Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13501C	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE DESOTO	1550 VILLAS DRIVE DE SOTO, MO 63020

(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
A4724	19 CSR 30-86.047(19) TB Screen Residents & Staff The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II This regulation is not met as evidenced by: Class II Based on interview and record review, the facility failed to ensure staff followed their policy to ensure one resident(Resident #1) out of three sampled residents received an annual tuberculosis (TB, a communicable disease that affects the lungs characterized by fever, cough, and difficulty breathing) screening. The facility's census was 19. General requirements for TB testing for residents in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows: -Long-term care facilities shall screen their residents for tuberculosis. Each facility shall be responsible for ensuring that all test results are completed, and that documentation is maintained; -Within one month prior to or one week after admission, all residents new to long-term care are required to have the initial test of a two-step TB test; -If the resident's initial test is negative, the second test should be given one to three weeks later. The CDC (Centers for Disease Control) states TB tests should be read 48 to 72 hours after administration; -All long-term care facility residents shall have a documented annual evaluation to rule out signs and symptoms of TB disease; -All positive findings shall require a chest X-ray to rule out active pulmonary disease;	A4724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13501C	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE DESOTO	1550 VILLAS DRIVE DE SOTO, MO 63020

(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
A4724	Continued From page 1 -Individuals with a positive finding need not have repeat annual chest X-rays. They shall have a documented annual evaluation to rule out signs and symptoms of tuberculosis disease. Review of the facility's policy statement for screening residents for TB and serial testing of residents showed: - The facility will conduct an annual risk assessment to determine TB risk classification (low or medium); - If the risk classification is identified as "low risk" for transmission of TB, the facility shall screen residents for TB signs and symptoms annually. Review of Resident #1's medical record on 03/20/25 at 11:45 A.M. showed: - Admission date of 01/15/24; - The last documented TB screening dated 01/15/24 with 0 millimeters (negative); - No documentation of an annual TB screening for January 2025. During an interview on 03/20/25 at 12:45 P.M. the Administrator said he/she was not aware Resident #1 did not have a current screening. He/she said this would be done as soon as possible.	A4724		
A4750	19 CSR 30-86.047(28)(F)(1)(B) Community Based Assessment - Semi-Annually The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility: (F) Completes a community based assessment conducted by an appropriately trained and	A4750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13501C	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE DESOTO	1550 VILLAS DRIVE DE SOTO, MO 63020

(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
A4750	Continued From page 2 qualified individual as defined in section (4) of this rule: 1. Time frame requirements for assessment shall be: B. At least semiannually; II This regulation is not met as evidenced by: Class II Based on interview and record review, the facility failed to ensure Community Based Assessments (CBAs, assessment tools describing an individual's abilities and needs in activities of daily living, vision/hearing, nutrition, social participation and support, and cognitive functioning) were completed at least semi-annually for one resident (Resident #1) out of three sampled residents. The facility's census was 19. 1. Review of Resident #1's medical record showed: - Admission date of 01/15/24; - Diagnoses include type II diabetes mellitus (body is unable to process blood sugar), glaucoma (disease affecting eye pressure and causing gradual loss of vision), legal blindness, chronic kidney disease and dialysis (process of purifying the blood of a person whose kidneys aren't working normally), hyperparathyroidism (when parathyroid glands produce too much parathyroid hormone and cause high levels of calcium in the blood), shortness of breath, hyperlipidemia (high blood level of cholesterol), anemia (low blood levels of iron) and osteoarthritis (a type of arthritis marked by cartilage deterioration of joints and vertebrae); - Admission CBA dated 01/14/24; - No other documentation of a CBA completed. During an interview on 03/20/25 at 12:45 P.M.,	A4750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13501C	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE DESOTO	1550 VILLAS DRIVE DE SOTO, MO 63020

(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
A4750	Continued From page 3 the Administrator said the CBAs were done upon admission, every six months or upon change of condition and did not know the resident's CBA had not been updated. He/she said the CBA would be updated as soon as possible.	A4750		
A4754	19 CSR 30-86.047(28)(G) Individual Service Plan - Develop The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility: (G) Develops an individualized service plan (ISP), which means the planning document prepared by an assisted living facility which outlines a resident ' s needs and preferences, services to be provided, and goals expected by the resident or the resident ' s legal representative in partnership with the facility; II This regulation is not met as evidenced by: Class II Based on interview and record review, the facility failed to develop an Individual Service Plan (ISP, the planning document prepared by an assisted living facility which outlines a resident's needs and preferences, services to be provided, and the goals expected by the resident or the resident's legal representative in partnership with the facility) for one resident (Resident #1) out of three sampled residents. The facility's census was 19. Review of the facility's policy for Service/Care Plan showed: - POLICY: All residents receiving assisted living services should have a service/care plan in place.	A4754		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13501C	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE DESOTO	1550 VILLAS DRIVE DE SOTO, MO 63020

(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
A4754	Continued From page 4 Service/care plans are based on the outcomes of initial and subsequent assessments, reassessments, monitoring and individual reviews of the resident's needs and preferences. 1. Review of Resident #1's medical chart showed: - Admission date of 01/15/24; - Diagnoses include type II diabetes mellitus (body is unable to process blood sugar), glaucoma (disease affecting eye pressure and causing gradual loss of vision), legal blindness, chronic kidney disease and dialysis (process of purifying the blood of a person whose kidneys aren't working normally), hyperparathyroidism (when parathyroid glands produce too much parathyroid hormone and cause high levels of calcium in the blood), shortness of breath, hyperlipidemia (high blood level of cholesterol), anemia (low blood levels of iron) and osteoarthritis (a type of arthritis marked by cartilage deterioration of joints and vertebrae); -No ISP on file. During an interview on 03/20/25 at 12:45 P.M., the Administrator said he/she was not aware the resident did not have an ISP on file and it would be done as soon as possible.	A4754		

PLAN OF CORRECTION

Provider/Supplier Name:	Stonebridge Desoto
Street Address, City, Zip:	1550 Villa Drive, Desoto, Missouri 63020
Date of Survey:	3/13/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	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 Desoto 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 Desoto 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. Compliance has been and will be achieved no later than the Plan of Correction date 4/24/25. Compliance will be maintained as provided in the Plan of Correction.	
A4724	The facility will achieve compliance with the A tag by ensuring that residents including resident #1 have received an annual TB screening. All residents have the potential to be affected. Nursing staff caring for residents in the ALF will be in-serviced and re-educated by the DON or his/her designee on the requirements for TB testing and screening for residents. Using a quality improvement audit tool, the DON or his/her designee will perform an audit verifying that ALF residents have received a TB screening within the last 12 months. Results will be reviewed weekly for four weeks. Any non-compliance will result in re-training of the staff in question. Results of the audit will be submitted to the QAPI Committee until substantial compliance has been reached.	4/24/25
A4750	The facility will achieve compliance with the A tag by ensuring that residents including resident #1's Community Based Assessments are up to date. All residents have the potential to be affected.	4/24/25

	ALF Assessors will be in-serviced and re-educated by the Administrator or his/her designee on the requirements for Community Based Assessments. Using a quality improvement audit tool, the DON or his/her designee will perform an audit verifying residents have a current Community Based Assessment. Results will be reviewed weekly for four weeks. Any non-compliance will result in re-training of the staff in question. Results of the audit will be submitted to the QAPI Committee until substantial compliance has been reached.	
A4754	The facility will achieve compliance with the A tag by ensuring that residents including resident #1 have an Individual Service Plan. All residents have the potential to be affected. MDS nurse will be in-serviced and re-educated by the Administrator or his/her designee on the requirements for Individual Service Plans. Using a quality improvement audit tool, the DON or his/her designee will perform an audit verifying residents have a current Individual Service Plan. Results will be reviewed weekly for four weeks. Any non-compliance will result in re-training of the staff in question. Results of the audit will be submitted to the QAPI Committee until substantial compliance has been reached.	4/24/25

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.