

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Rancho Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 615 Rancho Lane Florissant, MO 63031	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an environment free of accident hazards by not maintaining water temperatures for resident consumption within a safe range to prevent the potential of skin burns for two residents. Staff provided a cup of hot water to a resident (Resident #2) who requested it to give to another resident (Resident #1) who wanted to make instant coffee in his/her room. Resident #2 took the cup of hot water to Resident #1's room, placed it on the over the bed table then left the room. When Resident #1 reached for the cup of water, he/she spilled the water on him/herself which resulted in a second-degree burn (involving the first two layers of skin and may present as deep reddening of the skin, pain, blisters, glossy appearance from leaking fluid, and possible loss of some skin) ranging from his/her right flank to his/her right mid-thigh. Resident #1 had a diagnoses of left sided hemiplegia (total or partial paralysis on one side of the body), polyneuropathy (damage or disease affecting peripheral nerves), stroke, and diabetes and took medications that decreased reaction and sensation to pain. The sample was 5 and the census was 89. Review of the U.S. Consumer Product Safety Commission's Safety Alert showed most adults will suffer third-degree burns (damages the first here layers of skin and fatty tissue) if exposed to 150-degree Fahrenheit (F) water for two seconds. Burns will also occur with a 6-second exposure to 140-degree F water or with a 30-second exposure to 130-degree F water. Review of MedlinePlus.gov, last reviewed on 5/28/24, showed:-Major burns include: Second degree burns more than 2 to 3 inches (5.08 to 7.62 centimeters (cm) wide;-Major burns need urgent medical care. This can help prevent scarring, disability, and deformity;-Adults over the age of 60 have a higher chance of complications and death from severe burns because their skin tends to be thinner than in other age groups. Review of the facility's Food Temperature policy, dated 5/2016, showed:-Purpose: To provide the dietary department with guidelines for food preparation and service temperatures;-Acceptable serving temperatures: Coffee &gt; (greater than) 135 degrees F;-If temperatures do not meet the required serving temperatures, reheat or chill the product to the proper temperature;-No maximum temperature listed. Review of the facility's Incident Investigation policy, dated 10/24/22, showed:-Purpose: To ensure that the facility tracks incidents that take place at the facility in an effort to increase the quality of care provided to residents;-Policy: An incident includes but is not limited to the following: Burns. Review of Resident #1's annual Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 8/12/25, showed:-Cognitively intact;-Used a wheelchair;-Upper and lower extremity range of motion - impairment on both sides;-Diagnoses of left side hemiplegia, polyneuropathy, stroke and diabetes. Review of the resident's medical record showed an age of [AGE] years old at the time of the burn. Review of the resident's care plan in use at the time of on-site investigation, showed:-Focus: Resident has acute/chronic pain, revised 10/20/24;-Goal: Pain will be minimized with the use of scheduled and/or as needed (PRN) pain meds;-Interventions included: Administer</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 265402	Facility ID: 265402 If continuation sheet Page 1 of 5

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