| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265779 | A. Building<br>B. Wing | 06/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Stonebridge Lake Ozark | 872 College Boulevard<br>Osage Beach, MO 65065 |

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) |
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| F 0728<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>Based on interview and record review, facility staff failed to ensure three Nurse Aides (NA)'s (NA A, NA B and NA C) out of four sampled NAs completed the required nurse aide training program within four months of employment in the facility. The facility census was 48.1. Review of the facility's Nurse Aide Hiring and Competency policy, dated October 2017, showed it is the policy of the facility to comply with State and Federal regulations and requirements as they pertain to the training, certification, and continuing education They may be employed as full-time and permanent nursing aides but must provide documentation of certification within four months of their hire date. Facility will verify certification through the appropriate state's nurse aide registry. Those who are verified to be enrolled in a State approved nurse aide training and competency evaluation program. They will be allowed to be employed as a nursing aide no greater than four months without documented successful completion of the program and receipt of certification with verification through the state's nurse aide registry. Individuals who do not complete the required training and competency evaluation program(s) and successfully pass the certification exams (both written and skills) within the four-month period of time will not be allowed to perform the duties of a nurse aide until verification of such successful completion and certification is presented and verified with the state nurse aide registry. 2. Review of NA B's personnel file showed a hire date of 12/17/25. The file did not contain documentation the NA completed the required nurse aide training program.3. Review of NA C's personnel file showed a hire date of 12/17/25. The file did not contain documentation the NA completed the required nurse aide training program.4. Review of NA A's personnel file showed a hire date of 01/02/26. The file did not contain documentation the NA completed the required nurse aide training program.5.During an interview on 06/17/26 at 8:30 A.M., the administrator said there are four NA's going through classes and three of them are out of their 120 days. He/She said they were moved to a different department for 30 days and are now back working as nurses' aides.During an interview on 06/17/26 at 9:37 A.M., the Director of Nursing (DON) said he/she is responsible for nurse aide training. He/She said the NA's were out of their 120 window and were moved to different departments for 30 days and now are back on the floor as nurses aides.During an interview on 06/17/26 at 10:43 A.M., the Administrator said he/she did not realize that the nurses' aides timeframe did not start over if they were moved to a different department and then back to NA's after 30 days.During an interview on 06/17/26 at 10:44 A.M., the DON said he/she thought the NA's 120 days started over if they were in a different department like laundry for at least 30 days. He/She said the nurses' aides will be removed from the floor today and will not be allowed to work until their test is complete.During an interview on 06/30/26 at 1:12 P.M., the Administrator said NA A did not complete his/her training in time because he/she was also in nursing school and was time crunched and NA B and C both had childcare issues to be able to complete the classes and still get a paycheck. Complaint # 3006691 |

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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