

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Oak Tree		STREET ADDRESS, CITY, STATE, ZIP CODE 3108 West Truman Boulevard Jefferson City, MO 65109	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed obtain physician orders for Continuous Positive Airway Pressure (CPAP) machines, non-invasive mechanical ventilation device, and failed to adequately clean and maintain the machines, masks and tubing for three residents (Residents #26, #9 and #14) of four sampled residents. The facility census was 30.</p> <p>1. Review of the facility's policy titled CPAP/Bi-level positive airway pressure (BiPAP), non-invasive mechanical ventilation machine, Support, dated March 2015, showed staff should wipe the machine with warm soapy water and rinse at least once a week and as needed. Clean humidifier weekly and air dry. Rinse washable filter under running water once a week to remove dust and debris. Replace disposable filters monthly. For mask, nasal pillows and tubing, clean daily by placing in warm, soapy water and soaking/agitating for five minutes. Mild dish detergent is recommended. Rinse with warm water and allow it to air dry between uses. Document the following in the resident's medical record:</p> <ul style="list-style-type: none"> -Time CPAP was started and duration; -Mode and settings for CPAP; -How resident tolerates CPAP therapy; -Oxygen saturation during CPAP therapy. <p>Review of the facility's policy titled Medication and Treatment Orders, dated July 2016, showed orders for medications must include:</p> <ul style="list-style-type: none"> -Start and stop date, or specific duration of therapy; -Dosage and frequency of administration; -Route of administration. <p>2. Review of Resident #26's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/11/25, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Intact cognition; -Did not receive CPAP therapy; <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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Diagnosis of Parkinson's Disease.</p> <p>Review of the care plan, dated 01/23/25, showed staff documented CPAP machine in use. The care plan did not contain direction for cleaning, maintenance, or settings of the CPAP.</p> <p>Review of the resident's Physician Order Sheet (POS), dated February 2025, showed CPAP per home settings-non life sustaining, one time a day for Sleep Apnea and remove per schedule. The POS did not contain scheduled times, or setting for CPAP use. The POS did not give instruction for cleaning and maintaining the CPAP machine, tubing or mask.</p> <p>Review of the Treatment Administration Record (TAR), dated February 2025, showed staff documented CPAP per home settings-non life sustaining, one time a day for Sleep Apnea and remove per schedule. The TAR did not contain settings or scheduled times for CPAP use. The TAR did not contain direction for cleaning and maintenance of the CPAP machine, tubing or mask.</p> <p>Observation 02/25/25 at 9:48 A.M., showed the resident's CPAP mask on top of the refrigerator unbagged and uncovered. The CPAP mask had dried debris in it.</p> <p>Observation 02/26/25 at 10:00 A.M., showed the resident's CPAP on the refrigerator unbagged and the mask had dried debris on it.</p> <p>During an interview on 02/26/25 at 10:00 A.M., the resident said he/she cleans and takes care of his/her own CPAP machine. The resident said he/she does not know what the settings for the CPAP are and he/she changes the mask and tubing when a company sends him/her new ones.</p> <p>During an interview on 02/28/25 at 9:47 A.M., Certified Nurse Aide (CNA) H said the resident puts on his/her own mask with minimal assistance from staff. The CNA said staff should check the resident's mask for cleanliness.</p> <p>3. Review of Resident #9's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>-Required the use of Non-invasive mechanical ventilator;</p> <p>-Diagnosis of Renal Failure.</p> <p>Review of the care plan, revised 02/25/25, showed staff documented CPAP machine in use. The care plan did not contain direction for cleaning, maintenance, or settings of the CPAP.</p> <p>Review of the resident's POS, dated February 2025, showed CPAP per home settings-non life sustaining, one time a day related to Obstructive Sleep Apnea and remove per schedule. The POS did not contain scheduled times, or settings for the CPAP. The POS did not give instruction for cleaning and maintaining the CPAP machine, tubing or mask.</p> <p>Review of the TAR, dated February 2025, showed staff documented CPAP per home settings-non life sustaining, one time a day related to Obstructive Sleep Apnea and remove per schedule. The TAR did not contain settings or scheduled times for CPAP use. The TAR did not contain direction for cleaning and</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>maintenance of the CPAP, tubing or mask.</p> <p>Observation on 02/25/25 at 10:05 A.M., showed the resident asleep in his/her wheelchair. The resident did not have his/her CPAP on. The CPAP mask on the bedside table out of the residents reach, unbagged and uncovered. The CPAP mask had a large amount of an unknown brown dry debris in it.</p> <p>Observation on 02/26/25 at 11:36 A.M., showed the resident asleep in his/her wheelchair. The resident did not have his/her CPAP on. The CPAP mask laid on the bedside table out of the residents reach, unbagged and uncovered. The CPAP mask had a large amount of an unknown brown dry debris in it.</p> <p>Observation on 02/27/25 at 5:46 A.M., showed the resident's CPAP mask with built up brown debris on it.</p> <p>During an interview on 02/28/25 at 9:47 A.M., CNA H said he/she takes the CPAP mask on and off the resident. The CNA said he/she did not notice the debris on the mask. The CNA said he/she did not know how often the mask should be cleaned.</p> <p>4. Review of Resident #14's admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Intact cognition; -Impairment to one side of upper extremities and both sides of lower extremities; -Dependent on staff members for assistance with dressing, transfers and bed mobility; -Required moderate assistance from staff members for personal hygiene; -Always incontinent of bowel and bladder; -Required CPAP; -Diagnoses of Chronic Obstructive Pulmonary Disease (COPD). <p>Review of the care plan, revised 01/03/25, showed staff documented CPAP machine in use. The care plan did not contain direction for cleaning, maintenance, or settings of the CPAP.</p> <p>Review of the resident's POS, dated February 2025, showed CPAP may use home settings-non life sustaining, one time a day for sleep disturbances and remove per schedule. The POS did not contain scheduled times, or setting for CPAP use. The POS did not give instruction for cleaning and maintaining the CPAP machine, tubing or mask.</p> <p>Review of the TAR, dated February 2025, showed staff documented CPAP may use home settings-non life sustaining, one time a day for sleep disturbances and remove per schedule. The TAR did not contain settings or schedule times for CPAP use. The TAR did not contain direction for cleaning and maintenance of the CPAP, tubing or mask.</p> <p>Observation 02/25/25 at 10:21 A.M., showed the resident's CPAP mask on the bedside table, uncovered and unbagged. The mask had a build up of brown debris and a heel protector laid on it.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/26/25 at 10:47 A.M., the resident said he/she has not had any staff do anything with his/her CPAP since being at the facility, other than hand it to him/her and turn it on, or off. The resident said staff has not changed his/her CPAP mask or hose and has not cleaned his/her mask or machine since he/she was admitted to the facility back in December.</p> <p>Observation on 02/26/25 at 10:53 A.M., showed the resident's CPAP mask had a large amount of brown dried debris on it. The mask sat on the bedside table, unbagged and uncovered, out of reach of the resident.</p> <p>Observation on 02/26/25 at 3:03 P.M., showed the resident CPAP mask had a build up of dried brown debris on it and sat uncovered.</p> <p>During an interview on 02/28/25 at 9:47 A.M., CNA H said he/she does not know the settings for the resident's CPAP. The CNA said he/she will take the CPAP off the resident, or the resident will take it off. The CNA said the night shift staff changes out the tubing and mask for the CPAP machines. The CNA said the nurses change the tubing and mask, so he/she does not know how often they are changed. The CNA said if the resident's CPAP mask is dirty, he/she would tell the nurse. The CNA said he/she did not notice the dirty mask.</p> <p>5. During an interview on 02/28/25 at 10:23 A.M., Licensed Practical Nurse (LPN) K said nurses are responsible for cleaning and changing CPAP masks and tubing. The LPN said changing the tubing and mask is dependent on the order, but the mask should be cleaned daily. The LPN said the masks are kept in bags so dust and debris don't get in them. The LPN said the order for timeframes to change tubing and masks should be on the POS. The LPN said there should be orders for care and the CPAP settings and there is not. The LPN said he/she did not know why there are not orders. The LPN said orders should have been gotten by the charge nurse on admission.</p> <p>During an interview on 02/28/25 at 11:12 A.M., the Director of Nursing (DON) said staff should clean the CPAP masks daily and ensuring they are clean before putting the mask on the resident. The DON said he/she did not know why staff are not cleaning the CPAP masks and putting them in the provided bags when not in use. The DON said there should be a physician's order in regard to cleaning and changing the tubing and mask and for the settings and he/she does not know why there is not an order. The DON said the nurses are responsible for obtaining the orders and verifying they are correct.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility staff failed to store food in a manner to prevent contamination and out-dated use. Facility staff failed to perform hand hygiene as often as necessary, using approved techniques, to prevent cross-contamination. Facility staff failed to allow sanitized dishes to air dry prior to stacking in storage to prevent the growth of foodborne pathogens. The facility census was 30.</p> <p>1. Review of the facility's Food Safety Requirements policy, dated September 2022, showed:</p> <ul style="list-style-type: none"> -Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident; -Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely proper storage; -Keep foods/beverages in a clean, dry area off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents; -Practices to maintain safe refrigerated storage include labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded and keeping foods covered or in tight containers. <p>Observation on 02/25/25 at 9:21 A.M., showed an undated and unlabeled plastic resealable bag of unidentifiable cookies and an undated plastic resealable bag of chocolate chip cookies in undated sacks stored in the dry goods pantry.</p> <p>Observation on 02/25/25 from 9:21 A.M. to 12:00 P.M., showed cases of ready-to drink orange juice and no sugar added applesauce stored on the floor in the dry goods pantry.</p> <p>Observation on 02/25/25 at 9:55 A.M., showed the walk-in refrigerator contained:</p> <ul style="list-style-type: none"> -An undated plastic resealable bag which contained a large opened and undated bag of shredded cheddar cheese; -An undated plastic resealable bag which contained a large opened and undated bag of grated parmesan cheese; -An undated plastic resealable bag of white cheese slices removed from their original packaging; -An opened and undated five pound container of sour cream; -An opened and undated five pound container of cottage cheese. Observation showed the container printed with a use-by date of 01/28/25. <p>During an interview on 02/25/25 at 9:55 A.M., [NAME] C said the bag of parmesan cheese was opened on 02/23/25 and should be dated.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 02/25/25 at 9:58 A.M., showed the walk-in freezer contained an undated plastic resealable bag of chicken breasts removed from their original packaging and cases of pork fritters and beef patties opened to the air and undated.</p> <p>During an interview on 02/25/25 at 10:03 A.M., the Dietary Manager (DM) said all opened food items should be dated, labeled and sealed and staff are trained to do so. The DM said staff should also discard food items past their use-by or best-by dates. The DM said the white cheese slices were opened last week, but he/she did not know about the rest of the food items. The DM said he/she does daily rounds to monitor food storage, but guessed he/she missed some things that he/she should not have. The DM said he/she has forms that he/she is supposed to use to document his/her daily rounds, but he/she got used to the routine so he/she stopped filling out the forms sometime before December 2024.</p> <p>Observations on 02/26/25 at 3:00 P.M., showed:</p> <ul style="list-style-type: none"> -an opened and undated one gallon container of honey mustard dressing in the walk-in refrigerator; -a case of bacon and a case of chicken stored on the floor in walk-in freezer; -an undated and unlabeled pitcher which contained a tan thick substance and an opened and undated five pound container of sour cream with a printed use-by date of 12/23/24 in the reach-in refrigerator. <p>Observation on 02/27/25 6:14 A.M., showed the undated and unlabeled pitcher which contained a tan thick substance and the opened and undated five pound container of sour cream with a printed use-by date of 12/23/24 remained in the reach-in refrigerator.</p> <p>Observation on 02/27/25 at 6:33 A.M., showed an undated case of biscuits opened to the air in the walk-in freezer.</p> <p>During an interview on 02/27/25 at 6:54 A.M., the DM said food should not be stored on the floor and staff are trained to store it on a shelf.</p> <p>During an interview on 02/27/25 at 9:00 A.M., the administrator the said opened and prepared food items should be stored in sealed containers off of the floor, be labeled with its name if it is not easily identified, and dated with the opened and use-by dates. The administrator said staff should discard things that are past their use-by or best-by dates and staff are routinely trained on food storage requirements. The administrator said the DM is responsible to monitor food storage during his/her daily rounds, he/she should document his/her daily rounds, and he/she did not know that the DM stopped documenting his/her daily rounds.</p> <p>2. Review of the facility's Food Safety Requirements policy, dated September 2022, showed:</p> <ul style="list-style-type: none"> -Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process included employee hygienic practices; -Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects; <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Staff shall wash hands according to facility procedures;</p> <p>-Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper and spatulas;</p> <p>-Gloves will be worn when directly touching ready-to-eat foods and when serving residents who are on transmission-based precautions.</p> <p>Review of the facility's Hand Hygiene policy, dated May 2021, showed:</p> <p>-All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility;</p> <p>-Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice;</p> <p>-The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves;</p> <p>-Hand hygiene technique when using soap and water included instruction to rub hands together vigorously for at least 20 seconds and to use a clean towel to turn off the faucet.</p> <p>Observation on 02/25/25 at 10:48 A.M., showed Dietary Aide (DA) D donned gloves and portioned pieces of cake onto plates for service to residents at the lunch meal. Observation showed DA removed his/her gloves and washed his/her hands at the handwashing sink. Observation showed, after the DA washed his/her hands, he/she turned the faucet off with a paper towel and then used same paper towel to dry his/her hands. Observation showed the DA donned new gloves and returned to putting cake on plates for service.</p> <p>Observation on 02/25/25 at 11:14 A.M., showed DA D prepared bowls of cake for service to residents at the lunch meal. Observation showed the DA used his/her bare hands to remove his/her cellular phone from his/her back pants pocket and use the phone. Observation showed the DA then, without performing hand hygiene, continued to prepare the bowls of cake for service.</p> <p>Observation on 02/25/25 at 10:50 A.M., showed [NAME] C placed uncooked pork fritters into the deep fat fryer with his/her gloved hand. Observation showed cook removed his/her glove and, without performing hand hygiene, took the lid off the steamtable, obtained a food service pan from the storage shelf and placed the pan in the steamtable. Observation showed the cook then donned a facial hair restraint and, without performing hand hygiene, removed the cooked pork fritters from fryer, placed them into the pan on the steamtable and covered them with the lid.</p> <p>Observation on 02/25/25 at 11:28 A.M., showed DA D put washed soiled dishes in the mechanical dishwashing station and then washed his/her hands at the handwashing since. Observation showed the DA scrubbed his/her hands with soap for five seconds and turned the faucet off with his/her bare hand when he/she washed his/her hands. Observation showed the DA then served meal trays to residents.</p> <p>Observation on 02/25/25 at 11:31 A.M., showed [NAME] C used his/her gloved hands to put uncooked chicken tenders into the deep fat fryer. Observation showed, without removing his/her gloves and</p> <p>(continued on next page)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interview and record review, the facility staff failed to properly contain waste and refuse to prevent the harboring and/or feeding of rodents and pests when the facility failed ensure indoor and outdoor waste containers remained covered when not in actual use. This failure has the potential to affect all facility occupants. The facility census was 30.</p> <p>1. Review of the facility's Infection Prevention and Control-Maintenance Department policy, dated 2017, showed infection prevention and control measures included waste processing systems, including dumpsters, trash bins, incinerators and et cetera. Review showed the policy directed staff to:</p> <ul style="list-style-type: none"> -Enforce proper bagging and containment of waste. If inappropriately bagged items are found, notify the appropriate manager; -Maintain waste receptacles to prevent leakage; -Ensure waste containers stored outside the establishment and dumpsters, compactors and compactor systems were easily cleanable, provided with tight-fitting lids, doors or covers, and be kept covered when not in actual use. <p>2. Observations on 02/25/25 at 9:34 A.M., 1:15 P.M. and 4:20 P.M., showed the right facing lid of the outside waste dumpster, which contained waste, opened. Observation showed paper and food waste on the ground around the dumpster and a trail of paper and food waste on the ground down the hillside into the wooded area behind the dumpster.</p> <p>Observations on 02/26/26 at 9:30 A.M., 11:45 A.M. and 2:40 P.M., showed the right facing lid of the outside waste dumpster, which contained waste, opened. Observation showed paper and food waste on the ground around the dumpster and a trail of paper and food waste on the ground down the hillside into the wooded area behind the dumpster.</p> <p>During an interview on 02/27/25 at 8:30 A.M., the Dietary Manger (DM) said the outside dumpster lids should be closed when not in use. The DM said he/she found out yesterday that he/she is responsible for the maintenance of the outside dumpster, but he/she did not know that prior to yesterday and he/she does not routinely inspect the dumpster.</p> <p>During an interview on 02/27/25 at 8:43 A.M., the administrator said maintenance staff is responsible for the maintenance of the outside dumpster and surrounding area, but no one had been assigned to routinely inspect and service the area. The administrator said staff should clean up trash on the ground when seen and the all staff are trained to keep the dumpster lids closed when not in use.</p> <p>3. Observation on 02/26/25 from 3:00 P.M. to 3:20 P.M., showed the kitchen waste containers by the exit door and dishwashing stations, which contained waste, uncovered and the kitchen unattended by staff.</p> <p>During an interview on 02/27/25 at 6:48 A.M., the DM said the waste containers should never be left uncovered when staff are not in the kitchen and the cook should have covered them before he/she left. The DM said staff are trained to ensure waste containers are covered when not in use.</p> <p>During an interview on 02/27/25 at 8:43 A.M., the administrator said waste containers should be</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Oak Tree		STREET ADDRESS, CITY, STATE, ZIP CODE 3108 West Truman Boulevard Jefferson City, MO 65109	

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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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	covered when not in use and staff are trained on this requirement.