

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26A378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Sylvia G Thompson Residence Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 W Tenth Street Sedalia, MO 65301	
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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<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>Based on interview and record review, facility staff failed to ensure five nurse aides ((NA) NA A, NA B, NA C, NA D, and NA E) out of six sampled NA's, completed the nurse aid training program within four months of their facility hire date. The facility census was 116.1. Review of the facility provided policies did not contain a policy to direct staff on timeframe for the completion of nurse aide training program.2. Review of NA A's personnel file showed a hire date of 11/01/25. The file did not contain documentation NA A completed the nurse aide training program.During an interview on 04/29/26 at 2:42 P.M., NA A said he/she has worked as an NA since 2025. He/She said he/she is supposed to be done with the CNA class now but waiting on an email to be able to take the test. He/She said that he/she works the floor by himself/herself and performs resident cares.3. Review of NA B's personnel file showed a hire date of 10/31/25. The file did not contain documentation NA B completed the nurse aide training program.4. Review of NA C's personnel file showed a hire date of 10/31/25. The file did not contain documentation NA C completed the nurse aide training program.During an interview on 04/29/26 at 2:39 P.M., NA C said he/she has worked as an NA since April 2025. He/She said he/she finished the CNA class a couple weeks ago but is still waiting to take the test. He/She said he/she has been working the floor by himself/herself and performing resident cares.5. Review of NA D's personnel file showed a hire date of 10/31/25. The file did not contain documentation NA D completed the nurse aide training program.During an interview on 04/29/26 at 10:35 A.M., NA D said he/she has worked the floor for two years as an NA and performed cares for residents. He/She said he/she is currently in class for Certified Nurse's Aide (CNA). He/She said the class started in November and he/she still has one or two classes left because some have been canceled. He/She said class is normally every Thursday.6. Review of NA E's personnel file showed a hire date of 10/31/25. The file did not contain documentation NA D completed the nurse aide training program.7. During an interview on 04/29/26 at 3:03 P.M., Human Resources said back in October 2025 they terminated some NA's because they were not certified and then they hired them back.During an interview on 04/30/26 at 8:40 A.M., the Director of Nursing (DON) said he/she knew there were several NA's working but did not realize there were NA's passed their four months. He/She said he/she doesn't have anything to do with Human resources and was not aware that some NA's were terminated and rehired because they were not certified.During an interview on 04/29/26 at 3:20 P.M., the administrator said he/she knew there were a few NA's over the four month time frame. He/She said the class is over and they are ready to take their test. He/She said yes, they did terminate some NA's in October 2025 and then rehired them because they were over the time frame and not certified. Complaint #2997819</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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