

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03479N	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2023
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NAME OF PROVIDER OR SUPPLIER HEISINGER BLUFFS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MAIN STREET JEFFERSON CITY, MO 65109
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A4714	<p>19 CSR 30-86.047(13)(B) EDL Inquiry</p> <p>Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted from an employment agency, the employment agency shall, prior to sending a temporary employee to a facility:</p> <p>(B) Make an inquiry to the department, as provided in section 660.315, RSMo, as to whether the person is listed on the EDL. Each facility shall maintain documents verifying that the EDL checks were requested, the date of each such request, and the nature of the response received for each such request. The inquiry may be made through the department ' s website; II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on interviews and record reviews facility staff failed to complete an Employee Disqualification List (EDL) check for three staff (Physical Therapy Assistant (PTA) A, Housekeeper B, and Certified Medication Aide (CMA) C out of nine sampled staff members. The facility census was 47.</p> <p>1. Review of the facility's Background Checks Policy and Procedure, dated 2020, showed the policy did not contain staff direction to check the EDL list.</p> <p>Review of the personnel file for PTAA showed a hire date of 11/01/2022. Review showed the file did not contain documentation of an EDL check prior to resident contact.</p>	A4714		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

3/29/23

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A4714	<p>19 CSR 30-86.047(13)(B) EDL Inquiry</p> <p>Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted from an employment agency, the employment agency shall, prior to sending a temporary employee to a facility: (B) Make an inquiry to the department, as provided in section 660.315, RSMo, as to whether the person is listed on the EDL. Each facility shall maintain documents verifying that the EDL checks were requested, the date of each such request, and the nature of the response received for each such request. The inquiry may be made through the department ' s website; II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on interviews and record reviews facility staff failed to complete an Employee Disqualification List (EDL) check for three staff (Physical Therapy Assistant (PTA) A, Housekeeper B, and Certified Medication Aide (CMA) C out of nine sampled staff members. The facility census was 47.</p> <p>1. Review of the facility's Background Checks Policy and Procedure, dated 2020, showed the policy did not contain staff direction to check the EDL list.</p> <p>Review of the personnel file for PTAA showed a hire date of 11/01/2022. Review showed the file did not contain documentation of an EDL check prior to resident contact.</p>	A4714		

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A4714	<p>Continued From page 1</p> <p>Review of the personnel file for Housekeeper B showed a hire date of 11/09/2022. Review showed the file did not contain documentation of an EDL check prior to resident contact.</p> <p>Review of the personnel file for CMA C showed a hire date of 01/02/2023. Review showed the file did not contain documentation of an EDL check prior to resident contact.</p> <p>During an interview on 03/02/2023 at 12:45 P.M., the director of human resources said he/she knows since October 2022 there has not been an EDL check done on employees.</p> <p>During a telephone interview on 03/06/2023 at 1:25 P.M., the administrator said the human resource director is responsible for running background checks. The administrator said when the human resource director was off on leave the human resource coordinator was responsible. The administrator said they just found out a couple of weeks ago the company that was running the background checks was not doing it right and now they are with another company.</p> <p>During a telephone interview on 03/08/2023 at 11:40 P.M., the human resource coordinator said he/she was only responsible for doing EDL checks starting December 28th or 29th, 2022 while the human resources director was on leave. The human resources coordinator said the human resource director just recently told him/her the former company that was running the EDL checks was not doing them right and they have switched to another company.</p>	A4714		
A4799	19 CSR 30-86.047(47)(B) Physicians Orders Requirements	A4799		

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A4799	<p>Continued From page 2</p> <p>Medication Orders. (B) Physician ' s written and signed orders shall include: name of medication, dosage, frequency and route of administration and the orders shall be renewed at least every three (3) months. Computer generated signatures may be used if safeguards are in place to prevent their misuse. Computer identification codes shall be accessible to and used by only the individuals whose signatures they represent. Orders that include optional doses or include pro re nata (PRN) administration frequencies shall specify a maximum frequency and the reason for administration. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on interview and record review, facility staff failed to ensure physician's orders were signed by a physician for three of five sampled residents (Residents #1, #2 and #3). The census was 47.</p> <p>1. Review of the facility's policy, physicians orders, undated, showed residents' physician orders will be reviewed in a timely manner by using quality assurance checks by an executive director or a licensed nurse (LN).</p> <p>2. Review of Resident #1's medical record showed an admission date of 05/09/2019. Additional review showed the resident's medical record did not contain signed physician's orders.</p> <p>Review of Resident #2's medical record showed an admission date of 03/24/2022. Additional review showed the resident's medical record did not contain signed physician's orders.</p>	A4799		

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A4799	<p>Continued From page 3</p> <p>Review of Resident #3's medical record showed an admission date of 07/20/2022. Additional review showed the resident's medical record did not contain signed physician's orders.</p> <p>During a telephone interview on 03/03/2023 at 1:44 P.M., the administrator said the nurses and supervisors are responsible for physician's orders being signed.</p> <p>During a telephone interview on 03/09/2023 at 11:59 A.M., the memory care supervisor said medical records staff used to be responsible for the physician's order sheets being signed. The memory care supervisor said in early December 2022, they switched over to the Electronic Medication Administration Record (E-MAR) and the signed physician order sheets may not have been scanned and uploaded. The memory care supervisor said that may be why they are not in the resident's paper chart or electronic chart.</p> <p>During a telephone interview on 03/09/2023 at 1:47 P.M., the director of health services said medical records staff used to be responsible for the physician order sheet but there is a new person in medical records. The director of health services said the signed orders would be in the resident's hard medical chart until they are scanned.</p>	A4799		
A4827	<p>19 CSR 30-86.047(54) Drug Regimen Review</p> <p>A physician, pharmacist or registered nurse shall review the medication regimen of each resident. This shall be done at least every other month. The review shall be performed in the facility and shall include, but shall not be limited to, indication</p>	A4827		

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A4827	<p>Continued From page 4</p> <p>for use, dose, possible medication interactions and medication/food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident ' s physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident ' s physician and significant concerns continue regarding a resident ' s or residents ' medication order(s), the administrator shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on record review and interview, the facility staff failed to ensure a pharmacist, physician or a registered nurse completed a review of resident's medication regimen for three of five sampled residents (Residents #1, #2, and #3). The census was 47.</p> <p>1. Review of the facility's policy on pharmacist services, dated May 2019, showed the pharmacy is to quarterly identify potential if there is a medication related problem which includes improper drug selection, failure to receive drugs, adverse drugs reactions, interaction of drugs, and overdoseage.</p> <p>2. Review of Resident #1's medical record showed an admission date of 05/09/2019. Further review showed the medical record did not contain documentation of pharmacy reviews since admission.</p> <p>Review of Resident #2's medical record showed</p>	A4827		

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A4827	<p>Continued From page 5</p> <p>an admission date of 03/24/2022. Further review showed the medical record did not contain documentation of pharmacy reviews since admission.</p> <p>Review of Resident #3's medical record showed an admission date of 07/20/2022. Further review showed the medical record did not contain documentation of pharmacy reviews since admission.</p> <p>During a telephone interview on 03/03/2023 at 1:44 P.M., the administrator said the pharmacy is responsible for pharmacy reviews quarterly.</p> <p>During a telephone interview on 03/09/2023 at 11:59 A.M., the memory care supervisor said the pharmacy automatically does the pharmacy review monthly. The memory care supervisor said the pharmacy review may not have been scanned and upload and that is maybe why it is not in the resident's paper chart or electronic chart. The memory care supervisor said in early December 2022, they switched over to the Electronic Medication Administration Record (E-MAR).</p> <p>During a telephone interview on 03/09/2023 at 1:47 P.M., the director of health services said the pharmacy does the pharmacy reviews and they have switched companies who does the pharmacy reviews. The director of health services said a resident would have a pharmacy review in the resident's hard medical chart if there was a change.</p>	A4827		
A6015	19 CSR 30-87.020(15) Walls/Ceilings/Doors/Windows Clean	A6015		

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A6015	<p>Continued From page 6</p> <p>Walls and ceilings, including doors, windows and skylights, shall be clean and maintained in good repair. III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation, interviews, and record review, the facility staff failed to maintain the kitchen environment in a clean and sanitary manner. This failure had the potential to affect all facility occupants. The census was 47.</p> <p>1. Review of the facility's Weekly Tasks policy, undated, showed the policy did not address cleaning of the ceiling, light fixtures, and sprinkler heads.</p> <p>Observation on 3/1/23 at 10:50 A.M., showed the ceiling, light fixtures, and sprinkler heads throughout the kitchen visibly dirty with dust. Further observation showed staff prepared residents' lunch under the dusty items.</p> <p>During an interview on 3/1/23 at 2:54 P.M., the dietary director (DD) and the dietary manager (DM) said dietary staff clean their work areas daily, but no one cleans the ceilings, light fixtures, or sprinkler heads. The DD and the DM said they did not know how to clean these areas.</p> <p>During an interview on 3/1/23 at 3:22 P.M., the administrator said the DD and the DM are responsible to ensure the kitchen is cleaned and maintained in a sanitary manner. She said dietary staff clean the kitchen daily, and it is expected the ceiling, light fixtures, and sprinkler heads would be included on the cleaning schedule.</p>	A6015		

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A7002 A7002	<p>Continued From page 7</p> <p>19 CSR 30-87.030(2) Wash Hands/Arms & Clean Fingernails</p> <p>Employees shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting work, during work as often as is necessary to keep them clean and after smoking, eating, drinking or using the toilet. Employees shall keep their fingernails clean and trimmed. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation, interviews, and record review, the facility staff failed to perform hand hygiene as often as necessary. This failure had the potential to affect all facility occupants. The census was 47.</p> <p>1. Review of the facility's Handwashing and Glove Usage policy, undated, showed:</p> <ul style="list-style-type: none"> - Before food preparation or handling, staff are to wash hands thoroughly; - Once hands are properly washed, gloves must be on prior to contact with food items; - If employee touches any other item, person, or themselves, they are to dispose of soiled gloves, wash hands, and put on fresh gloves. <p>Observation on 3/1/23 at 10:57 A.M., shows Cook F entered the kitchen and touched food items in the reach-in refrigerator. He/She walked in and out of the walk-in refrigerators, touched the door handles, and other food items. Cook F did not perform hand hygiene when he/she entered the kitchen.</p> <p>Observation on 3/1/23 at 11:04 A.M., showed</p>	A7002 A7002		

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A7002	<p>Continued From page 8</p> <p>Cook G poured French fries onto a baking sheet, discarded the bag into the trash can, and touched the trash can lid with the side of his/her hand. The cook continued to prepare the residents' lunch. Cook G did not perform hand hygiene after he/she touched the trash can lid.</p> <p>Observation on 3/1/23 at 11:12 A.M., showed Cook H took medication by mouth. Further observation showed Cook H did not perform hand hygiene after he/she took the medication and before he/she touched food related items.</p> <p>Observation on 3/1/23 at 11:15 A.M., showed Dietary I entered the kitchen and wore gloves on both hands. The cook touched the kitchen door, the refrigerator doors, and two pies for resident lunch service. Dietary I did not remove gloves and perform hand hygiene when he/she entered the kitchen and before he/she touched food and food related equipment.</p> <p>Observation on 3/1/23 at 11:20 A.M., showed Cook H wore gloves and prepared the residents' lunch meal. Further observation showed the cook touched a foot stool with his/her gloved hands and continued to prepare the residents' lunch meal. Cook H did not remove his/her gloves and perform hand hygiene before or after he/she touched the foot stool and before he/she touched the residents' food items.</p> <p>Observation on 3/1/23 at 11:26 A.M., showed Cook J touched the front of his/her face mask with his/her bare hand. The cook did not perform hand hygiene after he/she touched his/her face mask and before he/she touched clean dishes.</p> <p>Observation on 3/1/23 at 11:44 A.M., showed dietary aide (DA) K touched his/her face mask</p>	A7002		

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A7002	<p>Continued From page 9</p> <p>with his/her bare hand to the front of the face mask. The DA picked up a resident lunch plate, with his/her fingers on the food surface. DA K did not perform hand hygiene after he/she touched his/her face mask and before he/she touched food related items.</p> <p>Observation on 3/1/23 at 11:55 A.M., showed DA L touched his/her face mask with his/her bare hand to the front of the face mask. The DA touched an ice cream scoop, resident cups, and resident plates. DA L did not perform hand hygiene after he/she touched his/her face mask and before he/she touched food related items.</p> <p>During an interview on 3/1/23 at 2:54 P.M., the dietary director (DD) and the dietary manager (DM) said dietary staff should perform hand washing when they enter the kitchen, when they put on or take off gloves, when moving from a dirty to a clean task, after touching their face masks, and after taking medication. They said staff should remove gloves and perform hand washing after each task. They said the facility has a policy on hand washing and glove use, and all staff have been trained on the policy.</p> <p>During an interview on 3/1/23 at 3:22 P.M., the administrator said the DD and the DM are responsible to ensure the kitchen staff use gloves and perform hand washing according to policy. She said it is expected dietary staff perform hand washing when they enter the kitchen, when they put on or take off gloves, when moving from a dirty to a clean task, after touching their face masks, and after taking medication.</p>	A7002		
A7015	19 CSR 30-87.030(13) Food-Protected, Temp, Need to Contact DHSS	A7015		

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A7015	<p>Continued From page 10</p> <p>At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F) or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department). Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation, interviews, and record review, the facility staff failed to properly store open food to prevent cross contamination and outdated usage. This had the potential to affect all facility occupants. The census was 47.</p> <p>1. Review of the facility's Food Safety policy, undated, showed:</p> <ul style="list-style-type: none"> - Guarantee food is dated and labeled; indicate an expiration date for all items; - Food must be stored in airtight containers; - Employ safe food handling and infection control 	A7015		

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A7015	<p>Continued From page 11</p> <p>practices at all times to avoid cross-contamination.</p> <p>Observation on 3/1/23 at 1:34 P.M., of the pantry, showed:</p> <ul style="list-style-type: none"> - Three open bags of penne pasta undated; - One open bag of pasta undated; - Two open bags of macaroni undated; - One open bag of brown macaroni undated; - One open bag of brown penne pasta undated; - Two open bags of brown spaghetti undated; - One package of taco seasoning unprotected; - One package of oatmeal undated; - One package of pancake mix undated; - One package of tortillas undated; - One package of tortilla chips undated; - One open package buttermilk biscuit mix dated 5/17/21; - One unopened package buttermilk biscuit mix dated 5/17/22. Further observation showed an expiration date on the package 4/8/22. <p>During an interview on 3/1/23 at 2:54 P.M., the dietary director (DD) and the dietary manager (DM) said dietary staff label, date, and seal all food in the pantry. They said the facility has a supply specialist who checks the panty two times weekly. The DD and the DM said it is expected food would be discarded after the expiration date on the package. They said the facility has a policy on food storage and all staff have been trained on the policy.</p> <p>During an interview on 3/1/23 at 3:22 P.M., the administrator said the DD and the DM are responsible to ensure food items are stored according to policy. She said it is expected dietary staff label and date all food and discard outdated and expired food. The administrator said all food</p>	A7015		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03479N	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2023
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NAME OF PROVIDER OR SUPPLIER HEISINGER BLUFFS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MAIN STREET JEFFERSON CITY, MO 65109
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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)	(X5) COMPLETE DATE
A7015	Continued From page 12 items should be sealed to prevent contamination.	A7015		
A7042	<p>19 CSR 30-87.030(40) Ice Store/Dispense, No Contamination, Air Gap</p> <p>Ice shall be dispensed only with scoops, tongs or other ice-dispensing utensils or through automatic self-service, ice-dispensing equipment. Ice-dispensing utensils shall be stored on a clean surface or in the ice with the dispensing utensil ' s handle extended out of the ice. Between uses, ice transfer receptacles shall be stored in a way that protects them from contamination. Ice storage bins shall be drained through an air gap. III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation, interviews, and record review, the facility staff failed to ensure the ice bin drained through an air gap. This failure had the potential to affect all facility occupants. The census was 47.</p> <p>1. Review of the facility's policies showed the facility did not have a policy for the ice machine.</p> <p>Observation on 3/1/23 at 10:40 A.M., showed the ice machine, located in the kitchen, did not drain through an air gap, and the bottom ¼ inch of the drain pipe contained a black substance. Further observation showed staff used the ice machine for resident meal service.</p> <p>During an interview on 3/1/23 at 2:54 P.M., the dietary director (DD) and the dietary manager (DM) said an outside company inspected the ice machine last week, and they did not mention the air gap. They said the ice machine is used for the</p>	A7042		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03479N	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2023
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NAME OF PROVIDER OR SUPPLIER HEISINGER BLUFFS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MAIN STREET JEFFERSON CITY, MO 65109
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A7042	Continued From page 13 residents' meals, and it should drain through an air gap. The DD and DM said the facility did not have a policy for the ice machine. During an interview on 3/1/23 at 3:22 P.M., the administrator said the DD and the DM are responsible to ensure the ice machine is inspected and maintained according to code. She said the ice machine is used for the residents, but she was not aware it should drain through an air gap. The administrator said the facility did not have a policy for the ice machine.	A7042		
A8004	19 CSR 30-88.010(4) Resident Rights-Admission/Annual Review Each resident admitted to the facility, or his or her next of kin, legally authorized representative or designee, shall be fully informed of the individual's rights and responsibilities as a resident. These rights shall be reviewed annually with each resident, and/or his or her next of kin, legally authorized representative or designee, either in a group session or individually. II/III This regulation is not met as evidenced by: Class III Based on record reviews and interviews, the facility staff failed to ensure resident rights were reviewed upon admission and at least annually for three of five sampled residents (Resident #1, #2 and #3). The facility census was 47. 1. Review of Resident #1's medical record showed an admission date of 05/09/2019. Further review showed the record did not contain an annual signed resident rights form for 2020, 2021, and 2022.	A8004		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03479N	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2023
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NAME OF PROVIDER OR SUPPLIER HEISINGER BLUFFS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MAIN STREET JEFFERSON CITY, MO 65109
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A8004	<p>Continued From page 14</p> <p>Review of Resident #2's medical record showed an admission date of 03/24/2022. Further review showed the record did not contain a signed resident rights form upon admission..</p> <p>Review of Resident #3's medical record showed an admission date of 07/20/2022. Further review showed the resident's medical record did not contain a signed resident rights form upon admission..</p> <p>During a telephone interview on 03/03/2023 at 1:44 P.M., the administrator said resident rights are signed at admission and residents' rights are reviewed in town hall meetings monthly.</p>	A8004		

PLAN OF CORRECTION
Heisinger Bluffs Senior Living

Provider/Supplier Name:	Heisinger Bluffs Senior Living	
Street Address, City, Zip:	1024 W. Main St. Jefferson City, MO 65109	
Date of Survey:	March 3, 2023	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4714	<ul style="list-style-type: none"> • Administrator to provide education on the policy and procedures to Human Resources Director and Coordinator on background requirements prior to hire. Exhibit A • Signed contract with a new company that will run all Missouri required backgrounds including the County Criminal, SAM search, Sex Offender search OIG Exclusion list, S.trace, FCSR, and CNA registry prior to hire. Company will also check EDL periodically. • Current staff have been checked against the EDL list Exhibit B • Administrator will review all new hires for the next 2 scheduled orientations to ensure background completion and 1 new hire per orientation thereafter. Exhibit C 	04/16/23
A4799	<ul style="list-style-type: none"> • Physician orders have been sent for signature and/or physician has been contacted for all residents including residents #1, #2 and #3. Exhibit D • Medical records will send physician orders every 3 months and signed received orders signatures will be tracked. Exhibit D • Signed physician orders will be uploaded into resident's medical record and/or kept in hard chart. 	03/24/23
A4827	<ul style="list-style-type: none"> • Pharmacy will review medications for all residents at least every other month and make appropriate recommendations. • Nurse Manager will send recommendations to physician for review. • If physician has not responded within 30 days, nurse manager will resend recommendations if medication concerns persist 	03/03/23
A6015	<ul style="list-style-type: none"> • The ceiling tiles replaced with easy cleanable tiles Exhibit E • The cleaning of the ceiling tiles and light fixtures are to be added to the weekly/monthly cleaning list. Exhibit F • Ceiling tiles will be deep cleaned twice yearly at the time 	04/16/23

