STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265385	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hall Nursing Center	750 E Highway 22 Centralia, MO 65240

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview and record review, facility staff failed to implement appropriate infection control procedures to prevent the spread of communicable diseases when staff failed to screen seven staff (Certified Medication Technician (CMT) B, [NAME] D, Certified Nurse Aide (CNA) E, CNA F, Licensed Practical Nurse (LPN) G, Homemaker H and the Employee Experience Coordinator) out of 10 staff for tuberculosis (TB), a contagious, air-borne bacterial infection primarily affecting the lungs, in accordance with facility policy. The facility census was 38. 1. Review of the facility's policy titled TB Testing Policy, dated January 2025, showed: -It is the policy of this facility to follow current standards of practice, state regulations, Centers for Disease Control & Prevention (CDC) and Occupational Safety and Health Administration (OSHA) guidelines to prevent the transmission of TB;-Each employee and volunteer shall receive a tuberculin skin test (TST) in the two-step Mantoux method (a TB test where a small amount of purified protein derivative (PPD) solution is injected under the skin to detect exposure to the TB bacteria); -Within the state of Missouri, employees and volunteers working 10 or more hours per week shall receive a Mantoux PPD two-step TST within one month prior to starting employment at the facility; -If the initial test (first step) is zero to nine millimeters, the second test should be given within three to four weeks after employment begins;-The two-step performed within previous one month supported by documentation will be accepted, as well as previous positive test with screening or chest x-ray and/or written physician's statement to verify no active TB. 2. Review of CMT B's personnel records showed a hire and start date of 04/07/25. Review showed the records contained documentation of a negative two-step TST with the first step administered on 04/08/25 and the second step administered 05/08/25. Review of the records did not contain documentation of any additional TB testing. During an interview on 08/13/25 at 1:40 P.M., the Employee Experience Coordinator said he/she became responsible for employee TB testing in January 2025, and he/she keeps a log to track when employee's TB testing is due. He/She said staff should receive a two-step TST with the first step administered within one month prior to hire, the second within three weeks of their start date and both tests should be read 48 to 72 hours after administration. He/She said he/she would have been responsible for the CMT's TB testing and he/she did not have an answer as to why the CMT's TSTs were administered late. He/She said he/she could not provide any additional documentation of TB testing for the CMT. 3. Review of [NAME] D's personnel records showed a hire date of 11/14/24 and a start date of 11/19/24. Review showed the records contained documentation of a negative two-step TST with the first step administered on 11/19/24 and the second step administered on 12/17/24. Review of the records did not contain documentation of any additional TB testing. During an interview on 08/13/25 at 1:30 P.M., the Business Office Manager (BOM) said he/she had been responsible for employee TB testing prior to January 2025. Employees should receive a two-step TST with the first step being done within one month prior to hire, the second within three weeks of their start date and both tests should be read 48 to 72 hours after they are administered. The BOM said, when he/she oversaw employee TB testing, he/she would instruct the on-duty nurse to administer the employee's TST beginning on their hire date and give the nurse the TB testing form to complete and return to him/her when completed. The BOM said he/she did not track when the tests were administered, and he/she just overlooked that the (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	cook's tests were not done on time. The BOM said he/she did not know why the cook's start date is listed as 11/19/24 instead of 11/14/24 and he/she could not provide any additional documentation of TB testing for the cook. 4. Review of CNA E's personnel records showed a hire and start date of 07/17/25. Review showed the records contained documentation of a negative one-step TST administered on 07/15/25. Review showed the records did not contain documentation of any additional TB testing. During an interview on 08/13/25 at 1:40 P.M., the Employee Experience Coordinator said he/she administered the CNA's second TST on 08/08/25, but he/she did not document the administration and all TST administration and results should be documented. He/She said he/she did not read the results of the CNA's second TST because the CNA works nights, so he/she did not know if the CNA had TB. He/She said he/she could not provide any additional documentation of TB testing for the CNA. 5. Review of CNA F's personnel records showed a hire date and start date of 02/21/25. Review showed the records contained documentation of a negative two-step TST with the first step administered on 02/22/25 and the second step administered on 03/05/25. Review of the records did not contain documentation of any additional TB testing. During an interview on 08/13/25 at 1:40 P.M., the Employee Experience Coordinator said he/she administered the CNA's first TST on 02/21/25 and at that time, he/she thought it was okay to administer the first TST on their start date but found out later that he/she was to administer the TST before they started work. He/She said he/she did not know why he/she documented that he/she administered the TST on 02/22/25 when he/she did it on 02/21/25 and the record should show the date it was administered. He/She said he/she could not provide any additional documentation of TB testing for the CNA. 6. Review of LPN G's personnel records showed a hire and start date of 11/11/24. Review showed the records contained documentation of a negative two-step TST with the first step administered on 11/11/24 and the second step administered on 12/20/24. Review of the records did not contain documentation of any additional TB testing. During an interview on 08/13/25 at 1:49 P.M., the BOM said he/she would have been responsible to have a nurse do the LPN's TB testing. The BOM said he/she did not know why the nurse administered the LPN's second step TST late and he/she just overlooked that it did not get done on time. The BOM said he/she could not provide any additional documentation of TB testing for the LPN. 7. Review of Homemaker H's personnel records showed a hire date and start date of 10/30/24. Review showed the records contained documentation of a negative two-step TST with the first step administered on 10/31/24 and the second step administered on 12/01/24. Review of the records did not contain documentation of any additional TB testing. During an interview on 08/13/25 at 1:43 P.M., the BOM said he/she would have been responsible to have a nurse do the homemaker's TB testing. The BOM said he/she did not know why the nurse administered the homemaker's TB tests late and he/she just overlooked that it did not get done on time. The BOM said he/she could not provide any additional documentation of TB testing for the homemaker. 8. Review of the Employee Experience Coordinator's personnel records showed a hire and start date of 01/06/25. Review showed the records contained documentation of a negative two-step TST with the first step administered on 01/06/25 and the second step administered on 02/11/25. Review showed the records did not contain documentation of any additional TB testing. During an interview on 08/13/25 at 1:16 P.M., Employee Experience Coordinator said he/she would have been responsible to ensure staff completed his/her TB testing on time, but he/she did not have an answer as to why staff administered his/her second step TST late. He/She said he/she could not provide any additional documentation of TB testing. 9. During an interview on 08/13/25 at 2:00 P.M., the administrator said the Employee Experience Coordinator is responsible for employee TB testing. The administrator said employees should have a two-step TST with the first step given prior to starting and the second step given within 30 days. The administrator said TSTs should be read 48 to 72 hours after administration and the staff who administer the tests should document when the tests are given. The administrator said the staff member responsible should develop his/her own system to track the TB tests to ensure they are done timely. The (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	administrator said he/she does not review the TB testing records for new hires, he/she thought staff were testing the new hired staff in accordance with the policy and he/she did not know staff were not tested for TB as required. The administrator also said he/she did not know the second step TST had to be administered within three weeks after hire.

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, facility staff failed to maintain a system that assured full, complete, and separate accounting of each resident's personal funds to preclude the commingling of resident funds with facility funds for three residents (Residents #23, #49 and #50) out of 102 sampled residents. The facility census was 38. 1. Review of the facility's policy titled Resident Personal Fund, revised [DATE], showed: -If the resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility;-The facility will deposit any resident's personal funds in excess of $50 in an interest-bearing account (or accounts) separate from any of the facility's operating accounts, and will credit all interest earned on resident funds to that account;-The facility will establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf;-The system will preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident;-Upon the discharge, eviction, or death of a resident with personal funds deposited with the facility, the facility will convey within 30 days the resident's funds and a final account of those funds to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with state law. 2. Review of the facility's accounts receivable aging report, dated [DATE], showed Resident #23 with a current resident liability credit balance of $7961.30. Review of the resident's accounts receivable transaction report, dated [DATE] through [DATE], showed resident liability payments made to the resident's account as follows: -$876 on [DATE];-$584 on [DATE];-$4500 on [DATE];-$0.30 on [DATE];-$991 on [DATE]; -$1010 on [DATE];Total $7,961.30. Review of the resident's MO Healthnet Vendor Notice, dated [DATE], showed the resident with a zero dollar Medicaid surplus amount effective as of [DATE]. Review of the resident's MO Healthnet Vendor Notice, dated [DATE], showed the resident with a zero dollar Medicaid surplus amount effective for the months of February 2024 through [DATE]. During an interview on [DATE] at 8:30 A.M., the Business Office Manager (BOM) said he/she reviews the accounts receivable about every 30 days and if there is a credit balance he/she investigates the reason for the credit balance. The BOM said if the investigation shows the credit balance is the resident's money, then it should be refunded right away. The BOM said the resident's payer source was Medicaid pending until they received the Mo Healthnet Vendor Notices in [DATE] verifying that he/she had been approved for Medicaid effective as of February 2024 and the facility received payments from the resident's money for room and board during that time. The BOM said he/she kept the money in the operating account, because he/she wanted to verify that the resident did not have a surplus amount. The BOM said he/she emailed the family support division and his/her corporate representative on [DATE] regarding his/her concern about the resident's surplus amount, but he/she did not receive a response back about his/her concern and he/she had not followed up with anyone about it. The BOM said the $7961.30 belonged to the resident, there had not been any actions taken to date to refund the money to the resident and he/she did not have written authorization to hold the resident's money in the facility's operating account. 3. Review of the facility's accounts receivable aging report, dated [DATE], showed Resident #49 with a current private pay credit balance of $1367.50 and a discharge date of [DATE]. Review of the resident's medical records showed the resident discharged to home on [DATE]. Review of the resident's accounts receivable transaction report, dated [DATE] through [DATE], showed a private pay deposit of $1367.50 made to the resident's account on [DATE] which created a private pay credit balance of $1367.50. During an interview on [DATE] at 8:50 A.M., the BOM said the resident discharged to home on [DATE] and the (continued on next page)

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's family made the $1367.50 payment without asking if the resident had a balance due. The BOM said the check was deposited to the facility operating account on [DATE] which created the credit balance and the $1367.50 belonged to the resident. The BOM said there had not been any actions taken to date to refund the money to the resident and he/she did not have written authorization to hold the resident's money in the facility's operating account. 4. Review of the facility's accounts receivable aging report, dated [DATE], showed Resident #50 with a current private pay credit balance of $2100 and a discharge date of [DATE]. Review of the resident's medical records showed the resident discharged to home on [DATE]. Review of the resident's accounts receivable transaction report, dated [DATE] through [DATE], showed in February 2025 the resident had a balance of $2110 due to the facility. Review showed a private pay deposit of $4210 made to the resident's account on [DATE] which left a private pay credit balance of $2100. Review of the resident's billing statement dated [DATE], showed the resident with a balance of $4210 due to the facility for room and board. During an interview on [DATE] at 8:55 A.M., the BOM said the resident discharged to home on [DATE]. The BOM said he/she got a call in February 2025 from the resident's lawyer who asked if the resident owed any money to the facility. The BOM said when he/she sent the [DATE] statement to the lawyer on [DATE], all of the adjustments to the resident's account had not been made so it showed the resident owed $4210. The BOM said the lawyer sent a check to pay the statement balance and the check was deposited to the operating account on [DATE] which left a private pay credit balance of $2100. The BOM said the $2100 belonged to the resident, there had not been any actions taken to date to refund the money to the resident and he/she did not have written authorization to hold the resident's money in the facility's operating account. 5. During an interview on [DATE] at 2:00 P.M., the administrator said the BOM is responsible for the resident funds and accounts receivable. The administrator said the BOM should review the accounts receivable at least once a week and if a resident has a credit balance, the BOM should contact the person responsible for the resident's money to notify them and refund the money. The administrator said funds that belong to a resident should be refunded within five days of discharge for living residents and within 30 days if deceased and when other actions need to occur like notifying of Medicaid funds. The administrator said he/she did not know about the resident credit balances or why the BOM did not refund the money and he/she could not provide any additional information about the resident credit balances held in the facility operating account.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, facility staff failed to document a complete and accurate Minimum Data Set (MDS), a federally mandated assessment tool, when staff did not accurately code medications administered for six residents (Resident #9, # 15, #26, #29, #30 and #39) out of 14 sampled residents. The facility census was 38.1. Review of the facility's policy titled MDS 3.0 Completion, dated 11/05/24, showed staff are directed to assess residents, using a comprehensive assessment process, to identify care needs and to develop an interdisciplinary care plan. According to federal regulations the facility conducts initially and periodically a comprehensive, accurate and standardized of each resident's functional compacity. When a resident's overall clinical status was not accurately represented on a submitted MDS, the facility staff have 14 days from the submission of the MDS, or identification of the error.2. Review of Resident #9's Significant Change MDS, dated [DATE], showed staff documented the resident received an anticoagulant (helps prevent blood clots). Review of the resident's Physician Order Sheet (POS), dated 08/25, showed an order for Clopidogrel Bisulfate (antiplatelet) 75 milligram (mg), give one tablet by mouth in the morning with start date of 03/27/25. 3. Review of Resident #15's Quarterly MDS, dated [DATE], showed staff documented the resident received antianxiety, antipsychotic and antidepressant medications.Review of the resident's POS, dated 08/25, showed the POS did not contain orders for an antipsychotic, antidepressant, or antianxiety medications.During an interview on 08/13/2025 at 1:58 P.M., the MDS Coordinator said he/she checks the resident's POS, to see if a resident receives psychotropic medications. The MDS Coordinator said the resident receives Aricept (acetylcholinesterase inhibitor) and he/she had been told the medication is psychotropic. The MDS Coordinator said the resident does not receive antipsychotic, antidepressant, or antianxiety medication. The MDS Coordinator said it is his/her error for marking those three drug classes on the resident's MDS, and he/she is responsible. During an interview on 08/14/2025 at 9:38 A.M., the Director of Nursing (DON) said the resident does not receive antipsychotic, antidepressant, or antianxiety medications. The DON said the resident's MDS is not accurate. 4. Review of Resident #26's Quarterly MDS, dated [DATE], showed staff documented the resident received an anticoagulant. Review of the resident's POS, dated 08/25, showed an order for Aspirin 81 mg with start date of 02/1/25. During an interview on 08/14/25 at 9:21 A.M., the MDS Coordinator said the resident receives Aspirin, which is an antiplatelet. 5. Review of Resident #29's Significant change MDS, dated [DATE], showed staff documented the resident received an anticoagulant.Review of the resident's POS, dated 08/25, showed an order for Aspirin 81 mg with start date of 06/19/25.During an interview on 08/14/25 at 9:21 A.M., the MDS Coordinator said the resident receives an antiplatelet medication, not an anticoagulant. The MDS Coordinator said the resident's MDS is not correct. 6. Review of Resident #30's Significant Change MDS, dated [DATE], showed staff documented the resident receives an anticoagulant.Review of the resident's POS, dated 08/25, showed an order for Aspirin 81 mg daily.During an interview on 08/14/2025 at 9:21 A.M., the MDS Coordinator said the resident receives Aspirin, not an anticoagulant, and the MDS shows anticoagulant therapy, so the MDS is not accurate. 7. Review of Resident #39's Quarterly MDS, dated [DATE], showed staff documented the resident received an anticoagulant.Review of the resident's POS, dated 08/25, showed an order for Aspirin 81 mg with start date of 10/08/24.During an interview on 08/14/2025 at 9:21 A.M., the MDS Coordinator said the resident receives Aspirin which is not an anticoagulant. The MDS Coordinator said on the resident's MDS is not accurate. 8. During an interview on 08/14/25 at 9:38 A.M., the DON said Aspirin is not an anticoagulant and should not be documented as one on the MDS. If aspirin is documented as an anticoagulant, then the MDS is not accurate. The DON said the corporate regional nurses review the MDS Coordinator's work. The DON said it is the responsibility of the regional nurses to ensure the MDS coordinator is completing the MDS accurately. During an interview on 08/14/25 at 10:50 A.M., the administrator said it is the responsibility of the (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MDS Coordinator to make sure MDS assessments are completed accurately. The administrator said the corporate nurses, oversee the MDS Coordinator's work on the MDS and review some of the assessments. The administrator said he/she is responsible to ensure the MDS Coordinator does his/her job correctly.

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F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview and record review, facility staff failed to properly contain waste and refuse to prevent the harboring and/or feeding of rodents and pests when the facility failed to ensure outdoor waste containers remained covered when not in actual use. This failure has the potential to affect all residents. The facility census was 38.1. Review of the facility provided policies from 08/11/25 through 08/14/25, showed did not contain a policy related to maintenance of outside waste containers. Review of the United States Food and Drug Administration Food Code, 2022 edition, 5-501.15, showed Receptacles and waste handling units for refuse, recyclables, and returnables used with materials containing food residue and used outside the food establishment shall be designed and constructed to have tight-fitting lids, doors, or covers. Observation on 08/11/25 at 12:30 P.M., showed the waste dumpster lids opened, and the waste dumpster contained waste. Observation on 08/12/25 at 2:30 P.M., showed Dietary Aide C disposed of waste in the outside waste dumpster and walked away without closing dumpster lids. During an interview on 08/12/25 at 2:30 P.M., the dietary manager said staff should close the lids on the dumpster after use and staff are trained on this requirement. Observation on 08/13/25 at 2:45 P.M., showed the waste dumpster lids opened, and the waste dumpster contained waste. Observation on 08/14/25 at 9:30 A.M., showed the waste dumpster lids opened, and the waste dumpster contained waste. During an interview on 08/14/25 at 9:30 A.M., the maintenance director said the lids on the dumpster should be closed when it is not in use. The maintenance director said he/she did not believe anyone had been assigned to monitor the dumpster and the staff who dispose of trash in it should close the lids after use. The maintenance director said he/she did not know if staff had been trained to close the lids on the dumpster after use. During an interview on 08/14/25 at 10:35 A.M., the administrator said all staff are responsible for the maintenance of the outside waste dumpster and staff should close the lids on the dumpster after use. The administrator said he/she did not believe that instruction to ensure the lids were closed on the dumpster was a part of any staff training program, so he/she did not know if they had been trained to close the lids.