

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 06/25/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265140	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/07/2022
NAME OF PROVIDER OR SUPPLIER  Marymount Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  313 Augustine Rd Eureka, MO 63025	
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 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37672</b></p> <p>Based on observation, interview and record review, the facility failed to ensure residents received showers as scheduled/desired and to ensure residents were well-groomed, clean and free of odors for two residents (Residents #3 and #2). The sample was 15. The census was 84.</p> <p>Review of the facility's undated bathing policy, showed:</p> <ul style="list-style-type: none"> <li>-Policy: residents of the facility will remain clean, dry and free of odor;</li> <li>-Procedure: <ul style="list-style-type: none"> <li>-A shower/bathing schedule will be maintained at each nurses' station and reflect the day and shift for each shower assigned;</li> <li>-Accommodations for requested days and times will be made;</li> <li>-A resident's right to refuse will be respected and addressed in the care plan;</li> <li>-The Certified Nurse Aide (CNA) will complete visual inspection with each shower/bath and communicate any abnormal findings with the charge nurse;</li> <li>-The charge nurse will review, address and sign the shower sheet;</li> <li>-The shower sheets will be returned to the clinical manager for review to ensure all necessary steps are taken.</li> </ul> </li> <li>1. Review of Resident #3's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/21/22, showed: <ul style="list-style-type: none"> <li>-Cognitively intact, able to make needs and wants known;</li> <li>-Required extensive staff assistance with personal hygiene tasks including shaving, grooming and brushing teeth;</li> <li>-Required one person's physical assistance with bathing activities;</li> </ul> </li> </ul> <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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265140	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/07/2022
NAME OF PROVIDER OR SUPPLIER  Marymount Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  313 Augustine Rd Eureka, MO 63025	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses of one sided paralysis, stroke and vascular disease.</p> <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <p>-The resident has impaired physical mobility due to right sided paralysis. The resident requires set up of all meals and an assist of one staff member for bathing.</p> <p>Review of the resident's shower sheets for June, 2022 showed showers or refusals completed on the following dates:</p> <p>-A shower completed on 6/1/22;</p> <p>-A shower refused on 6/4/22;</p> <p>-A shower completed on 6/8/22;</p> <p>-A shower completed on 6/15/22;</p> <p>-No other completed showers or refusals documented.</p> <p>Review of the resident's progress notes on 7/6/22 at 2:51 P.M., showed no further documented refusals or completions of showers for this resident.</p> <p>Observation and interview on 7/6/22 at 10:18 A.M., showed the resident rested in bed. His/her hair appeared greasy and matted and the resident's facial hair was unkempt. The resident said he/she had not had a shower in approximately two weeks and needed staff assistance to bathe.</p> <p>2. Review of Resident #2's quarterly MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Occasionally rejects care;</p> <p>-Required extensive to total staff assistance for daily care;</p> <p>-Required total staff assistance with bathing;</p> <p>-Diagnoses included multiple sclerosis (MS, degenerative nerve disorder), stroke and paralysis.</p> <p>Review of the 300-hallway shower list, showed the resident was scheduled to receive a shower or bath weekly every Monday and Thursday evening.</p> <p>Review of the resident's June 2022 shower sheets, showed:</p> <p>-On 6/2/22: received a shower;</p> <p>-On 6/16/22: refused a shower three times;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265140	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/07/2022
NAME OF PROVIDER OR SUPPLIER  Marymount Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  313 Augustine Rd Eureka, MO 63025	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 6/30/22, the resident refused a shower.</p> <p>Review of the resident's care plan, updated 7/4/22, showed:</p> <p>-Problem: the resident has a self-care deficit;</p> <p>-Goal: the resident will accept assistance with dressing, grooming, hygiene and bathing;</p> <p>-Interventions: staff provide as many choices as possible, encourage the resident to participate in care as much as possible and requires full assistance of two staff for care needs.</p> <p>Review of the resident's nurse notes for June 2022 and July 2022, showed no documented refusals of showers or baths.</p> <p>During an interview on 7/6/22 at 12:31 P.M., the resident said he/she had not received a shower or bed bath for several weeks. He/she had asked for a shower last week, but staff replied he/she would be wiped down during care. He/she refused bathing at times but staff had not offered a bath or shower for several weeks. He/she felt gross, not clean and wanted a shower.</p> <p>During an interview on 7/7/22 at 9:15 A.M., CNA B said the staff aides should fill out paper shower forms for each resident shower or bath. He/she had not been able to provide scheduled bathing at times due to staffing issues.</p> <p>During an interview on 7/6/22 at 11:15 A.M., the Director of Nursing (DON) said the aides complete a paper shower sheet form with each shower or bath. If the resident refused, the aide is to document that on the sheet and turn all the sheets into the resident's charge nurse. The nurse should document in the nurse notes if the resident refused a bath or shower. The facility used agency staffing when needed and some of the agency staff may not understand the required documentation.</p> <p>During an interview on 7/7/22 at 12:34 P.M., the DON said residents should receive a bath or shower weekly. The bathing schedule is divided between the day and evening shifts. Each resident should receive two or three showers a week. If a resident refused bathing, the aide should complete the paper shower form as refused and turn the form into the nurse. The charge nurse should document the refusal in the nurse notes. If a weekly shower is missed, the facility used Sundays weekly for make-up shower days. The facility used agency staff, and some of the agency staff may not understand expectations for bathing documentation and received bathing could be undocumented. The DON could not locate the residents' shower sheets for July 2022.</p> <p>MO00203334</p>		