

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/15/2026
NAME OF PROVIDER OR SUPPLIER  Parkside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Hunt Avenue Columbia, MO 65202	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, facility staff failed to use appropriate hand hygiene infection control practices during perineal care for one residents (Resident's #1) out of two sampled residents; staff failed to follow Enhanced Barrier Precautions (EBP), (the wearing of gown and gloves during high contact patient care activities to prevent the spread of multi-resistant organisms), for two residents (Resident #1 and #2) out of two sampled residents; and staff failed to use appropriate infection control procedures to prevent the spread of bacteria or other infectious causing contaminants when facility staff failed change and/or store oxygen in a manner to prevent the spread of bacteria for three residents (Resident #1, #3 and #4) out of three sampled residents. The facility census was 80.1. Review of the facility's Cleaning Guideline-Oxygen Equipment policy, dated 03/12, showed tubing, masks, and cannulas used with oxygen therapy should be replaced monthly and pro re nata (PRN), and marked with date and initials. Review of the facility's Handwashing policy, dated 03/12, showed the purpose is to reduce transmission of organisms from resident to resident, nursing staff to resident and resident to nursing staff. The policy did not provide direction to staff regarding how often to wash hands. Review of the facility's Hand Cleanser (Antiseptic) policy, dated 03/12, showed staff are directed to cleanse the hands between resident contacts during care and to prevent spread of infection. Review of the facility's Perineal Care policy, undated, showed staff are directed to provide perineal care, turn resident away from staff and use a new washcloth and wash around the anus. Staff are directed to help resident reposition to his/her back then remove gloves and wash hands. The policy did not provide direction to staff regarding performing hand hygiene and glove change between a dirty and clean task. Review of the facility's Enhanced Barrier Precautions to Infection Control Guidance policy, dated 03/24, showed to prevent broader transmission of MDRO (multidrug-resistance organisms) and to help protect patients with chronic wounds and indwelling device. EBP (Enhanced barrier precautions) should be implemented for the period of their stay or until wounds have resolved or indwelling medical devices have been removed, who requires EBP are residents known to be infected or colonized with a MRDO and residents with a wound, regardless of their MRDO status, EBP should be used when changing briefs or assisting with toileting and transferring residents from one position to another, gloves and donning and doffing of gown are required when conducting high-contact resident care activities that are listed above. 2. Review of Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 12/30/25, showed staff assessed the resident as:-Severe cognitive impairment;-Required assistance from two or more staff members for toileting assistance;-Did not use oxygen therapy;-Did not have pressure ulcers. Review of the resident's care plan, dated 12/07/25, showed staff assessed the resident as at risk for developing a MRDO and to take extra precautions with high contact resident care activities including dressing, bathing, transferring, hygiene, changing linen and briefs, assisting with catheters by utilizing a disposable gown and gloves. Resident is at risk for respiratory complications</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>did not know the residents was on EBP or if the resident had a wound. He/She said he/she did not see the signage on the door directing staff to use gown and gloves when providing care. He/She said staff are directed to change the oxygen tubing if it was on the floor. He/She said staff are directed to use hand hygiene upon entering the resident room and perform hand hygiene and glove changes during care and after touching bodily fluids. He/She said he realized he/she missed a hand hygiene and glove change opportunity when providing care. He/She said he/she missed the opportunity because he/she was in the moment. During an interview on 01/15/26 at 1:13 P.M., the administrator said staff are educated to label the oxygen tubing with the date the tubing was changed and document in the TAR. He/She said staff if staff did not label the oxygen tubing with the date it was changed and/or document in the TAR, staff would not know the tubing was changed. He/She said there was no current system in place to ensure the oxygen tubing was replaced and documented in the TAR, but the Assistant Director of Nursing (ADON) would be responsible to ensure the task have been completed. He/She said staff are educated to replace oxygen tubing if it laid on the floor to prevent an infection control concern. He/She said staff are educated to perform hand hygiene upon entering and exiting a resident's room and should change gloves and perform hand hygiene when moving from a dirty to a clean task to prevent cross contamination and infection control issues. He/She said signage was hung a resident's door if the resident was placed on any type of precautions. He/She said the signage would include what type of personal protective equipment should be worn when providing care. He/She said if a resident was on EBP, staff are educated to use a gown, gloves and a mask to prevent cross contamination and infection control issues. During an interview on 01/15/26 at 1:14 P.M., the ADON said staff are directed to label the oxygen tubing with the date the tubing was changed and document in the TAR. He/She said staff would not know the oxygen tubing was replaced if it was not documented in the TAR and/or if the tubing was not labeled with the date the tubing was replaced. He/She said there was no current system in place to ensure the oxygen tubing was replaced and documented in the TAR, but he/she will not be responsible to ensure the task have been completed. He/She said staff are directed to replace oxygen tubing if it was on the floor to prevent an infection control concern. He/She said staff are directed to perform hand hygiene upon entering and exiting a resident's room and should change gloves and perform hand hygiene when moving from a dirty to a clean task to prevent cross contamination and infection control issues. He/She said if a resident was on any type of precautions, there was a sign on the resident's door stating the type of precaution and what personal protective equipment should be worn. He/She said if a resident was on EBP, staff are directed to use a gown, gloves and a mask to prevent cross contamination and infection control issues. 3. Review of Resident #2's quarterly MDS, dated [DATE], showed staff assessed the resident as:-Moderately cognitively impairment;-Required assistance from two or more staff members for toileting assistance;-Did not have pressure ulcers. Review of the resident's care plan, dated 12/07/25, showed the resident is at risk for skin breakdown and required assistance from staff for incontinence. Review showed the resident at risk of developing a MRDO due to having a wound and staff will take extra precautions when providing high contact resident activities including dressing, bathing, transferring, hygiene, changing linen, briefs or assisting with catheters, by utilizing a disposable gown and gloves. The plan showed the resident required one to two person assistance with bed mobility, transfers, toileting, perineal care, personal hygiene and bathing. Review of the resident's POS, dated 01/01/26 through 01/16/26, showed an order to cleanse area to back left thigh with wound cleanser, apply skin prep once daily and as needed and apply dry dressing placed on lateral thigh every shift and as needed. Observation on 01/15/26 at 11:05 A.M., showed the resident door with a sign for EBP precautions and staff should be wear a gown</p> <p>(continued on next page)</p>		

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