

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Riverside Nursing & Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4700 NW Cliffview Drive Riverside, MO 64150	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>44939</p> <p>Based on interview and record review, the facility failed to maintain a qualified administrator on duty from 2/15/2024 to 3/3/2024. The facility census was 106.</p> <p>During an interview on 2/14/24 at approximately 4:00 P. M., Administrator B notified the state survey agency that he/she was no longer the Administrator of record at the facility.</p> <p>Review of the current Missouri Board of Nursing Home Administrators (MBNHA) license registry website showed Administrator A not listed as a current Missouri Licensed Administrator.</p> <p>During an interview on 2/27/2024 at 11:50 A.M., Administrator A said:</p> <ul style="list-style-type: none"> -He/She had completed the Administrator in Training program, but has not taken the test to obtain an administrator license. -He/She thought the State regulations state the new administrator had 120 days to obtain an administrator license. -He/She was unsure if anyone at the corporate level was a licensed administrator in Missouri and would act as a licensed administrator until he/she obtained a license. <p>During an interview on 2/28/2024 at 9:53 A.M., Corporate [NAME] President A said:</p> <ul style="list-style-type: none"> -Administrator A's application for a Temporary Emergency License (TEL) was submitted to the MBNHA on 2/26/24. -He/She thought the facility had 10 days to have a licensed administrator in place. <p>During an interview on 2/29/2024 at 12:58 P.M., a representative of MBNHA said:</p> <ul style="list-style-type: none"> -A partial application for TEL for Administrator A was received on 2/15/2024. The required application for full licensure was not included. The application was also missing the application fee and required records, such as birth certificate and proof of high school graduation; -MBNHA emailed Administrator A on 2/20/2024 to follow up on the application and received no response; <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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-MBNHA emailed Administrator A on 2/26/2024 to follow up on items still needed to complete the application process;</p> <p>-On 2/27/2024, MBNHA received Administrator A's application for full licensure and fee, but still had not received a birth certificate and proof of high school completion.</p> <p>Review of an email, dated 3/4/24, from the MBNHA showed a TEL was issued to Administrator A on 3/4/2024 and effective from 3/4/24 through 7/2/2024.</p> <p>MO232413</p>		