

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265866	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Steelville Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 311 N Spring Street Steelville, MO 65565	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<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, facility staff failed to perform hand hygiene in a manner to prevent cross-contamination in the kitchen during the noon meal service. The facility's census was 41.</p> <p>1. Review of the facility's policy titled Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices, dated 11/2022, showed food and nutrition services employees should follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness, and directed staff to wash hands:</p> <ul style="list-style-type: none"> -Whenever entering or re-entering the kitchen; -Before coming in contact with any food surfaces; -After handling soiled utensils or equipment; -After engaging in other activities that contaminate the hands; -After gloves are removed, hands are washed before gloves are replaced. <p>2. Observation on 05/19/25 at 12:35 P.M., showed [NAME] B applied gloves, plated a resident's meal, wiped the counter, removed his/her dirty gloves, lifted the trash can lid with his/her bare hand to dispose of the gloves, applied new gloves, and served salad from a container. The cook did not perform hand hygiene between glove changes or after he/she touched the trash can lid to prevent cross-contamination.</p> <p>Observation on 05/19/25 at 12:37 P.M., showed [NAME] B removed his/her gloves, lifted the trash can lid with his/her bare hand to dispose of the gloves, retrieved a container of cottage cheese from the refrigerator and placed the container on the counter, applied new gloves, scooped cottage cheese into a bowl, removed his/her gloves, replaced the cottage cheese inside the refrigerator, lifted the trash can lid with his/her bare hand to dispose of the gloves, walked over to the dry storage room, touched food items with his/her contaminated hands, went to the sink and removed soiled utensils from the water. The cook did not perform hand hygiene between glove changes or after he/she touched the trash can lid to prevent cross-contamination.</p> <p>Observation on 05/19/25 at 12:43 P.M., showed [NAME] B exited the kitchen to the external serving area, re-entered the kitchen, applied gloves and covered food items in the serving area. The cook did not perform hand hygiene when he/she re-entered the kitchen or prior to donning gloves, to prevent</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:	Facility ID: 265866
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NAME OF PROVIDER OR SUPPLIER Steelville Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 311 N Spring Street Steelville, MO 65565	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>cross-contamination.</p> <p>During an interview on 05/19/25 at 12:53 P.M., [NAME] B said staff are expected to wash hands when they enter or re-enter the kitchen, before donning and after they remove gloves, and if hands become soiled. He/She said he/she should have washed his/her hands when he/she re-entered the kitchen, between glove changes, and after he/she touched the trash can lid to prevent cross-contamination and residents potentially getting sick. He/She said he/she did not wash his/her hands because he/she was behind, felt stressed, and in a hurry to get caught up.</p> <p>3. Observation on 05/19/25 at 12:40 P.M., showed Food Service Assistant (FSA) E entered the kitchen, applied gloves, opened a can, poured a yellow substance into a pitcher, removed his/her gloves, lifted the trash can lid with his/her bare hand to dispose of the gloves, applied new gloves, labeled the pitcher and placed it inside the refrigerator. The FSA did not perform hand hygiene when he/she entered the kitchen, between glove changes or after he/she touched the trash can lid to prevent cross-contamination</p> <p>During an interview on 05/19/25 at 12:55 P.M., FSA E said staff should wash hands when they enter or re-enter the kitchen, before donning and after they remove gloves, and if hands become soiled. He/She said if staff do not perform appropriate hand hygiene, there is a risk for infection and may place residents at risk of getting sick. He/She said he/she did not have a good reason for why he/she did not wash his/her hands.</p> <p>4. During an interview on 05/19/25 at 12:48 P.M., the Dietary Manager (DM) said staff should wash their hands when they enter or re-enter the kitchen, before and after glove use, if hands are visibly soiled, and after they touch the trash can lid. The DM said he/she is responsible to ensure the dietary staff perform proper hand hygiene, and was not sure why staff were observed to not perform hand hygiene in the kitchen, other than they got nervous. He/She said there is a risk for cross-contamination if staff do not perform hand hygiene in the kitchen.</p> <p>During an interview on 05/19/25 at 2:42 P.M., the administrator said staff should wash their hands when they enter the kitchen, when hands are soiled, when they go from one task to another, and between glove changes. He/She said all staff are trained on proper hand hygiene procedures upon hire and as needed, and the DM is responsible to ensure the dietary staff perform hand hygiene and re-educate staff as needed to prevent cross-contamination and potential illness.</p> <p>MO00254430</p>		