02/25/25 at 11:28 A.M., showed</p>	F 812			

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F 812	<p>Continued From page 13</p> <p>DA D put washed soiled dishes in the mechanical dishwashing station and then washed his/her hands at the handwashing since. Observation showed the DA scrubbed his/her hands with soap for five seconds and turned the faucet off with his/her bare hand when he/she washed his/her hands. Observation showed the DA then served meal trays to residents.</p> <p>Observation on 02/25/25 at 11:31 A.M., showed Cook C used his/her gloved hands to put uncooked chicken tenders into the deep fat fryer. Observation showed, without removing his/her gloves and performing hand hygiene, the cook used his/her gloved hands to put hamburger buns, lettuce, tomato and pickles onto plates for service to the residents.</p> <p>Observation on 02/27/25 at 7:33 A.M., showed Cook C used his/her gloved hands to put uncooked hashbrown patties into the deep fat fryer. Observation showed, without removing his/her gloves and performing hand hygiene, the cook used his/her gloved hands to put a cooked biscuit on a plate for service to a resident.</p> <p>During an interview on 02/27/25 at 7:35 A.M., Cook C said gloves should be changed after you touch anything dirty and between handling uncooked food and cooked food. The cook said he/she just did not think about it during the meal service.</p> <p>During an interview on 02/27/25 at 8:19 A.M., the DM said staff should change their gloves and perform hand hygiene after they touch anything dirty, between task and after they touch uncooked foods with their hands. The DM said when staff wash their hands, they should scrub their hands</p>	F 812			

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F 812	<p>Continued From page 14</p> <p>with soap for 30 seconds and use a clean paper towel to turn off the faucet after they dry their hands. The DM said staff are trained on hand hygiene and glove use upon hire and periodically throughout the year.</p> <p>During an interview on 02/27/25 at 8:54 A.M., the administrator said staff should change their gloves any time they become soiled, which would include between handling uncooked and cooked or ready-to-eat foods. The administrator said staff should perform hand hygiene after they remove gloves and after they touch anything dirty, and a cellular phone would be considered dirty. The administrator said when staff wash their hands, they should scrub their hands with soap for 20 seconds and use a paper towel to turn off the faucet after they dry their hands. The administrator said staff are trained on hand hygiene and glove use upon hire and he/she just did a hand hygiene in-service with staff a week ago.</p> <p>3. Review of the facility's Sanitization policy, revised October 2008, showed the policy directed staff to allow sanitized dishes to air dry whenever practical after they are washed and sanitized.</p> <p>Observations on 02/26/25 from 3:00 P.M. to 3:17 P.M., showed 12 plastic service trays, 12 insulated plate covers, and 13 insulated plate holders stacked together on the utility cart by steamtable. Observation also showed seven small black square bowls, 15 small ceramic plates, and seven small ceramic dessert bowls stacked together wet in bins on the storage rack.</p> <p>Observation on 02/27/25 at 6:10 A.M., showed nine plastic service trays, 10 insulated plate</p>	F 812			

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F 812	Continued From page 15 covers, and three insulated plate holders stacked together wet on the utility cart by the steamtable. Observation on 02/27/25 at 6:20 A.M., showed 14 small black square bowls stacked together wet in a bin on the storage shelf. Observation showed pooled water in the bottom of the bowl bin. During an interview on 02/27/25 at 6:29 A.M., the DM said dishes should be allowed to air dry after they are washed, and staff are trained on this requirement. During an interview on 02/27/25 at 8:46 A.M., the administrator said staff should allow dishes to air dry before they are stacked into storage and staff are trained on this requirement as they had just done an in-service with the staff about it.	F 812			
F 814 SS=F	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to properly contain waste and refuse to prevent the harboring and/or feeding of rodents and pests when the facility failed ensure indoor and outdoor waste containers remained covered when not in actual use. This failure has the potential to affect all facility occupants. The facility census was 30. 1. Review of the facility's Infection Prevention and Control-Maintenance Department policy, dated 2017, showed infection prevention and control measures included waste processing systems,	F 814			

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F 814	<p>Continued From page 16 including dumpsters, trash bins, incinerators and et cetera. Review showed the policy directed staff to:</p> <ul style="list-style-type: none"> -Enforce proper bagging and containment of waste. If inappropriately bagged items are found, notify the appropriate manager; -Maintain waste receptacles to prevent leakage; -Ensure waste containers stored outside the establishment and dumpsters, compactors and compactor systems were easily cleanable, provided with tight-fitting lids, doors or covers, and be kept covered when not in actual use. <p>2. Observations on 02/25/25 at 9:34 A.M., 1:15 P.M. and 4:20 P.M., showed the right facing lid of the outside waste dumpster, which contained waste, opened. Observation showed paper and food waste on the ground around the dumpster and a trail of paper and food waste on the ground down the hillside into the wooded area behind the dumpster.</p> <p>Observations on 02/26/26 at 9:30 A.M., 11:45 A.M. and 2:40 P.M., showed the right facing lid of the outside waste dumpster, which contained waste, opened. Observation showed paper and food waste on the ground around the dumpster and a trail of paper and food waste on the ground down the hillside into the wooded area behind the dumpster.</p> <p>During an interview on 02/27/25 at 8:30 A.M., the Dietary Manger (DM) said the outside dumpster lids should be closed when not in use. The DM said he/she found out yesterday that he/she is responsible for the maintenance of the outside dumpster, but he/she did not know that prior to yesterday and he/she does not routinely inspect</p>	F 814			

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F 814	<p>Continued From page 17 the dumpster.</p> <p>During an interview on 02/27/25 at 8:43 A.M., the administrator said maintenance staff is responsible for the maintenance of the outside dumpster and surrounding area, but no one had been assigned to routinely inspect and service the area. The administrator said staff should clean up trash on the ground when seen and the all staff are trained to keep the dumpster lids closed when not in use.</p> <p>3. Observation on 02/26/25 from 3:00 P.M. to 3:20 P.M., showed the kitchen waste containers by the exit door and dishwashing stations, which contained waste, uncovered and the kitchen unattended by staff.</p> <p>During an interview on 02/27/25 at 6:48 A.M., the DM said the waste containers should never be left uncovered when staff are not in the kitchen and the cook should have covered them before he/she left. The DM said staff are trained to ensure waste containers are covered when not in use.</p> <p>During an interview on 02/27/25 at 8:43 A.M., the administrator said waste containers should be covered when not in use and staff are trained on this requirement.</p>	F 814			

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A4023	<p>19 CSR 30-85.042(21)(A) NA Training Complete In 4 mos</p> <p>All nursing assistants shall successfully complete the entire basic course (including passing the final examination) of the nursing assistant training program and be certified within four (4) months of employment. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on interview and record review, the facility staff failed to ensure two of two sampled Nursing Assistants ((NA) NA A and NA B) completed the certified nursing assistant (CNA) training program within four months of hire. The facility census was 30.</p> <p>1. Review of the facility's Nurse Aide Hiring and Competency policy, dated September 2022, showed:</p> <p>-It is the policy of this facility to comply with state and federal regulations and requirements as they pertain to the training, certification, and continuing education of its nurse aides; -The facility will employ nurse aides in the following circumstances: a. Those who have successfully completed a state approved training and competency program and are awaiting certification results. They may be employed as full-time and permanent but must provide documentation of certification within four months of their hire date. The facility will verify certification through the appropriate state's nurse aide registry. b. Those who are verified to be enrolled in a state approved nurse aide training and competency evaluation program. They will be allowed to be</p>	A4023		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rose Yehou CNA

3/17/2025

Missouri Department of Health and Senior Services

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Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE
03/17/25

Missouri Department of Health and Senior Services

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A4023	<p>Continued From page 1</p> <p>employed no greater than four months without documented successful completion of the program and receipt of certification with verification through the state's nurse aide registry.</p> <p>c. Those who have successfully completed their training and received certification that can be verified through the state nurse aide registry;</p> <p>-Individuals who do not complete the required training and competency evaluation program(s) and successfully pass the certification exams (both written and skills) within the four-month period of time will not be allowed to perform the duties of a nurse aide until verification of such successful completion and certification is presented and verified with the state nurse aide registry.</p> <p>Review of NA A's personnel records showed a hire date of 09/19/24. Review showed the records did not contain information the NA had completed the CNA training program.</p> <p>Review of NA B's personnel records showed a hire date of 10/09/24. Review showed the records did not contain information the NA had completed the CNA training program.</p> <p>During an interview on 02/26/25 at 12:40 P.M., the administrator said NAA and NAB were active employees who perform resident personal care when on duty. The administrator said the NAs were not certified and their employment had not been terminated or their positions reassigned at any time after their hire. The administrator said NAs are supposed to complete their CNA certification within 120 days after they are hired and if not completed should be reassigned. The administrator said the facility did not currently have an effective tracking system to ensure NAs who had been employed more than four months</p>	A4023		

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A4023	Continued From page 2 received their certification.	A4023		
A4108	19 CSR 30-85.042(98)(B) Clinical Records - assessment/interventions Facilities shall ensure that the clinical record contains sufficient information to- (B) Reflect the initial and ongoing assessments and interventions by each discipline involved in the care and treatment of the resident; and II/III This regulation is not met as evidenced by: Class III Refer to F695	A4108		
A6031	19 CSR 30-87.020(31) Kitchen Waste Containers Covered Waste containers used in food-preparation and utensil-washing areas shall be kept covered when not in actual use. III This regulation is not met as evidenced by: Class III Please refer to F814	A6031		
A6032	19 CSR 30-87.020(32) Outside Dumpsters Cleanable/Covered Waste containers stored outside the establishment and dumpsters, compactors and compactor systems shall be easily cleanable, shall be provided with tight-fitting lids, doors or covers and shall be kept covered when not in actual use. In containers designed with drains,	A6032		

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A6032	Continued From page 3 drain plugs shall be in place at all times, except during cleaning. III This regulation is not met as evidenced by: Class III Please refer to F814	A6032		
A7002	19 CSR 30-87.030(2) Wash Hands/Arms & Clean Fingernails Employees shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting work, during work as often as is necessary to keep them clean and after smoking, eating, drinking or using the toilet. Employees shall keep their fingernails clean and trimmed. II/III This regulation is not met as evidenced by: Class III Please refer to F812	A7002		
A7015	19 CSR 30-87.030(13) Food-Protected, Temp, Need to Contact DHSS At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F) or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise	A7015		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A7015	Continued From page 4 provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department). Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. II/III This regulation is not met as evidenced by: Class III Please refer to F812	A7015		
A7086	19 CSR 30-87.030(84) Equip/Utensils Air Dried, Self-Drain Utensils After mechanical or manual sanitization, all equipment and utensils shall be air dried. All utensils shall be stored in a self-draining position. III This regulation is not met as evidenced by: Class III Please refer to F812	A7086		

PLAN OF CORRECTION

Provider/Supplier Name:	Stonebridge Oak Tree
Street Address, City, Zip:	3108 West Truman Blvd Jefferson City MO 65109
Date of Survey:	02/28/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265819
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ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
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	<p>This Plan of Correction is submitted as required under State and Federal Law. The submission of the Plan of Correction does not constitute an admission on the part of Stonebridge Oak Tree as to the accuracy of the surveyors' findings nor the conclusions drawn from those findings. Submission of the Plan of Correction does not constitute an admission on the part of Stonebridge Oak Tree that the findings constitute a deficiency, or that the scope and severity determinations are correct. This Plan of Correction is intended to constitute the facility's credible letter alleging compliance.</p> <p>Compliance has been and will be achieved no later than the Plan of Correction, 03/28/2025 Compliance will be maintained as provided in the Plan of Correction.</p>	
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F695	<p>The facility will maintain continued compliance with F695 by:</p> <p>Ensuring that all residents with CPAPs have the following in place:</p> <ol style="list-style-type: none"> 1. Physicans orders 2. Adequate cleaning and maintenance procedures of machines, masks and tubing according to acceptable standards of practice as outlined in facility policy titled: CPAP/BIPAP Support 3. Mask Cushions and or Nasal pillows changed monthly <ul style="list-style-type: none"> Disposable machine filters changed monthly Non-disposable filters changed every 6 months and cleaned weekly Mask Frame change every 3 months CPAP Tubing change every 3 months Mask headgear, chin strap (if needed) change every 6 months) Humidifier Chamber change 6 months Mask replacement every 6 months <p>All residents, including those sited have corrected practices as indicated above. In addition, the following steps have been completed:</p>	3/21/2025
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Resident #26, orders updated on 2/28/25 to include CPAP pressure orders, Orders with times to apply and remove, Orders and instructions for cleaning CPAP and CPAP parts Orders for CPAP parts as outlined above. All parts last changed 03/19/24,

Resident #9 orders updated on 2/28/25 to include CPAP pressure orders, Orders with times to apply and remove, Orders and instructions for cleaning CPAP and CPAP parts. Orders for CPAP parts as outlined above. All parts changed week of 2/10/25.

Resident #14 orders updated on 2/28/25 to include CPAP pressure orders, Orders with times to apply and remove, Orders for cleaning CPAP and CPAP parts. Orders for CPAP parts as outlined above. All parts changed 3/1/25.

Director of nursing provided re-education on the following:

1. facility CPAP policy including Physicians order, Adequate cleaning and maintenance procedures of machines, masks and tubing according to acceptable standards of practice.
2. Re-education included competency verification.

Re-education was completed with all Licensed nursing staff.

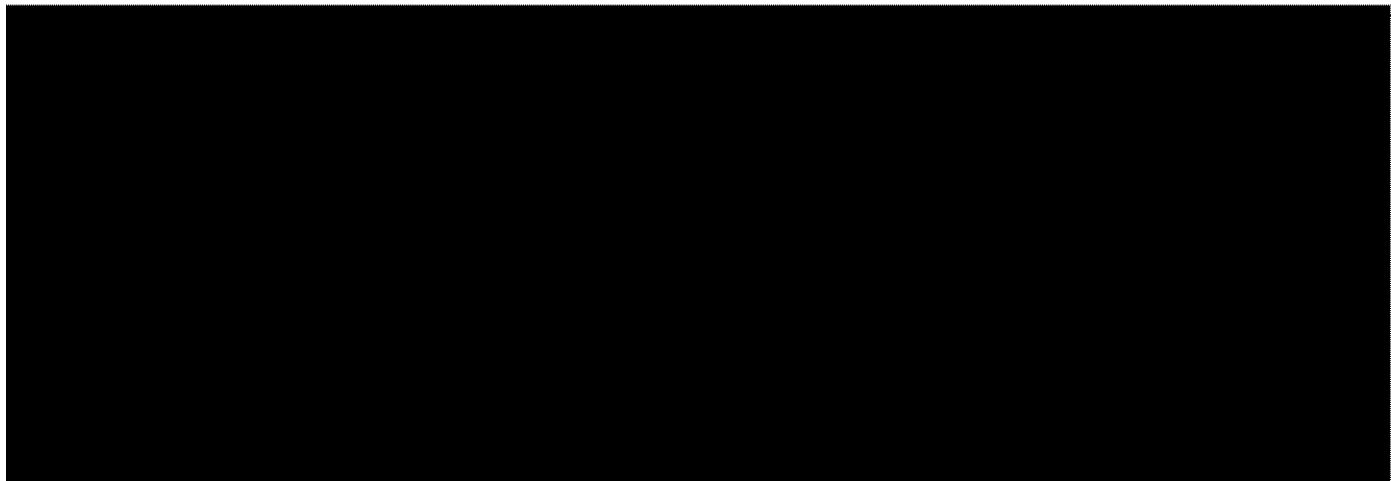
DON or designee will audit to ensure cleaning policies are being followed, CPAP parts are being changed and mask and stored appropriately daily for 7 day, daily for 5 day, weekly for 4 weeks and monthly until such time that substantial compliance has been achieved.

DON or designee will be notified prior to admission of all new residents admitting with a CPAP and will do chart reviews on all new admission to ensure physician orders for CPAP pressure, and cleaning orders are entered into the chart daily for 7 days then daily for 5 days, then weekly for 4 weeks, then monthly until such time that substantial compliance has been achieved.

QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved.

To be monitored by the Administrator.





F812	<p>The facility will maintain continued compliance with F812 by ensuring that food is labeled and dated appropriately to prevent contamination and outdated use. Staff will perform hand hygiene as often as necessary using approved techniques, staff will allow sanitized dishes to air dry prior to stacking in storage:</p> <p>The dietitian or designee will provide re-education to the dietary manager and all the dietary staff on Hand Hygiene and glove use, labeling and dating foods, food storage, dishwashing machine operation and air-drying dishes</p> <p>Outside vendor service came in on 3/4/2025 to verify the functionality of dishwasher. Currently functioning properly. Additional instructions provided to dietary manager regarding delimiting the dishwasher and cleaning rinse jet nozzles.</p> <p>Dietary Staff will put store food delivery's as soon as possible while accommodating resident meal service.</p> <p>Dietary manager or designee will audit staff handwashing and glove use, labeling and dating of food, dishwashing procedure daily for 7 days then daily for 5 days then weekly for 4 weeks then monthly until such time that substantial compliance has been achieved.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved.</p> <p>To be monitored by the Administrator.</p>	03/28/2025	
F814	<p>The facility will maintain continued compliance with F814 by ensuring indoor and outdoor waste containers remained closed when not in actual use:</p> <p>Maintenance staff has removed trash from down the hill into the wooded area behind the dumpster and the area around the dumpster.</p> <p>Kitchen, Housekeeping and maintenance staff re-educated by the administrator on keeping the lids on the outdoor dumpster</p>	3/28/2025	

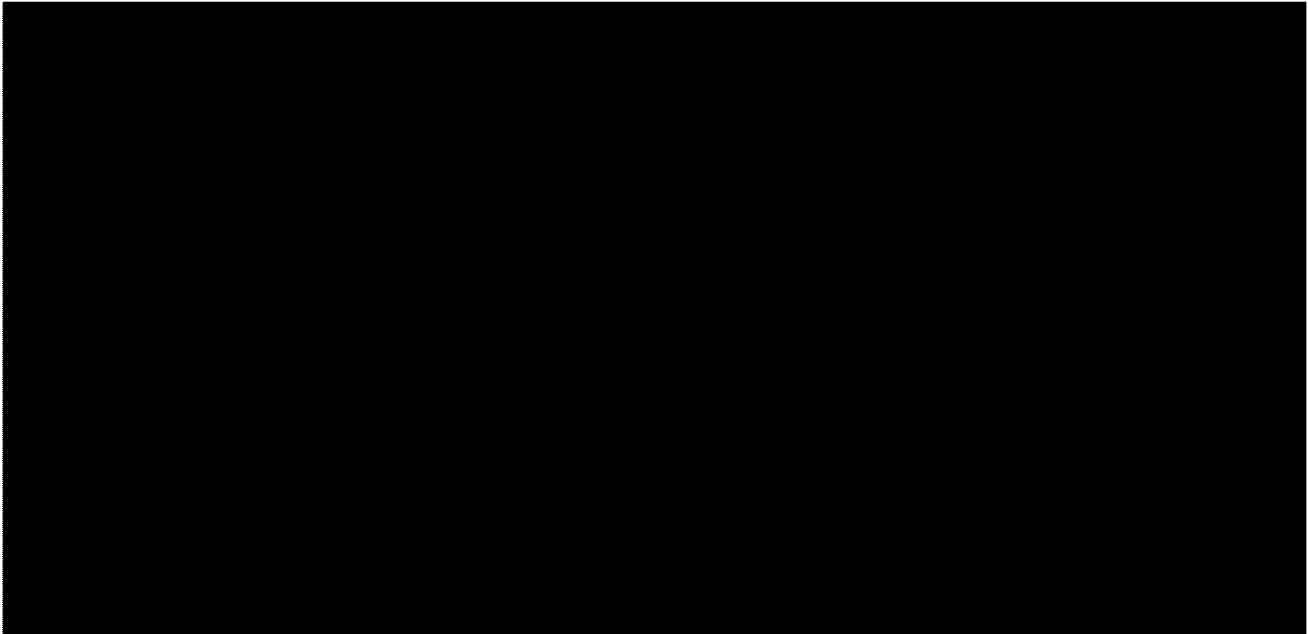
	<p>closed when in actual use and keeping the area around the dumpster clean.</p> <p>Dietary manager re-educated kitchen staff on keep lids on all trash cans when not actual use.</p> <p>Maintenance staff or designee will audit outside the dumpster to ensure the lids are closed the area around the dumpster is clear of trash daily for 7 days, then daily for 5 days, then weekly on going.</p> <p>The Dietary manager will monitor lids on trash cans when not use daily for 7 daily then daily for 5 days then weekly for 4 weeks then monthly until such time that substantial compliance has been achieved.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved. To be monitored by the Administrator.</p>		
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The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

PLAN OF CORRECTION

Provider/Supplier Name:	Stonebridge Oak Tree	
Street Address, City, Zip:	3108 West Truman Blvd Jefferson City, MO 65109	
Date of Survey:	02/28/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		10300B
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	<p>This Plan of Correction is submitted as required under State and Federal Law. The submission of the Plan of Correction does not constitute an admission on the part of Stonebridge Oak Tree as to the accuracy of the surveyors' findings nor the conclusions drawn from those findings. Submission of the Plan of Correction does not constitute an admission on the part of Stonebridge Oak Tree that the findings constitute a deficiency, or that the scope and severity determinations are correct.</p> <p>This Plan of Correction is intended to constitute the facility's credible letter alleging compliance.</p> <p>Compliance has been and will be achieved no later than the Plan of Correction, 3/28/2025. Compliance will be maintained as provided in the Plan of Correction.</p>	
A4023	<p>The facility will maintain continued compliance with A4023 by ensuring Nursing Assistants who are performing duties of a nurse aide will complete nurse aide training program including passing knowledge and skills test within 4 months of hire</p> <p>NA- A was termed on 3/7/2025 NA- B was termed on 3/10/2025</p> <p>Administrator and Director of Nursing will review current and new hire nursing assistant date of hire and 4 month deadline weekly x4 weeks and monthly going forward. 9</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved. To be monitored by the Administrator</p>	3/21/2025





A4108	<p>The facility will maintain continued compliance with A4108 by:</p> <p>Ensuring that all residents with CPAPs have the following in place:</p> <ol style="list-style-type: none">1. Physicans orders2. Adequate cleaning and maintenance procedures of machines, masks and tubing according to acceptable standards of practice as outlined in facility policy titled: CPAP/BIPAP Support3. Mask Cushions and or Nasal pillows changed monthly Disposable machine filters changed monthly Non-disposable filters changed every 6 months and cleaned weekly Mask Frame change every 3 months CPAP Tubing change every 3 months Mask headgear, chin strap (if needed) change every 6 months) Humidifier Chamber change 6 months Mask replacement every 3 months <p>All residents, including those sited have corrected practices as indicated above. In addition, the following steps have been completed:</p> <p>Resident #26, orders updated on 2/28/25 to include CPAP pressure orders, Orders with times to apply and remove, Orders and instructions for cleaning CPAP and CPAP parts Orders for CPAP parts as outlined above. All parts last changed 03/19/24</p> <p>Resident #9 orders updated on 2/28/25 to include CPAP pressure orders, Orders with times to apply and remove, Orders and instructions for cleaning CPAP and CPAP parts. Orders for CPAP parts as outlined above. All parts changed week of 2/10/25.</p> <p>Resident #14 orders updated on 2/28/25 to include CPAP</p>	3/21/2025
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	<p>pressure orders, Orders with times to apply and remove, Orders for cleaning CPAP and CPAP parts. Orders for CPAP parts as outlined above. All parts changed 3/1/25.</p> <p>Director of nursing provided re-education on the following:</p> <ol style="list-style-type: none"> 1. facility CPAP policy including Physicians order, Adequate cleaning and maintenance procedures of machines, masks and tubing according to acceptable standards of practice. 2. Re-education included competency verification. <p>Re-education was completed with all Licensed nursing staff.</p> <p>DON or designee will audit to ensure cleaning policies are being followed and masks and stored appropriately daily for 7 day, daily for 5 day, weekly for 4 weeks and monthly until such time that substantial compliance has been achieved.</p> <p>DON or designee will be notified prior to admission of all new residents admitting with a CPAP and will do chart reviews on all new admission to ensure physician orders for CPAP pressure, and cleaning orders are entered into the chart daily for 7 days then daily for 5 days, then weekly for 4 weeks, then monthly until such time that substantial compliance has been achieved.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved.</p> <p>To be monitored by the Administrator. See 695</p>	
A6031	<p>The facility will maintain continued compliance with A6031 by ensuring indoor and outdoor waste containers remained closed when not in actual use:</p> <p>Dietary manager re-educated kitchen staff on keep lids on all trash cans when not actual use.</p> <p>The Dietary manager will monitor lids on trash cans when not use daily for 7 days then daily for 5 days then weekly for 4 weeks then monthly until such time that substantial compliance has been achieved.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved.</p> <p>To be monitored by the Administrator. See 814</p>	3/28/2025
A6032	<p>The facility will maintain continued compliance with A6032 by ensuring indoor and outdoor waste containers remained closed when not in actual use:</p> <p>Maintenance staff have removed trash from down the hill into the wooded area behind the dumpster and the area around the dumpster.</p>	3/28/2025

	<p>Kitchen, Housekeeping and maintenance staff re-educated by the administrator on keeping the lids on the outdoor dumpster closed when in actual use and keeping the area around the dumpster clean.</p> <p>Maintenance staff or designee will audit outside the dumpster to ensure the lids are closed. The area around the dumpster is clear of trash daily for 7 days, then daily for 5 days, then weekly on going.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved. To be monitored by the Administrator. See 814</p>	
A7002	<p>The facility will maintain continued compliance with A7002 by ensuring staff will perform hand hygiene as often as necessary using approved techniques:</p> <p>The dietitian or designee will provide re-education to the dietary manager and all the dietary staff on Hand Hygiene and glove use, labeling and dating foods, food storage, dishwashing machine operation and air-drying dishes</p> <p>Dietary manager or designee will audit staff handwashing and glove use, daily for 7 daily then daily for 5 days then weekly for 4 weeks then monthly until such time that substantial compliance has been achieved.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved. To be monitored by the Administrator.</p> <p>To be monitored by the Administrator. See 812</p>	03/28/2025
A7015	<p>The facility will maintain continued compliance with F7015 by ensuring that food is labeled and dated appropriately to prevent contamination and outdated use:</p> <p>The dietitian or designee will provide re-education to the dietary manager and all the dietary staff on labeling and dating foods, food storage</p> <p>Dietary Staff will put store food delivery's as soon as possible while accommodating resident meal service.</p> <p>Dietary manager or designee will audit labeling and dating of food, and food storage daily for 7 daily then daily for 5 days then weekly for 4 weeks then monthly until such time that substantial compliance has been achieved.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved. To be monitored by the Administrator.</p>	03/28/2025

	To be monitored by the Administrator. See 812	
A7086	<p>The facility will maintain continued compliance with A7086 by ensuring staff will allow sanitized dishes to air dry prior to stacking in storage:</p> <p>The dietitian or designee will provide re-education to the dietary manager and all the dietary staff dishwashing machine operation and air-drying dishes</p> <p>Outside vendor service came in on 3/4/2025 to verify the functionality of dishwasher. Currently functioning properly. Additional instructions provided to dietary manager regarding delimiting the dishwasher and cleaning rinse jet nozzles.</p> <p>Dietary manager or designee will audit staff handwashing and glove use, labeling and dating of food, dishwashing procedure daily for 7 daily then daily for 5 days then weekly for 4 weeks then monthly until such time that substantial compliance has been achieved.</p> <p>QAPI committee will review monthly for 3 months until such time that substantial compliance has been achieved. To be monitored by the Administrator.</p> <p>To be monitored by the Administrator. See A812</p>	03/28/2025

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