

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Lawson Manor & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West 8th Terrace Lawson, MO 64062	

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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>47195</p> <p>Based on observation, interview, and record review, the facility failed to ensure one resident's visitation rights were not restricted when Resident #6 had a visitor that was asked to leave and not permitted to visit the resident. This affected one of six sampled residents (Resident #6). The facility census was 47.</p> <p>Review of facility policy, Resident Rights, undated, showed:</p> <ul style="list-style-type: none"> -Resident has right to receive visitors of their choosing at time of their choosing and interact and participate with members of community and activities inside and outside facility, subject to resident's right to deny visitation, and in a manner that did not impose on rights of another resident. -Facility must provide immediate access, subject to resident's right to deny or withdraw consent at any time to any resident by: <ul style="list-style-type: none"> -Immediate family and other relatives of resident; -Facility must have written policies and procedures regarding visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction, and must inform each resident of right to receive visitors whom they designate and their right to withdraw or deny such consent any time. <p>Review of facility policy, visiting hours, undated, showed:</p> <ul style="list-style-type: none"> -Resident has right to receive visitors of his or her choosing at the time of his or her choosing, subject to resident's right to deny visitation when applicable, and in a manner that did not impose on the rights of another resident. -The facility will ensure all visitors enjoy full and equal visitation privileges consistent with resident preferences. -The facility will provide immediate access to any resident subject to the resident's rights to deny or withdraw consent at any time. -The facility will have immediate access to the resident by any of the following: <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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Others who are visiting with the consent of resident;</p> <p>-Visiting hours will be posted to encourage reasonable restrictions.</p> <p>1. Review of Resident #6's admission minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 8/14/24, showed:</p> <p>-He/She was cognitively intact;</p> <p>-He/She had clear speech and was able to make self-understood and understand others;</p> <p>-It was very important to have family or close friends involved in discussions about his/her care;</p> <p>-He/She was independent with mobility, personal hygiene, dressing, and eating;</p> <p>-Diagnoses included: anxiety (feeling of fear, dread, or uneasiness that could be normal reaction to stress), depression (mental condition that involved persistent feelings of sadness and loss of interest in activities), manic depression (serious mood disorder that can affect how person feels, thinks, or acts), diabetes (a condition resulting in too much sugar in the blood), and bipolar disorder (a mental illness that can cause extreme mood swings, along with changes in energy, activity levels, and concentration).</p> <p>Review of physician's orders, dated 10/23/24, showed:</p> <p>-Activities as tolerated or desired;</p> <p>Review of care plan, undated, showed:</p> <p>-Resident had an activity of daily living self-care performance deficit due to limited mobility;</p> <p>-Encourage resident to participate to fullest extent possible with each interaction.</p> <p>During an interview on 10/23/24 at 8:51 A.M., Resident said:</p> <p>-His/Her friend, Visitor A, came to see him/her;</p> <p>-The Business Office Manager (BOM) would not let his/her friend come to see him/her;</p> <p>-It upset him/her that his/her friend could not come and visit them;</p> <p>-He/She was his/her own person and did not have a guardian;</p> <p>-The visitor who was denied access had been former employee of facility;</p> <p>-He/She had a friendship with the individual and wanted to be allowed his/her right to have visits.</p> <p>During an interview on 10/23/24 at 9:19 A.M., BOM said:</p> <p>(continued on next page)</p>		

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<p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She had never denied visits to anyone;</p> <p>-If an employee was terminated from the facility they were not allowed back into the building;</p> <p>-He/She was not aware of any former employees that had been at the facility to visit a resident that he/she had turned away;</p> <p>-There was no visiting hours at facility, people could visit at time of choosing;</p> <p>-He/She was not aware of turning any visitors that came to facility to see Resident #6.</p> <p>During an interview on 10/23/24 at 10:25 A.M., Director of Nursing (DON) said:</p> <p>-Facility did not have set visiting hours;</p> <p>-He/She was aware of one former employee that had come to facility after hours, the former Assistant Director of Nursing (ADON), and he/she had been escorted out of facility due to making staff uncomfortable and exhibiting disturbing behaviors.</p> <p>During an interview on 10/23/24 at 10:42 A.M., Licensed Practical Nurse (LPN) A said:</p> <p>-He/She was aware of one resident, Resident #6, who had been denied a visit from visitor A by the BOM;</p> <p>-The BOM told Visitor A that he/she could not come into the facility;</p> <p>-Visitor A was a former employee;</p> <p>-He/She observed Visitor A being denied access on two visit attempts;</p> <p>-Resident #6 was his/her own person and able to make his/her own decisions.</p> <p>During an interview on 10/23/24 at 11:20 A.M., ADON said:</p> <p>-He/She was not aware of any residents being denied visits;</p> <p>-Former employees were allowed to come back into facility to visit residents.</p> <p>During an interview on 10/23/24 at 11:38 A.M., Visitor A said:</p> <p>-He/She had previously worked at the facility;</p> <p>-He/She voluntarily quit and left the facility on good terms;</p> <p>-He/She attempted to visit Resident #6 on 9/1/24, 9/4/24, and 9/9/24;</p> <p>-On his/her first attempt on 9/1/24 he/she was in facility applying for a position, after he/she completed the application he/she went down the hallway to visit the resident;</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>47195</p> <p>Based on interview and record review, the facility Administrator and Director of Nurses (DON) failed to investigate misappropriation of resident property when Resident #1 was found without a fentanyl patch (A controlled opiate, A schedule II narcotic pain patch) on two different dates. The Administrator and DON failed to conduct an investigation when Licensed Practical Nurse (LPN) B called to report the missing patch on 11/11/24 and when LPN A reported the patch missing to the DON on 11/13/24. This affected one of one sampled residents. The facility census was 46.</p> <p>Review of facility policy, Abuse Investigation and Reporting, Revised July 2017, showed:</p> <ul style="list-style-type: none"> -All reports of resident abuse, neglect, exploitation, misappropriation of resident property, shall be thoroughly investigated by facility management. -Individual conducting the investigation will as a minimum: <ul style="list-style-type: none"> -Review the completed documentation forms; -Review the resident's medical record to determine events leading up to the incident; -Interview the person(s) reporting the incident; -Interview any witnesses to the incident; -Interview the resident (as medically appropriate); -Interview the resident's attending physician as needed to determine the resident's current level of cognitive function and medical condition; -Interview staff members (on all shifts) who have had contact with the resident during the period of alleged incident; -Interview the resident's roommate, family members, and visitors; -Interview other residents to whom the accused employee provides care or services; and -Review all events leading up to the alleged incident. <p>1. Review of Resident #1's, Quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 8/30/24, showed:</p> <ul style="list-style-type: none"> -Cognition is severely impaired; -He/She was dependent for upper and lower body dressing, mobility, and personal care; -He/She had been on a scheduled pain medication regimen; <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She made vocal complaints of pain within the assessment reference date (The look back period for the assessment).</p> <p>-He/She was taking high-risk drugs including an opioid (a broad group of pain-relieving medicines that work with brain cells);</p> <p>-Diagnoses included: Alzheimer's disease (a progressive brain disorder that slowly destroys memory, thinking skills, and ability to perform everyday tasks), cognitive communication deficit (a difficulty communicating effectively due to underlying cognitive impairment), reduced mobility, malaise (a general feeling of discomfort, illness, or lack of well-being)</p> <p>Review of care plan, undated, showed:</p> <p>-He/She had potential for pain</p> <p>-Administer pain medication as ordered;</p> <p>-Turn and reposition according to turn schedule;</p> <p>-Observe for factors that increase/decrease my pain;</p> <p>-Observe for intolerable pain;</p> <p>-Measure my pain level using pain scale 1 to 10;</p> <p>-Coordinate with my physician to manage my pain medication for optimum control of my pain;</p> <p>-Coordinate care with hospice to maintain comfort;</p> <p>-Observe for non-verbal signs of pain ie. facial expressions, pulling away, fighting;</p> <p>Review of physician's orders, dated 12/4/24, showed:</p> <p>-Initial order started 10/14/24, Check fentanyl patch every shift, to ensure fentanyl patch is intact;</p> <p>-Fentanyl transdermal patch dosage increased on 11/15/24, to 50 MCG/HR (Fentanyl), apply 1 patch transdermal every 72 hours for pain.</p> <p>-Current physician orders as of 12/4/24 show fentanyl transdermal patch 72 hour 50 mcg/hr (fentanyl), apply 1 patch transdermal every 72 hours for pain,</p> <p>Review of controlled medication sheets for Resident #1's fentanyl patch showed:</p> <p>-Page 53: Fentanyl 25 mcg, 1 patch every 72 hours, balance forwarded was 2</p> <p>-On 11/6/24, at 4:00 A.M., 1 dose was given, balance was 1 patch;</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 11/11/24 at 12:48 A.M., nothing entered as given, balance was 0;</p> <p>-On 11/19/24 entry showed count corrected, balance was 1 patch;</p> <p>-On 11/19/24, entry showed at 8:00 A.M. fentanyl was administered, and balance was 0.</p> <p>-On Page #54: Fentanyl 50 mcg, apply 1 patch every 72 hours showed:</p> <p>-On 11/7/24, at 8:00 P.M., 2 patches were received from the pharmacy;</p> <p>-On 11/8/24, at 8:30 A.M., 1 patch was given, balance remaining was 1 patch</p> <p>-On 11/18 an entry was made with a line through it that showed balance was 0 patches, but no administration time was entered;</p> <p>-On Page #55, fentanyl 50 mcg, change every 72 hours showed:</p> <p>-On 11/11/24, balance was 5 patches;</p> <p>-On 11/12/24, 1 dose was given, no time of administration entered, and balance was 4 patches;</p> <p>-On 11/13/24 at 6:49 A.M., 1 patch was administered, balance remaining was 3 patches;</p> <p>-On 11/15/24 at 10:30 A.M., 1 patch was administered, balance remaining was 2 patches;</p> <p>-On 11/18/24 at 1:00 P.M., 1 patch was administered, balance remaining was 1 patch;</p> <p>-On 11/21/24 at 9:27 A.M., 1 patch was administered, balance remaining was 0 patches.</p> <p>-On Page #60, fentanyl 50 mcg, apply one patch topically, showed page was started 11/18/24;</p> <p>-On 11/18/24, balance received from pharmacy was 5 patches;</p> <p>-On 11/24/24 at 8:00 A.M., 1 patch was administered, balance remaining was 4 patches;</p> <p>-On 11/27/24 at 8:00 A.M., 1 patch was administered, balance remaining was 3 patches;</p> <p>-On 11/30/24 at 8:00 A.M., 1 patch was administered, balance remaining was 2 patches;</p> <p>-On 12/3/24 at 9:30 A.M., 1 patch was administered, balance remaining was 1 patch;</p> <p>-On 12/3/24 at 9:30 A.M., 1 patch was administered, balance remaining was 0 patches, and a note written by DON showed stuck to op-site/tegaderm (sticky bandage that holds patches in place) had to replace patch.</p> <p>Review of Medication Administration Record, dated 11/1/24 to 12/4/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Unknown start date, Fentanyl transdermal patch 72 hour 25 mcg/hr (fentanyl), apply 1 patch transdermal one time a day every 3 days for pain, discontinued on 11/7/24 at 3:50 P.M.</p> <p>-Administered 11/5/24 by LPN C;</p> <p>-Unknown start date, fentanyl transdermal patch 72 hour 50 mcg/hr (fentanyl), apply 1 patch transdermal every 72 hours for pain, apply 1 50 mcg/hr patch topically and change every 72 hours and remove per schedule, discontinued on 11/15/24 at 8:35 A.M.;</p> <p>-Administered 11/8/24 at 9:01 A.M. by LPN D;</p> <p>-Administered 11/11/24 at 11:49 A.M. by Assistant Director of Nursing (ADON);</p> <p>-Administered 11/14/24 at 7:37 by LPN A;</p> <p>-Unknown start date, fentanyl transdermal patch 72 hour 50 mcg/hr (fentanyl), apply 1 patch transdermal every 72 hours for pain, apply one -50 mcg/hr patch topically and change every 72 hours and remove per schedule;</p> <p>-Administered 11/15/24 at 8:38 A.M. by LPN D;</p> <p>-Administered 11/18/24 at 1:00 P.M., by LPN A</p> <p>-Administered 11/21/24 at 9:50 A.M., by LPN A;</p> <p>-Administered 11/24/24 at 5:40 P.M. by LPN D;</p> <p>-Administered 11/27/24 at 8:12 by Registered Nurse (RN) A;</p> <p>-Administered 11/30/24 at 9:58 A.M. by LPN D</p> <p>-Administered 12/3/24 at 9:26 A.M. by DON.</p> <p>Review of progress notes, dated 11/4/24 to 12/5/24, showed:</p> <p>-On 11/6/24, LPN C wrote resident complained of pain, nurse applied fentanyl patch at 4:00 A.M.;</p> <p>-On 11/7/24, New order entered showed fentanyl transdermal patch 72 hour 50 mcg/HR (fentanyl) controlled drug, apply 1 patch transdermal every 72 hours for pain, apply one 50 mcg/hr patch topically and change every 72 hours and remove per schedule;</p> <p>-On 11/8/24, LPN D wrote fentanyl 50 mcg patch placed on during morning to upper left back;</p> <p>-On 11/11/24, LPN B wrote resident fentanyl patch not present on residents back as was reported to this nurse, new patch applied this morning, secured with op-site to right scapula. DON notified.</p> <p>-On 11/15/24 at 8:21 P.M., LPN B wrote resident was jerking arms and legs spontaneously</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/4/24 at 9:10 A.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -He/She went to check for Fentanyl patch on resident #1 on 11/13/24 and could not find the patch; -He/She got Certified Medication Technician (CMT) A to go look for patch with him/her and CMT could not locate the patch; -He/She looked in blankets and found the adhesive dressing cover to the patch but could not locate the patch; -He/She also checked trash in room and could not locate fentanyl patch; -The patch had last been applied on 11/12/24; -He/She notified the Director of Nursing that the patch was missing on 11/13/24; <p>During an interview on 12/4/24 at 11:02 A.M., Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -He/She was made aware by LPN A of Resident #1's fentanyl patch was missing on 11/13/24; -He/She found transdermal cover to patch but the patch was not located; -The bed had already been stripped, and he/she assumed it may have ended up in laundry; -He/She did not do an investigation but guessed she probably should have completed one; -He/She just spoke with hospice nurse and LPN A verbally to investigate the missing patch; -He/She did not document anything in regards to his/her verbal investigation; -After fentanyl patch was found missing on 11/13/24, LPN A started placing patch lower and out of resident's reach; -He/She did not recall Resident #1's patch to be missing on any other dates; -He/She did not recall LPN B calling him/her on 11/11/24 regarding Resident #1 having fentanyl patch missing. <p>During an interview on 12/4/24 at 11:29 A.M., Nurse Aide A said:</p> <ul style="list-style-type: none"> -He/She provided cares to Resident #1; -He/She had not seen Resident #1 without his/her pain patch while providing cares; -He/She had been told by an overnight employee but was not sure which employee that Resident #1's fentanyl patch was missing and had been seen on his/her night stand and to notify nurse if the fentanyl patch had been found; <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She would have expected the physician to be notified.</p> <p>During an interview on 12/4/24 at 3:35 P.M., DON said:</p> <p>-He/She became aware of missing fentanyl patch this morning by LPN A;</p> <p>-He/She was not able to locate patch;</p> <p>-He/She discovered resident's bed had been stripped;</p> <p>-He/She did check laundry but was not able to locate the missing fentanyl patch;</p> <p>-He/She contacted the physician's group who referred him/her to hospice about the missing patch;</p> <p>-He/She spoke with hospice and looking at a different narcotic for resident due to the ongoing missing fentanyl patches.</p> <p>MO245460</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Lawson Manor & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West 8th Terrace Lawson, MO 64062	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>47195</p> <p>Based on interview and record review, the facility failed to ensure six nurse aides (NA) completed a competency evaluation program approved by the state within four months of hire. The facility census was 46.</p> <p>The facility did not provide an NA certification policy.</p> <p>Review of the NA employee list showed:</p> <ul style="list-style-type: none"> -NA A employed since 6/24/24; -NA B employed since 4/26/24; -NA C employed since 7/15/24; -NA D employed since 7/16/24; -NA E employed since 6/7/24; -NA F employed since 2/12/24. <p>During an interview on 12/4/24 at 11:29 A.M., NA A said:</p> <ul style="list-style-type: none"> -He/She was not enrolled in any Certified Nurse Aide class; -He/She had worked in facility since July 2024, and worked in facility last year from July 2023-November 2023. <p>During an interview on 12/4/24 at 12:48 P.M., NA B said:</p> <ul style="list-style-type: none"> -He/She was not enrolled in CNA class after working for the facility for six months; -He/She was told several times that he/she would be put in the next CNA class but has never been enrolled in any class. <p>During an interview on 12/4/24 at 1:40 P.M., NA F said:</p> <ul style="list-style-type: none"> -He/She had worked in the facility for 10 months and had not been enrolled in CNA class; <p>During an interview on 12/4/24 at 2:40 P.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -He/She was concerned that facility had a limited number of CNAs, and that he/she was often left with only NA's who could work. <p>(continued on next page)</p>

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/24 at 3:04 P.M., Administrator said:</p> <ul style="list-style-type: none"> -He/She expected the Director of Nursing (DON) to ensure competency of facility nurse aides; -Certified Nurse Assistance training was being offered at their sister facility; -NA A, NA B, NA C, NA D, NA E, NA F had not been enrolled in class, but would be scheduled to start CNA class in January 2025. <p>During an interview on 12/4/24 at 3:30 P.M., DON said:</p> <ul style="list-style-type: none"> -He/She was responsible for nurse aide competencies; -Facility had an operational change and had not gotten nurse aides enrolled in class; -He/She had nurse aides scheduled to be enrolled in next class being offered at sister facility in January. <p>MO245460</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Lawson Manor & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West 8th Terrace Lawson, MO 64062	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47195</p> <p>Based on record review, the facility failed to ensure staff provided care in a manner to prevent infection when the facility failed to ensure the required two step tuberculosis (TB, a communicable disease that affects the lungs characterized by fever, cough, and difficulty in breathing) screening test was administered upon hire for six sampled newly hired employees. The facility census was 46.</p> <p>Review of facility policy, employee screening for tuberculosis, revised March 2021, showed:</p> <ul style="list-style-type: none"> -All employees are screened for latent tuberculosis infection and active TB disease, using tuberculin skin test (TST) or interferon gamma release assay (IGRA) and symptom screening prior to beginning employment. -Newly hired employee is screened for LTBI and active TB disease after an employment offer had been made but prior to employee's duty assignment. <p>Observation on 12/4/24 at 1:00 P.M. showed Director of Nursing (DON) could not locate requested employee sample of TB tests for the following employees:</p> <ul style="list-style-type: none"> -Dietary Aide A, date of hire 10/17/24; -Certified Nurse Aide (CNA) A, date of hire 10/16/24; -Nurse Aide (NA) G, date of hire 10/11/24; -NA H, date of hire 10/24/24; -NA I, date of hire 11/6/24; -Certified Medication Technician (CMT) A, date of hire 11/17/24. <p>During an interview on 12/4/24 at 1:20 P.M., Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -He/She could not locate TB tests of sampled employees including Dietary Aide A, CNA A, NA G, NA H, NA I, and CMT A; -TB testing should be completed upon hire; -The TB testing process fell a part when he/she stopped doing the hiring; -He/She did not follow up to ensure TB testing was being completed on all new hires. <p>During an interview on 12/4/24 at 3:04 P.M., Administrator said:</p> <ul style="list-style-type: none"> -He/She expected TB testing to be completed before employee starts employment; <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She expected documentation of the TB testing to be maintained by the facility. MO245460