Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33246	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWBRIDGE RETIREMENT COMMUNITY	1205 S MOUNT AUBURN RD CAPE GIRARDEAU, MO 63703

(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
A4724	19 CSR 30-86.047(19) TB Screen Residents & Staff 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 ensure two of six new employees were screened as required for tuberculosis (TB: a communicable disease that affects the lungs characterized by fever, cough and difficulty breathing) in a timely manner in accordance with State of Missouri 19 CSR 20-20.100 at the time of hire. This affects all facility residents through the increased risk of exposure to tuberculosis. The facility's census was 89. Review of the facility's Policy on Tuberculosis (TB) Testing for Employees, undated, showed: - "New employees must undergo TB testing as part of the pre-employment process, in accordance with current guidelines. Specific timing and requirements will be determined based on applicable regulations at the time of hire." Review of 19 CSR 20-20.100 Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities showed: Long Term Care Employees and Volunteers. All new long-term care facility employees and volunteers who work ten (10) or more hours per week are required to obtain a Mantoux Purified Protein Derivative (PPD) (Mantoux, TB skin test, tuberculin skin test, and PPDs are often used interchangeably. Mantoux refers to the technique for administering the test. Tuberculin (also called PPD) is the solution used to administer the test)	A4724		

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	33246	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWBRIDGE RETIREMENT COMMUNITY	1205 S MOUNT AUBURN RD CAPE GIRARDEAU, MO 63703

(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
A4724	Continued From page 1 two (2)-step tuberculin test within one (1) month prior to starting employment in the facility. If the initial test is zero to nine millimeters (0-9 mm), the second test should be given as soon as possible within three (3) weeks after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one (1) subsequent annual test within the past two (2) years. It is the responsibility of each facility to maintain a documentation of each employee's and volunteer's tuberculin status. (E) Employees and volunteers with an initial zero to nine millimeters (0-9 mm) Mantoux PPD two (2)-step test shall be one (1)-step tuberculin tested annually and the results recorded in a permanent record. Review of Facility Staff (FS) D's personnel file showed: - Hire date of 10/30/24; - The first step TB test administered on 10/30/24; - The second step TB test administered on 01/07/25, 70 days after the first step TB test. Review of FS E's personnel file showed: - Hire date of 09/25/24; - The first step TB test administered on 09/25/24; - The second step TB test administered on 01/08/25, 106 days after the first step TB test. During an interview on 03/18/25 at 11:30 A.M., FS A said he/she had gotten behind on administering TB tests.	A4724		

STATE PLAN OF CORRECTION

Agency Name	Newbridge Retirement Community
STREET ADDRESS, CITY, ZIP:	1205 S. Mount Auburn rd. Cape Girardeau, Mo 63703
Provider Number	33246
Exit Date	3/18/2025

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERRENCED TO THE APPROPRIATE DEFICIENCY)

Tag Number	The Administrator signing and dating the first page of the STATE FORM is indicating their approval of the plan of correction being submitted on this form.	(X5) COMPLETION DATE
A4724	The facility shall screen residents an staff for tuberculosis as required for long-term care facility by 19 CSR 20-20.100. The alleged deficient act has the ability to affect all residents. Corrective action will begin immediately. All files will be audited. TB tests administered within the incorrect timeframe will be readministered to compliance standards by Compliance nurse or designee. Compliance nurse and nursing staff will be reminded of the proper timeframe for two-step TB testing. A clear process will be put in place to track and ensure compliance. New Monitoring System: A tracking log will now be used to monitor TB test due dates. Tracking will be overseen by compliance nurse or designee. Ongoing Compliance: Employee files will be checked monthly by compliance nurse or designee for the next three months to ensure all TB tests are done correctly.	4/26/2025