STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265254	A. BUILDING _____ B. WING _____	C 03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART OF THE OZARKS HEALTHCARE CENTER	2004 CRESTVIEW STREET AVA, MO 65608

(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) COMPLETION DATE
F 728 SS=E	Facility Hiring and Use of Nurse Aide CFR(s): 483.35(d)(1)-(3) §483.35(d) Requirement for facility hiring and use of nurse aides- §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (i) That individual is competent to provide nursing and nursing related services; and (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or (B) That individual has been deemed or determined competent as provided in §483.150(a) and (b). §483.35(d)(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1)(i) and (ii) of this section. §483.35(d)(3) Minimum Competency A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual- (i) Is a full-time employee in a State-approved training and competency evaluation program; (ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or (iii) Has been deemed or determined competent as provided in §483.150(a) and (b). This REQUIREMENT is not met as evidenced	F 728		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maudie Mullinax — TITLE: Administrator — (X6) DATE: 4-4-25

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.

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F 728	Continued From page 1 by: Based on interview and record review, the facility failed to have a system in placed to ensure nurse aides (NA) completed their training, competencies, and testing in a timely manner when two NA's failed to complete a state approved certified nursing assistant (CNA) training program, competency evaluation, and certification test within four months of hire and continued to work providing direct care to residents. The facility's census was 71. Review of the facility policy titled "Nurse Aide Qualifications and Training Requirements, dated 08/2022, showed the following: -Nurse aide is any individual providing nursing or nursing related services to residents in a facility; -Facility will only employ those nurse aides who meet the requirements set forth in the federal and state statutes concerning the staffing of long-term care facilities; -The facility will not employ any individual as a nurse aide for more than four months full-time, temporary, per diem or otherwise, unless that individual is competent to provide designated nursing care and nursing related services, and that individual has completed a training program and competency evaluation program, or a competency evaluation program approved by the state; -Nursing assistants failing to successfully complete the required training program within the first four months of their hire date of employment, may be terminated from employment or may be reassigned to non-nursing related services. 1. Review of the facility's list of NA's for February 2025 and March 2025, as of 03/25/25, showed	F 728		

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HEART OF THE OZARKS HEALTHCARE CENTER	2004 CRESTVIEW STREET AVA, MO 65608

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F 728	Continued From page 2 the following: -NA A was hired as a NA on 08/28/24 and left on 02/16/25; -NA B was hired as a NA on 09/09/24 and still employed as an NA. During an interview on 03/25/25, at 9:45 A.M., CNA C said the following: -He/she does work with nurse's aides; -The facility has classes on Thursdays and Fridays; -The nurse's aides don't work the days they have classes but other days they do their on the job training and take turns on both halls; -He/she isn't sure how long the aide has after hire to complete the nurse aide training and test. During an interview on 03/25/25, at 11:31 A.M., Licensed Practical Nurse (LPN) C, said the following: -Nurse's aides do work at the facility. He/she believes they begin CNA classes around two weeks after they begin working at the facility; -He/she doesn't know how long a NA has to complete the training and take the test; -The Director of Nursing (DON) and Assistant Director of Nursing (ADON) are in charge of making sure the NA's complete the training. During an interview on 03/25/25, at 4:18 P.M., the CNA Nursing Instructor said the following: -He/she was recently hired and held his/her first class last week; -The facility was sending him/her staff that's been working their the longest;	F 728		

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	265254	A. BUILDING _____ B. WING _____	C 03/25/2025

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F 728	Continued From page 3 -NA B is in class; -He/she was teaching four days per week. Two of those days were at this facility; -The classes are 12 weeks long and they will be doing all of the skills and training in class; -They will be doing on the job training that's signed off by the clinical supervisors; -The facility is only able to send a couple at a time due to some NA's needing to work the floor; -The NA's have 120 days to complete the classes, on the job training, and the testing. During an interview on 03/25/25, at 11:50 A.M., the ADON said the following: -When they hire an NA, they're not sent to class right away. They ensure the aides will be a good fit; -They send the NA's to classes about a month to 45 days after being hired; -The prior instructor quit some time ago and they hired a new one. He/she quite before starting. They just hired another one a couple of weeks ago; -NA's are normally in classes about 4 to 6 weeks and after a couple of weeks, they test; -NA A was hired on 08/28/24 as a NA and never did began classes before he/she left; -NA B was hired on 09/09/24, as a NA, and currently works the floor as an NA. NA B just started classes; -He/she didn't know how long a NA could the work the floor before becoming certified; -He/she didn't know if a NA can work the floor over 120 days after being hired as an NA. During an interview on 03/25/25, at 11:35 A.M., the Director of Nursing (DON) said the following:	F 728		

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F 728	Continued From page 4 -The DON, ADON, and Administrator are in charge of referring NA's to the training program; -He/she usually waits about 30 days to see if the NA is going to work out as a trial period; -Classes are held at the facility on Thursday and Fridays; -The facility didn't have a CNA instructor as he/she left some time ago and they recently hired a new one; -Once the NA is referred to the class, the CNA instructor takes over in making sure the NA goes through the class within 120 days; -NA A was hired on 08/28/24 as an NA. His/her last day was 02/16/25. He/she worked the floor the entire time he/she was employed. NA A never was enrolled in CNA classes; -NA B was hired on 09/09/24 as a NA, and continues to work the floor as a NA. NA B just started classes; -He/she knew the aides are not supposed to work the floor if they're not certified within the 120 days. During an interview on 03/25/25, at 11:40 A.M., the Administrator said the following: -Once an NA is hired, they go through orientation, then on the job training; -The DON and ADON determine who will be sent to class; -They had one instructor that left, some time ago, and they hired a new instructor this month; -The classes are held in the facility on Thursday and Fridays; -NA's have 120 days from hire to complete the CNA classes and testing; -The Administrator, DON, and ADON are responsible for ensuring the aides complete the test before the 120 days;	F 728		

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HEART OF THE OZARKS HEALTHCARE CENTER	**2004 CRESTVIEW STREET AVA, MO 65608**

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F 728	Continued From page 5 -NA A was hired on 08/28/24 and worked the floor the entire time. He/she was never was enrolled in CNA classes; -NA B was hired on 09/09/24 as a NA. He/she works the floor as an NA and started classes last week. NA B should not be working the floor as a NA since he/she has been at the facility; over 120 days and was not certified. MO00250344	F 728		

Missouri Department of Health and Senior Services

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	01290	A. BUILDING: _____ B. WING _____	C 03/25/2025

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A4023	19 CSR 30-85.042(21)(A) NA Training Complete In 4 mos All nursing assistants shall successfully complete the entire basic course (including passing the final examination) of the nursing assistant training program and be certified within four (4) months of employment. II/III This regulation is not met as evidenced by: Class II* 1. Please refer to F728. *The higher classification merited due to the extent of the violation. MO00250344	A4023		

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

Claudee Mallieux

TITLE: Administrator

(X6) DATE: 4-4-25

PLAN OF CORRECTION

Provider/Supplier Name:	Heart of the Ozarks Healthcare Center
Street Address, City, Zip:	2004 Crestview Street, Ava MO 65608
Date of Survey:	3/25/25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265254

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is submitted as required under the State Law. This submission if this plan does not constitute an admission on the part of Heart of the Ozarks Healthcare Center as to the accuracy of the surveyors finding or the conclusion drawn there from. The plan of correction does not constitute as admission on the part of the facility that the findings cited are accurate, that the scope and severity regarding any of the deficiencies cited are correctly applied. The facility submits this plan of correction with the intention that is be inadmissible by any third party in civil action or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility. Any changes to the facility policies and procedures should be considered to be subsequent remedial measures as that employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis. Please accept this plan of correction with completion dates as our written credible allegation of compliance.	
F728	**Facility Hiring and use of Nurse Aide** **CFR(s): 483.35(d) (1)-(3)** The facility failed to have a system in place to ensure nurse aides completed their training, competencies, and testing in a timely manner when two nurse aides failed to complete a state approved certified nursing assistant training program, competency evaluation, and certification test within four months of hire and continued to work providing direct care to residents. NA A was terminated on 2/16/2025. NA B changed to Hospitality Aide effective 4/1/2025. NA B is currently enrolled in a certified nursing assistant training program. The DON/or designee will monitor hire dates for Nurse Aides to ensure they do not go over 4 months prior to their completion of	5/9/2025

	training. For Quality Assurance: This process will be reviewed monthly at the QAPI meeting x 3 months then randomly thereafter until the committee deems it no longer necessary. Non-compliance issues will be addressed monthly at the QAPI with the administrator. Areas of concern will be addressed at the time of discovery for further interventions. The Administrator and Director of Nursing will be responsible for compliance.	

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.