

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Pleasant Hill Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Broadway Pleasant Hill, MO 64080	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43345</p> <p>Based on interview and record review, the facility failed to ensure Unlicensed Registered Nurse (RN) A had a valid registered nurse (RN) license in order to provide nursing care to residents such as assessments, wound care, medication administration and all nursing cares allowed by law. This had the potential to affect all residents. The facility census was 78 residents.</p> <p>On 3/14/25, the Administrator was notified of the past noncompliance which took place over a period of time to include 5/3/24 through 1/30/25. Nurse licensing and state issued identification discrepancies were discovered during audits by the facility Wound Nurse. Education to address the problem was provided to facility staff, including the Director of Nursing (DON), Administrator, Financial Services, and Financial Services Assistant on 2/4/25. The deficiency was corrected on 2/4/25.</p> <p>Review of Facility assessment dated [DATE] showed:</p> <p>--Staff competencies for resident population included:</p> <p>--Abuse training.</p> <p>--Dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgment, and impulses) training.</p> <p>--Behavior management.</p> <p>-- Post-Traumatic Stress Disorder ((PTSD) is a mental health condition that's triggered by a terrifying event - either experiencing it or witnessing it)/Trauma informed care (is an approach to healthcare, social services, and other systems that recognizes the prevalence and impact of trauma and seeks to minimize its harmful effects).</p> <p>--Wandering and elopement.</p> <p>--Wander alert system.</p> <p>--Secure unit.</p> <p>--Gradual dose reductions.</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
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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>-Those items included care planning by nursing.</p> <p>-The facility offered seven days per week wound care by qualified professionals.</p> <p>-Medication administration all routes.</p> <p>-Risk assessments (falls, nutrition, elopement, pressure ulcer, etc.).</p> <p>-Respiratory treatments.</p> <p>-Weekly skin assessments by qualified nurses.</p> <p>-Weekday staffing was three Registered Nurses (RN).</p> <p>-Weekend staffing was two RN's.</p> <p>1. Review of facility investigation dated 3/11/25 showed:</p> <p>-Unlicensed RN A was employed at the facility, as a RN, on the following dates 6/6/23-6/16/23; as a Staffing Coordinator (no resident care), and on 5/3/24-1/30/25 as a RN Charge Nurse.</p> <p>-During a routine audit of employee files, it was discovered that Unlicensed RN A had a different name than that of his/her state issued identification.</p> <p>-Unlicensed RN A worked in the capacity of a RN and provided skilled nursing care to residents until termination on 1/30/25.</p> <p>-Residents still in the facility were assessed for any negative outcomes and none were identified.</p> <p>-Interviewed residents did not voice any concerns with the care provided by the unlicensed staff.</p> <p>-Unlicensed RN A was suspended on 1/30/25 pending the results of the investigation.</p> <p>-Unlicensed RN A claimed to not know his/her RN license number.</p> <p>-Unlicensed RN A did not know when his/her license was renewed because his/her mother did that and paid for his/her license yearly, and that the facility would need to contact his/her mother to find out when the license was renewed.</p> <p>-Unlicensed RN A then said that his/her mother had forgotten to renew his/her license.</p> <p>-Unlicensed RN A was tearful and did not realize he/she did not have a current RN license.</p> <p>-Unlicensed RN A said it was a discrepancy with his/her name and the state licensing board.</p> <p>-The facility requested him/her to contact the state licensing board and get the matter straightened out and provide them with the necessary documentation.</p> <p>(continued on next page)</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Pleasant Hill Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Broadway Pleasant Hill, MO 64080	
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>-The former Staff Development Coordinator hired Unlicensed RN A as a RN.</p> <p>-He/She believed Unlicensed RN A was hired because he/she had worked at the facility sometime before.</p> <p>-The FSA now does the new hire paperwork and verifies nursing license matches government paperwork required for new hire.</p> <p>-The Administrator and Corporate Human Resources both have verified the information before a job interview was scheduled.</p> <p>During an interview on 3/14/25 at 12:50 P.M. Administrator said:</p> <p>-At the time Unlicensed RN A was hired it was the Staff Development Coordinator's responsibility to complete and verify all the new hire paperwork.</p> <p>-The Staff Development Coordinator quit in September and since that time the FSA has been doing the new hire paperwork.</p> <p>-Now most of the applications for new nurses come from computer websites.</p> <p>-He/she then would request the required paperwork and review the paperwork.</p> <p>-If he/she saw no red flags would schedule and interview and then double check the paperwork to ensure all was correct.</p> <p>-Once license was verified a job offer would be made after the Corporate double checked all the supplied information.</p> <p>Review of undated Unlicensed RN A employee file showed:</p> <p>-A state identification card/non drivers licence in the name of Unlicensed RN A with a same state address on it.</p> <p>-Social Security card in the name of the Unlicensed RN A .</p> <p>-A neighboring nursing license with a name that did not match that of Unlicensed RN A's legal documents.</p> <p>NOTE: Certified letters were mailed on 3/28/25 to Unlicensed RN A and the former Staff Development Coordinator.</p> <p>An EDL was not referred due to this was forwarded to CMS for potential fraud.</p> <p>MO00250897</p>		