Printed: 05/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024	
NAME OF PROVIDER OR SUPPLIER Fountainbleau Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1349 Highway 61 Festus, MO 63028		
For information on the nursing home's p	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some				
	- The shower floor peeling up aroui	nd the shower drain;		

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: 265654

If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION (XG) DATE SURVEY COMPLETED (90277/2024)				
Fountainbleau Nursing Center 1349 Highway 61 Festus, MO 63028 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) - A brown slimy substance caked around the shower drain; - The wall immediately to the right upon entering the shower room with dents, scratches, and exposed comer bead and drywall; - The sink basin detached from the wall leaving caulking exposed. 4. Observations on 09/27/24 from 9:40 A.M. to 10:00 A.M. showed dirt and stains with a musty odor on carpets in the following resident rooms: 102, 103, 106, 112, 201, 202, 205, 207, 208, 209, 210, 211, 212, 213, 214, 215, 217, 304, 305, 308, 311, 312, and 416. 5. Observation on 09/27/24 of room [ROOM NUMBER] showed the light fixture above the bed cracked with a baseball-sized hole in the front. During an interview on 09/27/24 at 12:44 P.M., the Housekeeping Manager said he/she does not clean the carpets as part of the regular rotation of cleaning, He/She will clean them if the residents complain about them or if housekeepers report they need cleaned. There are several rooms that are on a list to have the carpet replaced. During an interview on 09/27/24 at 12:48 P.M., Resident #13 said he/she is bothered by the carpet in his/her room. He/she always wears shoes in the room because he/she doesn't want to get anything from the floors. During an interview on 09/27/24 at 12:40 P.M., the Administrator said he/she would expect resident rooms to be free from dirt, debris, stains, and odors. 46555		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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NAME OF PROVIDER OR SUPPLIER Fountainbleau Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1349 Highway 61 Festus. MO 63028		
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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few				

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 - A hire date of 12/26/23; - The facility failed to conduct the N During an interview on 09/27/24 at Manager checks the NA registry ar During an interview on 09/27/24 at 	of Nursing (ADON) C's personnel file s	N) said that the HR/Business Office and quarterly.

			No. 0936-0391
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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some			
	in a wheelchair in the hallway. 5. Observation on 09/25/24 at 3:45	P.M. showed a fly buzzed Resident #7 P.M. showed a fly on the resident's be P.M. of the north shower room shower	ed in room [ROOM NUMBER].

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F 0925 Level of Harm - Minimal harm or potential for actual harm	7. Observation on 09/26/24 at 11:15 A.M. showed two flies on the nurse's shoe at the med cart on 400 hall. 8. Observation of room [ROOM NUMBER] showed:			
Residents Affected - Some	- On 09/24/24 at 2:21 P.M., three flies flying around and landing on Resident #25 while he/she tried to take a nap. Resident #25 covered his/her head with a blanket in an attempt to keep the flies from crawling on his/her face;			
		s buzzed around the room while Resid	·	
	- On 09/27/24 at 9:30 A.M., five flie Resident #25 watched television.	s flew around, landed, and crawled on	surfaces in the room while	
	9. Observation of room [ROOM NUMBER] showed:			
	- On 09/24/24 at 9:36 A.M., two flies buzzed around Resident #17;			
	- On 09/25/24 at 2:11 P.M., three flies flew around the resident's divider curtain and bed.			
	During an interview on 09/24/24 at 2:20 P.M., Resident #25 said he/she will sometimes sleep with the blanket over his/her head to try and prevent flies from crawling on his/her face. The flies bother him/her and wake him/her up, preventing the resident from getting restful sleep.			
	During an interview on 09/24/24 at 2:21 P.M., Resident #17 said there has been ongoing issues with flies at the facility and they have been particularly bad over the last two months. They are a big nuisance.			
	10. Observation of the hallways showed:			
	- On 09/24/24 at 11:44 A.M., a fly buzzed around in the 400 hall between rooms [ROOM NUMBERS].			
	 On 09/25/24 at 2:13 P.M., two flies buzzed about in the 300 hall outside room [ROOM NUMBER]; On 09/27/24 at 9:40 A.M., a fly in the hallway by the entrance to room [ROOM NUMBER]; On 09/27/24 at 9:42 A.M., a fly near the nurses station by the entrance to the 300 hallway; 			
	- On 09/27/24 at 9:46 A.M., a fly bu 200 hallway;	zzed around residents in the seating a	rea near the nurses station by the	
	- On 09/27/24 at 10:15 A.M., a fly flew around 100 and 200 hall.			
	11. Observation on 09/26/24 at 9:53 A.M. showed:			
	- A fly buzzing around in the hall and near the treatment cart as the nurse prepared wound dressings for Resident #88;			
	(continued on next page)			

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F 0925	- A fly buzzed around the room as	the nurse performed wound care for Re	esident #88.
Level of Harm - Minimal harm or potential for actual harm	During an interview on 09/24/24 at 09:36 A.M., Resident #88 said there's a ton of flies. It bothers the crap out of him/her. Half the time he/she has to turn the light off to try and get them to leave the room.		
Residents Affected - Some	During an interview on 09/27/24 at 12:44 P.M., the Housekeeping Supervisor said the pest control company comes once a month to spray for pests. There is a log in his/her office staff can complete if they see pests. The pest control company will come more than once a month if needed. There have been residents complain about flies because they are always harder to control from the doors being open to go outside during warmer months.		
	During an interview on 09/27/24 at 2:40 P.M., the Administrator said he/she would expect the facility to be free from flies and other pests.		