

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 19892C	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2025
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NAME OF PROVIDER OR SUPPLIER AUBURN CREEK-ASSISTED LIVING BY AMERICARE	STREET ADDRESS CITY STATE ZIP CODE 2910 BEAVER CREEK DRIVE CAPE GIRARDEAU, MO 63701
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(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)	#5 COMPLETE DATE
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A4724 19 CSR 30-86 047(19) TB Screen Residents & Staff

A4724

The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20 100 II

This regulation is not met as evidenced by Class II

Based on interview and record review, the facility failed to screen for Tuberculosis (TB) (a lung disease characterized by fever, cough, and difficulty in breathing and easily spread to others) in a timely manner as required by State of Missouri regulation 19 CSR 20-20 100 for two residents (Resident #1 and #2) out of three sampled residents. This affects all facility residents through the increased risk of exposure to tuberculosis. The facility's census was 36

Review of the Department of Health and Senior Services (DHSS) Division of Community and Public Health regulation regarding communicable diseases (19 CSR 20-20 100) showed

- Long-term care facilities shall screen their residents and staff for TB using the Mantoux method purified protein derivative (PPD) five tuberculin unit (TU) test. Each facility shall be responsible for ensuring that all test results are completed and that documentation is maintained for all residents, employees and volunteers.
- Each facility shall be responsible for ensuring that all test results are completed and that documentation is maintained for all residents, employees, and volunteers.
- Long-Term Care Residents: Within one (1) month prior to or one (1) week after admission, all residents new to long-term care are required to have the initial test of a Mantoux PPD two (2)-step tuberculin test. If the initial test is

Missouri Department of Health and Senior Services
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kim Wilcox

Administrator

DATE 4-29-2025

Missouri Department of Health and Senior Services

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A4724 Continued From page 1 A4724

negative, zero to nine millimeters (0-9 mm). the second test, which can be given after admission, should be given one to three (1-3) weeks later. Documentation of chest X ray evidence ruling out tuberculosis disease within one (1) month prior to admission, along with an evaluation to rule out signs and symptoms compatible with infectious tuberculosis, may be accepted by the facility on an interim basis until the Mantoux PPD two (2)-step test is completed.

Record review for Resident #1 showed:
- An admission date of 03/26/25;
- No documentation of a TB test being administered.

Record review for Resident #2 showed:
- An admission date of 04/08/25;
- No documentation of a TB test being administered

During an interview on 04/18/25 at 12:30 P.M., Facility Staff (FS) A said he/she failed to follow-up on TB tests for new residents.

PLAN OF CORRECTION

Provider/Supplier Name:	Auburn Creek- Assisted Living by Americare	
Street Address, City, Zip:	2910 Beaver Creek Drive Cape Girardeau, MO 63701	
Date of Survey:	04/18/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		19892C
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4724	The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100 II	5/19/25
	The facility will ensure to screen for Tuberculosis (TB) (a lung disease characterized by fever, cough, and difficulty in breathing and easily spread to others) in a timely manner as required by State of Missouri regulations 19 CSR 20-20.100	
	All residents who resided at the communities are considered at risk for this deficient practice	
	Resident #1 received their first step TB test on 4/18/25 which was read on 4/21/25 with the results being negative. Second step TB test was administered on 4/25/25	
	Resident #2 received their first step TB test on 4/18/25 which was read on 4/21/25 with the results being negative. Second step TB test was administered on 4/25/25.	
	Support Nurse completed audit of resident TB test records on 4/21/25 to ensure that all residents who reside at the community have received their 1 st and 2 nd step TB test upon admission and annually thereafter	
	Administrator and or designee will in-service the ALF and Arbors Director of Nursing on ensuring that residents are screened for TB within one (1) month prior or one (1) week after admission, and second step given within 1-3 weeks later	
	Director of Nursing or designee will audit resident TB records monthly ensuring that all new residents receive their 2 step TB test and that annual screening are completed when due on other residents	
	Director of Nursing will report continued compliance to Administrator monthly on the DON monthly report	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.