STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18167C	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKDALE CARE CENTER	2702 DEBBIE LANE POPLAR BLUFF, MO 63901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A4303	19 CSR 30-86.043(4) Operator/Administrator Responsibilities The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator ' s responsibilities shall include oversight of residents to assure that they receive appropriate care. II/III This regulation is not met as evidenced by: Class II* Based on interview and record review, the facility failed to maintain appropriate infection control procedures when staff failed to administrator tuberculin (TB) skin tests (the standard method of determining whether a person is infected with Mycobacterium- A communicable disease that affects especially the lungs, that is characterized by fever, cough, difficulty breathing, abnormal lung tissue and function) for two residents (Resident #1 and #3) out of three sampled residents. The facility's census was 34. Review of 19 CSR 20-20.100 Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities showed: -Within one month prior to or one week after admission, all residents new to long-term care are required to have the initial test of a Mantoux PPD two-step tuberculin test; -If the initial test is negative, zero to nine millimeters (0 to 9 mm), the second test, which can be given after admission, should be given one to three (one to three) weeks later. Residents are to be evaluated, at least annually, to assure absence of signs and symptoms for	A4303	**1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No resident was affected by the deficient practice. The Tuberculosis Testing has been completed for residents #1 and #3. No resident was harmed by the alleged deficient practice. **2. How will you identify other residents having the potential to be affected by the same deficient practice?** All residents have the potential to be affected by the deficient practice. **3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?** All residents who are admitted will be administered a Mantoux PPD two-step tuberculin test within 7 days of admission. If initial test is negative, the second test will be given within 3 weeks. Residents will also be given a 1 step Mantoux PPD tuberculin test annually. The Licensed Practical Nurse/Director of Clinical Services and the RCF Assistant has been educated on completing the Mantoux PPD two-step tuberculin test on all new admissions. **4. How will you monitor the corrective action(s) to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** The RCF Assistant or Administrator will review all new admissions paperwork to ensure Tuberculosis testing is done timely and recorded correctly for 90 days. Results of the reviews will be discussed monthly at a morning QA meeting.	10/15/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18157C	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKDALE CARE CENTER	2702 DEBBIE LANE POPLAR BLUFF, MO 63901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A4303	Continued From page 1 tuberculosis disease. Review of the facility's policy for Tuberculosis Testing, dated April 2015, showed: - Within 7 days of admission, each resident receives a 2 step Mantoux test. (One intradermal injection within 7 days of admission and one intradermal injection 1-3 weeks after the first injection); - Routine periodic screening is to be completed based on the facility's TB risk assessment performed in cooperation with the local health department. 1. Review of Resident #1's medical record showed the following: - Admission date of 04/29/24; - A one-step TB test administered on 04/29/24; - No further documentation regarding TB testing was found. 2. Review of Resident #3's medical record showed the following: - Admission date of 07/24/24; - A one-step TB test administered on 07/24/24; - No further documentation regarding TB testing was found. During an interview on 10/07/25 at 10:30 A.M., the Licensed Practical Nurse (LPN)/Director of Clinical Services said he/she was not aware that a two-step tuberculin test was required for new admissions. *The higher classification merited due to the extent of the violation.	A4303		