STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265546	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gasconade Manor Nursing Home	1910 Nursing Home Road, Owensville, MO 65066

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review and interview, facility staff failed implement the facility's policy by not checking the Employee Disqualification List (EDL) quarterly for six staff (Certified Nurse Aide (CNA) T, Housekeeper U, Licensed Practical Nurse (LPN) N, Dietary Aide (DA) V, Registered Nurse (RN) W and Certified Medication Technician (CMT) P) of 10 sampled staff. The facility census was 61.1. Review of the facility's policy titled Employee Disqualification List Protocol, dated 06/17/24, instructed staff to complete quarterly re-checks, they must review new EDL listings to ensure no current employees are disqualified. 2. Review of CNA T's employee file showed a quarterly EDL check had not been completed since his/her hire date of 02/15/25. 3. Review of Housekeeper U's employee file showed a quarterly EDL check had not been completed since his/her hire date of 09/03/24. 4. Review of LPN N's employee file showed a quarterly EDL check had not been completed since his/her hire date 10/24/24. 5. Review of DA V's employee file showed a quarterly EDL check had not been completed since his/her hire date of 07/25/24. 6. Review of RN W's employee file showed a quarterly EDL check had not been completed since his/her hire date of 09/03/24. 7. Review of CMT P's employee file showed a quarterly EDL check had not been completed since his/her hire date of 01/21/25 8. During an interview on 07/30/2025 at 12:01 P.M., Human Resources said he/she tries to check current staff against the EDL every four to six months, and he/she does not have a list he/she ran against the EDL. During an interview on 07/30/2025 at 2:45 P.M., Human Resources said he/she cannot find any of the quarterly EDL checks. He/She said he/she did not know staff had to be checked against the EDL every three months. During an interview on 07/31/2025 at 11:35 A.M., the administrator said Human Resources is responsible for running quarterly EDL checks. The administrator said EDL checks are ran before employment and then quarterly per facility policy. The administrator said he/she doesn't know why the checks had not been completed quarterly. The administrator said the EDL should be checked against all employees to ensure a staff member has not been added. The administrator said he/she is responsible to make sure Human Resources runs the quarterly EDL checks. The administrator said he/she assumed Human Resources was running them per policy.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265546	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gasconade Manor Nursing Home	1910 Nursing Home Road, Owensville, MO 65066

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, facility staff failed to provide written information to the resident and/or the resident's representative of the bed hold policy at the time of transfer to the hospital for three residents (Resident #6, #38, and #57) out of 17 residents sampled. The facility census was 61.1. Review of the facility's policy titled Bed Hold Policy, dated 10/17/23, showed in the event a resident leaves the facility for hospitalization, a charge will not be calculated with anticipated return. 2. Review of Resident #6's medical record showed staff documented the resident discharged from the facility on 04/04/25 to the hospital and returned on 04/10/25. The medical record did not contain documentation staff issued a bed hold upon discharge to the resident or the resident's responsible party, and did not notify the ombudsman of the transfer/discharge. 3. Review of Resident #38's medical record showed staff documented the resident discharged from the facility on 06/12/25 to the hospital and returned on 06/16/25. The medical record did not contain documentation that staff issued a bed hold upon discharge to the resident or the resident's responsible party, and did not notify the ombudsman of the transfer/discharge. 4. Review of Resident #57's medical record showed staff documented the resident discharged from the facility on 04/10/25 to the hospital and returned on 04/10/25. The medical record did not contain documentation that staff issued a bed hold upon discharge to the resident or the resident's responsible party, and did not notify the ombudsman of the transfer/discharge. 5. During an interview on 07/31/25 at 8:50 A.M., the Social Service Designee (SSD) said he/she is responsible to notify the Ombudsman of the facility's admissions and discharges, and he/she sends them monthly. The SSD said he/she does not send the hospital transfers to the Ombudsman, and he/she did not know he/she needed to. The SSD said the facility does not complete bed holds. During an interview on 07/31/25 at 1:00 P.M., Registered Nurse (RN) F said he/she does not know what a bed hold is and does not complete them when a resident is transferred to the hospital. RN F said he/she is responsible to complete a discharge transfer form and give to the receptionist to update the census. RN F said he/she sends a copy of the resident's face sheet and orders with the resident to the hospital and does not have the resident or responsible party sign any forms to hold the residents' bed. During an interview on 07/31/25 at 1:25 P.M., the Assistant Director of Nursing (ADON) said he/she does not know what a bed hold is. The ADON said when staff transfers a resident to the hospital, they send a copy of the residents' face sheet and orders. The ADON said the charge nurse is responsible to fill out a discharge transfer form and give it to the receptionist to update the census, but they do not complete a bed hold. During an interview on 07/31/25 at 1:48 P.M., the administrator said the facility does not do bed holds. The administrator said the SSD is responsible to notify the Ombudsman of the facility admissions and discharges. The administrator said the SSD does not notify the ombudsman of resident transfers and he/she did not know the ombudsman should be notified.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gasconade Manor Nursing Home	1910 Nursing Home Road, Owensville, MO 65066

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, facility staff failed to ensure multi-dose medications were dated when opened in one out of two medication storage carts. The facility census was 61.1. Review of the facility's policy titled Medication Protocol, undated, showed facility staff were directed daily to label/record date when stock medication is opened and check for expired medications.2. Observation on 07/28/25 at 10:28 A.M., showed the 200-hall medication cart contained:-One bottle of Sodium Chloride 1 gram (gm) (used for electrolyte replenisher) opened and undated;-One bottle of Fluticasone Propionate 500 micrograms (mcg) nasal spray (used for allergies) opened and undated;-One bottle of Equate eye itch relief drops, opened and undated;-One bottle of 0.25% Acetic Acid 1,000 milliliter (ml) bottle (used for urinary irrigation) opened and undated;-One bottle of ABC complete vitamin, opened and undated;-One bottle of Vitamin C 500 milligrams (mg, opened and undated;-One bottle of Vitamin D 2000 mg, opened and undated;-One bottle of Vitamin B12 500 mcg, opened and undated;-One bottle of Stool Softener 50 mg/8.6 mg (used for constipation), opened and undated;-One bottle of Gas-X 125 mg, opened and undated;-One bottle of Antacid, opened and undated;-One bottle of Clearlax (used for constipation), opened and undated.During an interview on 07/28/25 at 10:45 A.M., Certified Medication Technician (CMT) E said when staff opens a bottle of medication they are supposed to put the open date on the bottle. He/She said this is to include over the counter or stock medications, nasal sprays, eye drops, and solutions. He/She the importance is to make sure the medication is not expired. He/She said he/she was not aware of medications that did not have open dated on them.During an interview on 07/31/25 at 1:15 P.M., Registered Nurse (RN) F said the medication bottle should contain an open date. He/She said an open date is important to ensure the medication is not expired. He/She said the CMT's should check for open dates since they are using the carts.During an interview on 07/31/25 at 1:26 P.M. the Assistant Director of Nursing (ADON) said medication bottles should have an open date and should be initiated by the staff member who opens it. He/She said the CMT's should be putting the open dates on every bottle when opened. He/She said open dates should be checked every time the medication bottle is handled. He/She said it is important to have open dates because several medications expire after 30 days. He/She said the Charge nurses, Director of Nursing (DON), and ADON are responsible to ensure over the counter and stock medications have open dates. He/She said he/she did not know if a system was in place to check medications for open dates.During an interview on 07/31/25 at 2:05 P.M. the Administrator said medication bottles should be labeled with an open date. He/She said whoever opens the bottle is responsible for putting the open date on it. He/She said the Charge nurse and DON are responsible for ensuring open dates are put on medication bottles. He/She said he/she is unsure how often CMT's check, but it should be on a regular basis. He/She said the importance is to ensure medications are not expired.

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NAME OF PROVIDER OR SUPPLIER Gasconade Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1910 Nursing Home Road, Owensville, MO 65066	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to use Enhanced Barrier Precautions (EBP) (an infection control practice that requires staff to wear Personal Protective Equipment (PPE) (gowns, gloves and/or eye protection), and failed to use appropriate hand hygiene and glove use for five residents (Residents #5, #6, #8, #34, and #42) out of 18 sampled while performing catheter care, wound care, and mechanical lift transfers. The facility census was 61. 1. Review of the facility policy titled Policy for Enhanced Barrier Precautions, dated 04/01/24, showed the facility will implement EBP beginning April 1, 2024, and EBP is designed to reduce the transmission of Multi-Drug-Resistant Organisms (MDROs), a germ that is resistant to many antibiotics, throughout the facility. Residents will be identified for EBP if they meet the following criteria: known infection or colonization with a resistant organism; indwelling medical devices including urinary catheter, central line, feeding tube, tracheostomy/ventilator; wounds including pressure ulcers, diabetic foot ulcers, unhealed surgical wounds and chronic venous stasis ulcers. Required used of gown and gloves during the following high-contact resident care activities: dressing, bathing/showering, transferring (in resident room, shower room, or Therapy gym), changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use, and wound care. Isolation caddies containing gowns, gloves, masks, and hand sanitizer will be placed on the back of the door in the rooms of residents requiring EBP; signage will be posted in applicable rooms to identify EBP implementation, care plans will be updated to reflect EBP requirements. Review of the facility policy titled Hand Hygiene Policy, dated 02/17/25, showed hand hygiene shall be performed after removing gloves; after handling soiled or used linens, dressing, bedpans, catheters or urinals; if moving from a contaminated body site to a clean body site during resident care; and after contact with an inanimate object in the immediate vicinity of the resident. Review of the facility policy titled Glove Use Policy/Procedure, dated 02/17/25, showed staff are to perform hand hygiene before putting on gloves; use a new pair of gloves for each resident task; remove gloves promptly after use and before touching clean surfaces. Review of the facility policy titled Catheter Care Policy, dated 02/17/25, showed while holding the catheter, clean three to four inches down the catheter tube; use a clean wash cloth, cleaning away from the urethra (body) with one stroke per section; use a new section of the wash cloth for each stroke; perform hand hygiene and ensure resident comfort, make sure the bed is low and locked, place call light within reach, and perform hand hygiene again. Review of the facility policy titled Wound Prevention and Care, dated 02/17/25, showed it did not address procedures for wound care treatments and dressing changes. 2. Review of Resident #5's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/27/25, showed staff assessed the resident as severe cognitive impairment, at risk for pressure ulcers, and had wounds. Review showed staff did not document an indwelling catheter. Review of the resident's care plan, dated 06/27/25, showed the resident had pressure ulcers. Review showed the care plan did not contain direction for an indwelling catheter. Review of the resident's Physician's Orders Sheet (POS), dated 07/28/25, showed orders for:-07/03/25: bilateral heel wounds, clean with cleanser, apply Xeroform gauze (a fine mesh gauze used for wound care), wrap and secure, change daily;-07/03/25: sacrum wound, clean with cleanser, apply Medi-honey (a medication for wound healing), Xeroform gauze, gauze, and cover with dressing to secure, change daily; -07/11/25: catheter care three times a day.Observation on 07/28/25 at 11:02 A.M., showed the resident's door did not contain a EBP signage. Observation showed the residents catheter hung below the resident's chair. Observation on 07/29/25 at 8:22 A.M showed the resident's door did not contain a EBP signage and PPE hung from the door. Observation on 07/30/25 at 9:20 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A.M., showed the resident's door did not contain a EBP signage. Observation showed the resident catheter touched the floor. Certified Nurse Assistant (CNA) J and Registered Nurse (RN) F performed catheter care and did not wear a gown. Observation showed RN F knocked the resident's bedside table over and caused water to spill. Observation showed RN F cleaned up the water, changed his/her glove. Observation showed RN F touched the resident's catheter. Observation showed CNA J used peri-wash and a washcloth wiping the resident's groin and perineal area. Observation showed CNA J used the same portion of the washcloth to cleanse the catheter tubing. Observation showed both CNA J and RN F removed their soiled gloves and put clean gloves on. Observation showed the RN and CNA performed wound care, without gowns on. RN F removed a soiled dressing from the resident's sacral wound and did not change his/her gloves or wash his/her hands before he/she cleansed the wound or applied the clean dressing. Observation showed RN F changed his/her gloves, removed the residents foot protectors, reached into his/her fanny pack and got his/her scissors out, did not sanitize the scissors and cut the dressing off the residents left heel. The RN did not change his/her gloves or wash his/her hands after he/she removed the soiled dressing or before he/she applied the clean dressing to the resident's heel. With the same soiled gloves, the RN removed the soiled dressing, used the same scissors and reapplied a clean dressing. Observation showed RN F, removed his/her gloves, did not wash his/her hands, lowered the resident's bed, gathered trash and left the room. Observation on 07/31/25 at 8:00 A.M., showed the resident's door did not contain a EBP signage and PPE hung on the door. During an interview on 07/31/25 at 9:00 A.M., CNA J said staff should wash their hands before care, after care, and with any glove change. CNA J said when staff go from a dirty to a clean process, they should remove the dirty gloves, wash their hands, and put on clean gloves. CNA J said he/she should have used more than one washcloth to perform catheter care. CNA J said he/she was not aware he/she could fold the washcloth and use the clean portion. CNA J said he/she is not sure what EBP is or if he/she has had training regarding EBP. CNA J said he/she did not know he/she should have worn a gown to perform catheter care. CNA J said he/she does not know when he/she should wear a gown and gloves for EBP. CNA J said he/she assumes EBP is to help prevent germs from spreading. During an interview on 07/31/25 at 1:00 P.M., RN F said EBP is used for contact droplet, air droplet precautions and staff should use different PPE based on what communicable disease the resident has. RN F said he/she did not know there was a difference in EBP vs contact precautions. RN F said he/she has seen the signs for EBP on the doors but has not read them. RN F said EBP is required for a resident with a catheter, but he/she is not sure of other times EBP would be required. RN F said if a resident in on EBP staff should wear a gown and gloves while performing resident cares and transfers. RN F said he/she did not wear a gown while performing catheter care or wound care on the resident because she forgot. RN F said he/she has not gotten an EBP in-service, but said the purpose of EBP is to protect the resident from acquiring germs from staff. RN F said staff should wash their hands before care, after care, and with any glove change. RN F said when staff go from a dirty to a clean process, they should remove the dirty gloves, wash their hands, and put on clean gloves. RN F said the proper way to perform catheter care is for staff to wash their hands, apply gloves, and use a clean area of the washcloth or a clean washcloth with each swipe. RN F said staff should then remove their gloves and wash their hands or use hand sanitizer. RN F said the proper way to perform wound care is for staff to wash their hands, apply gloves, remove the soiled dressing, remove their soiled gloves, wash their hands, then apply clean gloves to finish the dressing. RN F said he/she realized after the wound care he/she did not change his/her gloves from dirty to clean, between the heel dressings, and did not wash his/her hands with glove changes or after the wound care. RN F said he/she should have done each of those things. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	RN F said he/she did not have hand sanitizer in his/her pocket and was not sure he/she could use a resident's sink to wash his/her hands. RN F said by not changing his/her gloves or performing hand hygiene he/she could have spread germs and contaminated the resident or caused an infection. During an interview on 07/31/25 at 2:30 P.M., Certified Medication Technician (CMT) K said he/she is responsible for keeping the PPE stocked and ensuring the residents have an EBP sign on their door when applicable. CMT K said the Assistant Director of Nursing (ADON) updates him/her weekly and tells him/her which residents require EBP precautions, and he/she goes to each resident's room to ensure the PPE is stocked and an EBP sign is on their door. CMT K said the resident has a catheter and wounds and should have an EBP sign on the door. CMT K said he/she does not know why the resident does not have an EBP sign on his/her door. 3. Review of Resident #6's Quarterly MDS, dated [DATE], showed staff documented the resident as cognitively intact, had a surgical wound, received applications of ointments/medications and applications of non-surgical dressing to wound. The resident is always incontinent of bowel and bladder.Review of the resident's POS, dated 07/24/25, showed an order to cleanse, apply betadine to pinpoint areas, cover with folded non-woven gauze, & tape, once a day.Review of the resident's progress note, dated 07/24/25, showed the ADON documented resident seen today on wound rounds by doctor for post-surgical lower thoracic areas. Observation on 07/30/25 at 1:37 P.M., showed the resident had an EBP sign posted on door. CNA Q, Nurse Aide (NA) R and CMT D entered the resident's room, did not apply gowns and transferred the resident with a mechanical lift to his/her wheelchair and then to his/her toilet. The CNA and CMT provided hands on assistance during the transfer. The NA pulled the resident's pants and brief down when lowered to the toilet. The three staff removed gloves, washed hands and exited the restroom, while the resident used the restroom. The CMT, CNA and NA reentered the restroom, washed hands, applied gloves and provided care without gowns on.During an interview on 07/30/25 at 2:00 P.M., NA R said EBP has to do with when residents are first admitted and are in isolation. The NA said for EBP, staff are supposed to wear a gown, gloves and mask. The NA said to his/her knowledge the resident is not on EBP, the sign was from when he/she went to hospital and had a wound on his/her back, but it is closed now. The NA said he/she would say staff forgot to take the EBP sign off the resident's door. The NA said he/she thinks the resident's wound is healed, but still has a dressing on it, but he/she never looks at it, so he/she does not know. The NA said he/she had gloves on during the transfer, he/she did not have a gown on. During an interview on 07/30/25 at 2:21 P.M., CMT D said he/she thinks the EBP sign should have been taken down. The CMT said if a resident is on EBP, staff are supposed to wear gloves, mask and gown. The CMT said he/she wore just the gloves with the resident. The CMT said the charge nurse will tell staff if a resident comes off EBP.During an interview on 07/30/25 at 2:53 P.M., the ADON said signs on the door of the resident's room, is how we let staff know what PPE to wear with a resident. Staff are supposed to wear gloves and gown if they are providing care. The ADON said the resident is on EBP because he/she has a pinpoint wound area from his/her wound vacuum. The ADON said the resident has an EBP sign on door, and he/she does not know why staff are not wearing the correct PPE, staff should be following the signage on the door. During an interview on 07/31/25 at 1:53 P.M., the administrator said staff should read the sign posted on the resident's door. The administrator said he/she would expect staff to wear EBP PPE if there is a sign posted on the resident's door. The administrator said the charge nurse and the Director of Nursing (DON) are responsible to make sure the staff are wearing the appropriate PPE. 4. Review of Resident #8's Quarterly MDS assessment, dated 06/17/25, showed staff assessed the resident as cognitively intact, had an indwelling urinary catheter, dependent on staff for toileting, diagnoses of non-traumatic spinal cord dysfunction, paraplegia (paralysis that affects all or (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	part of the trunk, legs, and pelvic organs). Review of the resident's POS, dated July 2025, showed:-03/11/24 Cranberry capsule, 500 milligram (mg) once a day for urinary tract infection (UTI), an infection in any part of the urinary system;-01/22/25 Macrobid (antibiotic) capsule, 100 mg once a morning for UTI with no end date; -02/28/25 foley catheter care per facility policy three times a day, days, evenings, nights; -05/21/25 Catheter to prevent skin breakdown;-07/10/25 Change catheter monthly on the 28th; -07/28/25-08/03/25 Macrobid capsule, 100 mg once a day in the P.M. for UTI.During an interview on 07/29/25 at 10:49 A.M., the resident said he/she currently has a UTI and does have a catheter. Observation on 07/30/25 at 9:50 A.M., showed the resident's room with EBP sign on the door and PPE in the room. Observation on 07/30/25 at 10:28 A.M., showed CNA C and CNA B applied gowns and gloves in the resident's room. CNA C left the room to gather more supplies, removed gown and gloves, and used alcohol-based hand rub (ABHR); CNA C returned to room, applied a gown and gloves and did not perform hand hygiene. CNA C performed perineal care, with stool, removed his/her gown and gloves, did not perform hand hygiene and left the room. CNA C returned to room, performed hand hygiene, applied gown and gloves, and continued with perineal care. CNA C removed his/her soiled gloves and applied clean gloves without performing hand hygiene. CNA C used a wet washcloth and wiped repeatedly down the resident's catheter tubing with the same portion of the washcloth. CNA C and CNA B placed a clean brief on the resident, removed their gloves and gown, did not perform hand hygiene, applied clean gloves and transferred the resident with a mechanical lift without gowns on.During an interview on 07/31/25 at 9:47 A.M., CNA C said staff must wear gown and gloves for anyone that has a catheter, or he/she assumed if they have a colostomy or any kind of severe open areas like wounds. CNA C said if staff are providing care for anyone that has a catheter, they put the gown on as soon as they get in the room. He/She said staff are only supposed to wear gowns if they are messing with that area, like a catheter. CNA C said he/she did not think they had to wear a gown when transferring residents. CNA C said he/she should wear a gown and gloves, clean the area, and when done he/she would remove his/her gloves, wash his/her hands and then put on clean gloves. CNA C said he/she should have washed his/her hands between glove changes, but did not because there was very little soap, and there is no hand sanitizer in the room. He/she also said he/she should have folded the washcloth to a clean area during catheter care or even gotten a new washcloth. CNA C said he/she was not really taught how to use EBP, or when to wear gloves and gowns. During an interview on 07/31/25 at 12:44 P.M., CNA B said he/she really didn't know what EBP was or when he/she should use. He/She said it should probably be used if the resident has a catheter, wounds, or is sick. CNA B said he/she should wear gown and gloves, and sometimes a mask; and should wear it when changing a resident with a catheter, or if touching anywhere near wounds. CNA B said he/she did not think they had to wear gowns when transferring residents. He/she said staff should wash hands before and after working with residents and should wash hands between glove changes. CNA B said he/she received training around February of last, and did not realize he/she did not wash his/her hands after taking his/her gloves off. During an interview on 07/31/25 at 1:26 P.M, the ADON said staff should wash hands, apply gown and gloves, and when cleansing the catheter tubing should start at the opening then wipe down the tubing away from the body. He/she said the washcloth should be folded over to a clean area or a new one should be used when cleaning the tubing, staff should not wipe repeatedly in the same area with the same cloth.During an interview on 07/31/25 at 1:48 P.M., the administrator said staff should not use the same area of the washcloth when providing cares and should fold to a clean area or get a new washcloth, and staff should not wipe repeatedly up and down the tubing.5. Review of Resident #34's Quarterly MDS assessment, dated 05/20/25, showed staff assessed the resident as severely cognitively impaired, no (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Gasconade Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1910 Nursing Home Road, Owensville, MO 65066	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	unhealed pressure ulcers (injury to skin and underlying tissue resulting from prolonged pressure on the skin), and not at risk for developing pressure ulcers. Review of the resident's POS, dated July 2025, showed an order, dated 07/24/25, for coccyx and left buttock, cleanse, apply medi-honey (wound treatment), xeroform (dressing that covers your wound), gauze folded, and cover with dressing twice a day.Observation on 07/30/25 at 8:10 A.M., showed resident's room with an EBP sign on the door and PPE in the room. Observation on 07/30/25 at 1:25 P.M., showed RN F and CMT G entered the resident's room, put on gloves and did not put gowns on. RN F placed wound care supplies on the resident's bedside table without a barrier. RN F used his/her right gloved hand to remove the soiled dressing from the resident's buttocks wound, picked up the spray bottle of cleanser and sprayed the gauze in his/her left hand, then transferred the gauze to his/her right hand, wearing the same soiled gloves he/she used the gauze to cleanse the wound bed wiping in circular motions, and then with the same soiled gloves on, used dry gauze to dry the wound bed, placed xeroform, opened a tube of medi-honey and applied a small amount to his/her gloved fingers of the left hand. RN F used his/her gloved fingers and applied medi-honey to the wound bed, pulling the xeroform down with his/her soiled right gloved hand, and applied an island dressing. RN F did not wear a gown, remove gloves or perform hand hygiene through the process. Observation showed RN F removed his/her gloves, did not perform hand hygiene, pulled the resident's blanket up, and then left the room without performing hand hygieneDuring an interview on 07/31/25 at 1:00 P.M., RN F said he/she did not complete wound care appropriately, and he/she should have changed gloves and completed hand hygiene during the process, and he/she does not know why he/she did not do that. RN F said by not completing wound care with proper infection control techniques it could cause contamination and infection in the wound. RN F said gown and gloves should be worn for EBP, for any kind of patient care, if doing catheter care or wound care. RN F was not sure of what other activities would require the use of EBP. During an interview on 07/31/25 at 1:26 P.M., the ADON said staff should wash hands, apply gown and gloves, and after removing a soiled dressing should wash hands and apply new gloves; provide the treatment and new dressing, then remove gloves and wash hands again. He/she said it is not okay to do wound care that way.During an interview on 07/31/25 at 1:48 P.M., the Administrator said it would not be appropriate to do wound care without changing gloves from dirty to clean, or between different wounds and it could cause infection.6. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as severely cognitively impaired, had an indwelling catheter, and dependent on staff for toileting hygiene. Review of the resident's POS, dated July 2025, showed and order dated 03/11/25, for Indwelling catheter continuous for neuromuscular dysfunction of bladder (bladder dysfunction). Observation on 07/30/25 at 1:35 P.M., showed resident's room with an EBP sign on the door and PPE in the room. Observation on 07/30/25 at 1:35 P.M., showed RN F entered the resident's room, placed gloves on the nightstand, and unlocked the resident's bed to pull away from the wall. RN F applied gloves, wiped the groin area twice, folded the washcloth and then wiped down the tube away from the body repeatedly, without folding to a clean area or using a new washcloth. RN F with the same soiled gloves on touched the resident's blanket. RN F removed his/her gloves, placed a new trash bag in the trash can, lowered the resident's bed, touched the door, and left the room with the tied-up trash bag. RN F left the room without performing hand hygiene and placed the trash bag in the dirty linen room down the hallway. During an interview on 07/31/25 at 1:00 P.M., RN F said when doing catheter care, he/she should start closest to the body and wipe down the tubing, using a clean part of the washcloth each time, and he/she thought he/she had done that. RN F said if catheter care is not completed appropriately, it could cause an infection. RN F said he/she should have worn a gown and did not know why he/she did not (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	wear one. RN F said hand hygiene should be done when going in and out of the room, after interacting with the resident, with catheter care, before and after wearing gloves, and when exiting the room. RN F said he/she did not think he/she could use the sink in the resident's room and was not sure if that was acceptable.7. During an interview on 07/31/25 at 1:26 P.M, the ADON said for catheter care staff should wash hands, apply gown and gloves, wipe the tubing away from the body, and always use a clean portion of the washcloth. Staff should not wipe repeatedly in the same area with the same cloth.During an interview on 07/31/25 at 1:48 P.M., the Administrator said staff should not use the same area of the washcloth to clean multiple areas when providing cares. During an interview on 7/30/25 at 3:22 P.M., the Infection Preventionist (IP) said the Director of Nursing (DON) or Human Resources (HR) conduct in-services, and he/she had compiled a list of education topics for EBP and handwashing in July. The IP said EBP is used for residents who are colonized with bacteria or have indwelling devices or wounds. He/she said the PPE worn should be gown and gloves, and sometimes face shields. He/She said the PPE is available and should worn during personal care, bed changes, catheter or device care, wound care, transfers, and any high contact care activities. The IP said hand hygiene should be completed in between residents, and before and after changing gloves. He/she said staff should be changing gloves and using hand hygiene when going from dirty to clean tasks, and in between dressing removal and wound treatments. The IP said staff should not use the same area of the washcloth repeatedly while cleansing catheter tubing. During an interview on 07/31/25 at 1:26 P.M., the ADON said in-services have gone out on infection control with the IP, a verbal explanation of the signs on the door and PPE. The ADON said he/she would expect staff to wear gowns and gloves for catheter care, wound care, and any device care. He/she said he/she did not know staff did not know when and how to do EBP, and if there is a sign on the door then they should do it. The ADON said hand hygiene should be done before and after glove changes, after removing old dressings, and in between different wound treatments. The ADON said staff should not touch anything with dirty gloves, that would be cross contamination and could cause more infection for wounds or catheters; and he/she really cannot say why staff are not doing it appropriately. The ADON said the charge nurse, DON, IP and himself/herself would be responsible for overseeing staff. During an interview on 07/31/25 at 1:48 P.M., the Administrator said EBP is a process, and he/she thinks with certain diagnoses the EBP gets put up, and all the PPE is there when staff enters the room. He/she said the DON and IP are responsible for overseeing EBP in the facility. The Administrator said there had been in-service education for EBP, recently in the last couple of months. He/she said it would be an infection risk for residents if staff did not wear the appropriate PPE. The Administrator said ultimately the DON and himself/herself were responsible for ensuring staff education. The Administrator said he/she was not sure if staff should use the resident bathroom sink because that could be an infection control issue.

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NAME OF PROVIDER OR SUPPLIER Gasconade Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1910 Nursing Home Road, Owensville, MO 65066	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to conduct inspections of bedrails as a part of regular maintenance program for one resident (#57) and failed to remeasure and reassess all possible entrapment zones for three residents (Resident #2, #8, #9) out of 18 residents sampled. The facility census was 61. Based on observation, interview, and record review, facility staff failed to conduct inspections of bedrails as a part of regular maintenance program for one resident (#57) and failed to remeasure and reassess all possible entrapment zones for three residents (Resident #2, #8, #9) out of 18 residents sampled. The facility census was 61. 1. Review of the facility's policy titled Adaptive Equipment Assessment Policy and Procedures, undated, showed:-The purpose is to prevent, identify, and appropriately respond to entrapment hazards in beds and equipment used by residents;-Risk of using adaptive equipment is a resident may attempt to get out of bed unsafely resulting in injury or death;-Risk for entrapment resulting in injury or death;-All staff will be trained to recognize and mitigate entrapment risks and equipment will be regularly inspected to ensure safety.Review of the facility's bed manufacturer's recommendations titled Med [NAME] User Manual, undated, showed the bed mattress must be properly sized to meet the entrapment zone dimensional guidelines, and to refer to the Food and Drug Administration (FDA) guidelines for entrapment measurements. Review of the United States FDA guidelines document titled Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated 03/10/06, showed 413 people died as a result of entrapment events in the United States. Further review showed those among the most vulnerable for these entrapment type events are the elder patients and residents, especially those who are frail, confused, restless, or have uncontrolled body movements. Further review showed it identifies seven different potential, zones of entrapment should be measured regularly. This guidance characterizes the head, neck, and chest as key body parts that are at risk of entrapment. Review of the FDA document entitled, Guide to Bed Safety Rails in Hospitals, Nursing Homes and Home Health Care: The Facts, dated 12/11/17, shows the potential risk of bed rails may include:-Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress;-More serious injuries from falls when patient climb over rails; -Skin bruising, cuts and scrapes; -Inducing agitated behavior when bed rails are used as a restraint; -Feeling isolated or unnecessarily restricted; -And preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet. 2. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/01/25, showed staff assessed the resident as cognitively intact, dependent on staff for bed mobility, and did not use bed rails. Review of the resident's care plan, revised 06/18/24, showed bed canes (a smaller bed rail) used for turning and repositioning. Review of the resident's Physician's Order Sheet (POS), dated 07/28/25, showed adaptive equipment bed canes for increased safety and independence with bed mobility and transfers.Review of the resident's medical record showed entrapment measurements completed on 06/18/24. Review showed the medical record did not contain additional measurements.Observation on 07/28/25 at 7:45 A.M., showed the resident's bed with bed canes in the upright position on both sides. Observation on 07/28/25 at 2:40 P.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 10:30 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 1:38 P.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 4:03 P.M., showed the resident in bed with bed canes in the upright position (continued on next page)

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on both sides. Observation on 07/31/25 at 7:52 A.M., showed the resident in bed with bed canes in the upright position on both sides. 3. Review of Resident #8's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact, dependent for chair/bed to chair transfers, tub/shower transfers; and required substantial/maximum assist for rolling left/right in bed; and did not use bed rails. Review of the resident's care plan, dated 07/11/25, showed staff documented the resident used bed canes for turning, and repositioning. Review of the resident's POS, dated July 2025, showed an order dated 08/13/24 for bed canes to increase safety with bed mobility and transfers. Review of the resident's medical record showed entrapment measurements completed on 03/11/24. Review showed the medical record did not contain additional measurements. Observation on 07/28/25 at 3:34 P.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/29/25 at 10:49 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 9:50 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 10:28 A.M., showed the resident used his/her bed canes during care.Observation on 07/30/25 at 4:03 P.M., the resident in bed with bed canes in the upright position on both sides. Observation on 07/31/25 at 7:51 A.M., showed the resident in bed with bed canes in the upright position on both sides. 4. Review of Resident #9's Quarterly MDS, dated [DATE], showed staff assessed the resident as severe cognitive impairment, required maximum assistance for bed mobility, and did not use bed rails. Review of the resident's care plan, revised 07/21/25, showed bed canes used for turning and repositioning. Review of the resident's POS, dated 07/28/25, showed bed canes for increased safety and independence with bed mobility and transfers.Review of the resident's medical record showed entrapment measurements completed on 10/27/22. Review showed the medical record did not contain additional measurements. Observation on 07/28/25 at 11:14 A.M., showed the resident's bed had bed canes in the upright position on both sides. Observation on 07/29/25 at 8:50 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/29/25 at 2:33 P.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 10:32 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/31/25 at 12:46 P.M., showed the resident in bed with bed canes in the upright position on both sides. 5. Review of Resident #57's Quarterly MDS, dated [DATE], showed staff assessed the resident as severe cognitive impairment, required maximum assistance for bed mobility, and did not use bed rails. Review of the resident's care plan, revised 03/18/25, showed bed canes used for turning and repositioning. Review of the resident's POS, dated 07/28/25, showed bed canes for increased safety and independence with bed mobility and transfers.Review of the resident's medical record showed entrapment measurements not completed on 01/29/21. Review showed the medical record did not contain additional measurements. Observation on 07/28/25 at 11:12 A.M., showed the resident's bed had bed canes in the upright position on both sides. Observation on 07/29/25 at 7:45 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/29/25 at 7:45 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 9:05 A.M., showed the resident in bed with bed canes in the upright position on both sides. Observation on 07/30/25 at 1:37 P.M., showed the resident in bed with bed canes in the upright position on both sides. 6. During an interview on 07/31/25 at 8:25 A.M., the maintenance director said he/she is responsible to complete the entrapment measurements for all residents who use bed canes. The maintenance director said after the admission nurse and physical therapy determine if a resident needs bed canes, they let him/her know and he/she installs the bed canes and completes the entrapment measurements. The maintenance director said he/she only does the (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gasconade Manor Nursing Home	1910 Nursing Home Road, Owensville, MO 65066

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	entrapment measurements upon resident admission or if a bed is changed. The maintenance director said he/she does not complete entrapment assessments as part of regular maintenance program because he/she was not aware he/she needed to. During an interview on 07/31/25 at 1:00 P.M., Registered Nurse (RN) F said he/she does not know who is responsible to complete entrapment measurements. RN F said the purpose of entrapment measurements is to ensure there are not big gaps which a resident could get stuck in and injured. During an interview on 07/31/25 at 1:25 P.M., the Assistance Director of Nursing (ADON) said maintenance is responsible to install the bed canes, but he/she does not know who is responsible to do the entrapment measurements or if they are updated regularly. The ADON said the purpose of entrapment measurements is to ensure there are not big gaps which a resident could get stuck in and injured. During an interview on 07/31/25 at 1:48 P.M., the Administrator said maintenance is responsible to install bed canes, complete the entrapment measurements, and maintain the beds. The Administrator said the entrapment measurements were not updated regularly. The Administrator said the entrapment measurements are only completed upon admission.