

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265810	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Adams Street		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 Adams Street Jefferson City, MO 65101	

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. (continued on next page)

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interviews and record review, facility staff failed to ensure one resident (Resident #1) who received tube feeds (supplemental liquid nutrition) through a gastrostomy (G-tube) (a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications) received his/her supplemental liquid nutrition as ordered by the physician. The census was 55.</p> <p>1. Review of the facility's Enteral Nutrition policy, undated, showed adequate nutritional support through enteral feeding will be provided to residents as ordered. The policy showed recommendation to initiate the use of a feeding will be based on the results of the comprehensive nutritional assessment, and will be consistent with current standards of practice, the resident's advance directives, treatment goals and facility policies. The policy did not contain direction for staff in regard to documentation of scheduled tube feedings in the resident's medical record.</p> <p>2. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/03/25, showed facility staff assessed the resident with severe cognitive impairment and dependent of staff for eating. Review of the resident's care plan, dated 11/18/25, showed the resident required supplemental tube feeds related to Dysphagia (difficulty swallowing). Review of the resident's diagnosis report, dated 12/10/25, showed the resident was diagnosed with dysphagia (difficulty swallowing). Review of the resident's Physician Order Summary (POS), undated, showed an order for Fibersource HN Oral Liquid (nutritional supplements) via G-Tube four times a day. Review of the resident's dietician note, dated 11/13/2025, showed the dietician documented the resident did not receive nutrition by mouth. Review of the resident's Treatment Administration Record (TAR), dated 11/02/25 through 11/30/25, showed the record did not contain documentation staff administered eight ounces of Fibersource HN via G-Tube on 11/01/25-11/08/25, 11/10/25-11/13/25, 11/20/25, 11/23/25 -11/28/25 and 11/30/25 as ordered by the physician. During an interview on 12/08/25 at 3:31 P.M., Registered Nurse (RN) A said staff are directed to document in the resident's medical record after administering the nutritional supplement via the resident's G-Tube. He/She said the resident received tube feedings four times a day. During an interview on 12/08/25 at 3:59 P.M., the administrator said staff are educated to follow physician orders regarding tube feedings. He/She said staff would document in the resident's medical record after administering nutritional supplement via G-Tube. He/She said if staff did not document the order was completed in the TAR, then the order was not completed. During an interview on 12/08/25 at 4:00 P.M., the Director of Nursing (DON) said staff are expected to follow the physician orders. He/She said staff documented in the resident's medical record after administering nutritional supplement via G-Tube. He/She said if staff did not document the order was completed in the TAR, then the order was not administered. During an interview 12/08/25 at 10:54 A.M., the Regional Director of Operations said the DON was responsible to audit resident TARS to verify staff are completing documentation. He/She said they currently do not have a full-time DON, but the Assistant Director of Nursing (ADON) is acting as the interim DON and the permanent DON will begin employment in January. He/She said there have been several changes with DON position, so it was an oversight the weekly audits were not completed. Complaint #2679872</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interviews and record review, facility staff failed to provide adequate nursing staff, as determined by their facility assessment. The facility census was 55. 1. Review of the facility's staffing policy, dated 10/2017, showed the facility provides sufficient number of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care.2. Review of the Facility Assessment, dated 10/30/25, showed the assessment includes an evaluation of the resident population and available facility resources and services to ensure person centered care needs are completely met. Review showed the average daily census for the last six months of occupied beds as 54.6. Review showed direct care staff required to care for their facility census for a twenty-four-hour period should include: -Six Certified Nurse Aides/Nurse Aides (CNA's/NA's) on day shift;-Four CNA's/NA's on evening shift;-Three CNA's/NA's on night shift;-Two Certified Medication Technicians (CMT's) scheduled on day and evening shift. Review of employee staffing schedule from 11/08/25 through 11/30/25, with an average daily census of 54, showed: -Saturday, 11/08/25; four CNA's scheduled on day shift; -Sunday, 11/09/25; four CNA's scheduled on day shift;-Wednesday, 11/12/25; four CNA's scheduled on day shift;-Saturday, 11/15/25; four CNA's scheduled on day shift, three CNA and one CMT scheduled on evening shift;-Sunday, 11/16/25; one CMT and four CNA's scheduled on day shift;-Monday, 11/17/25; four CNA's scheduled on day shift;-Thursday, 11/20/25; one CMT scheduled on day shift;-Saturday, 11/22/25; four CNA's scheduled on day shift;-Sunday 11/23/25; one CMT and four CNA's scheduled on day shift;-Thursday, 11/27/25; four CNA's scheduled on day shift and three CNA's scheduled on evening shift;-Friday, 11/28/25; four CNA's scheduled on day shift;-Saturday, 11/29/25; one CMT and four CNA's scheduled on day shift;-Sunday, 11/30/25; four CNA's scheduled on day shift.Review of employee staffing schedule from 12/01/25 through 12/07/25, with an average daily census of 54, showed: -Monday, 12/01/25; four CNA's scheduled on day shift; -Tuesday, 12/02/25; three CNA's scheduled on day shift;-Thursday, 12/04/25; four CNA's scheduled on day shift;-Saturday, 12/06/25; one CMT scheduled on day shift, four CNA's scheduled on day shift, three CNA's scheduled on evening shift and two CNA's scheduled on night shift;-Sunday, 12/07/25; four CNA's scheduled on day shift and two CNA's scheduled on evening shift.During an interview on 12/08/25 at 3:59 P.M., the administrator said he/she was responsible to complete the staffing schedule and was training a new staffing coordinator. He/She said he/she used the facility assessment, census and acuity of needs to determine the number of staff needed to meet the needs of the residents on each shift. He/She said he/she felt the number of staff scheduled each shift was appropriate and was going to change the assessment to reflect how they are currently staffing. Complaint #2675273</p>		