

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Heisinger Bluffs Healthcare Western Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 1306 West Main Street Jefferson City, MO 65109	
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 - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>Based on interview and record review, facility staff failed to ensure one staff member (Registered Nurse (RN) A) had the required documentation to work in a long term care facility in Missouri. The facility census was 63.</p> <p>1. Review of the facility policy's did not contain information to direct staff in regards to verification to be eligible to work in Missouri.</p> <p>Review of Registered Nurse A's employee file showed a hire date of 7/3/2014 as the Director of Nursing (DON). Review of RN A employee file did not contain documentation he/she was eligible to work at the facility.</p> <p>Review of RN A's earning statement, dated 4/27/25 through 5/10/25, showed RN A was paid for thirty two hours regular pay.</p> <p>During an interview on 6/6/25 at 8:31 A.M., the interim DON said he/she was asked to step in as interim DON because RN A needed some time off. He/She said multiple staff help do day to day tasks in RN A's absence and he/she does all mandatory meetings.</p> <p>During an interview on 6/6/25 at 8:39 P.M., the administrator said RN A is from another country and is on a school visa. He/She said RN A went to renew his/her nursing license on 4/30/25 and was unable to because there was an issue with his/her immigration paperwork. He/She said they immediately removed him/her from his/her position as the DON and got an interim DON. The administrator said RN A has helped with tasks like a science fair and reviewing referrals. RN A used his/her paid time off until he/she can get back in good standing.</p> <p>During an interview on 6/6/25 at 9:34 A.M., the human resources manager said RN A's license is inactive and he/she is taking PTO. He/She said RN A had a student visa and was unable to renew. He/She said he/she did not check RN A's Employment Eligibility Verification (a document required by the U.S. government to verify the identity and employment authorization of individuals hired for employment in the United States) to see if he/she could still be employed. He/She said Cross their mind they thought it would be handled quickly and just that RN A could not use his/her nursing license He/She said once it was brought to his/her attention RN A was no longer eligible to be employed, he/she terminated RN A.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265837	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Heisinger Bluffs Healthcare Western Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 1306 West Main Street Jefferson City, MO 65109	
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 - Few</p>	<p>During an interview on 6/6/25 at 10:14 A.M., RN A said he/she came here from another country for school and had a renewable job permit. RN A said he/she sat out spring semester of 2024 and when he/she went to re-enroll in school for fall of 2024 he/she was told it was not renewable because he/she had lost his/her visa because he/she did not attend school in spring of 2024. He/She said he/she did not realize he/she was unable to legally work because his/her nursing license was still active.</p> <p>MO00254908</p>		