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
	15650D	A. BUILDING: _____ B. WING _____	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEBANON SOUTH NURSING & REHAB	514 WEST FREMONT LEBANON, MO 65536

(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
A4224	19 CSR 30-86.042(18) TB Screen Resident/Staff The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. || This regulation is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure the required two step tuberculosis (TB - a potentially serious airborne bacterial infection affecting the lungs that spreads through the air when a person with TB coughs, sneezes, or talks) screening test was completed as required for all staff when two of three sampled staff (Housekeeping A and Level One Medication Aide (LIMA) B) did not have the first step completed prior to beginning employment. The facility census was 19. Review of 19 CSR 20-20.100 , Tuberculosis Testing for Residents and Staff Members in Long-term Care Facilities, showed the following: -Long-term care facilities shall screen their staff for tuberculosis using the Mantoux method purified protein derivative (PPD - a skin test to determine if a person has tuberculosis) two-step tuberculin test within one month prior to starting employment; -If the initial test is negative, zero to nine millimeters (mm), the second test should be given as soon as possible within three weeks, after employment begins,unless documentation is provided indicating a Mantoux PPD test in the past and at least one subsequent annual test within the past two years; -Each facility shall be responsible for ensuring that all test results are completed and that documentation is maintained for employees and volunteers. -Review of the facility policy, titled "Tuberculosis	A4224		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15650D	A. BUILDING: _____ B. WING _____	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEBANON SOUTH NURSING & REHAB	514 WEST FREMONT LEBANON, MO 65536

(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
A4224	Continued From page 1 Control", undated, showed the following: -Provide a tuberculin skin test to all employees during pre-employment procedures, unless a previous reaction less than 10 mm is documented; -If the initial skin test result is 0-9 mm, a second test should be given at least one week and no more than three weeks after the first test; -The results of the second test should be used as the baseline in determining treatment and follow up of these employees; -It is generally recommended that employees be skin tested on an annual basis as a means of surveillance within a facility. 1. Review of Housekeeping A's personnel file showed the following: -Hire date of 10/02/24 with a start date of 10/03/24; -On 12/17/24, the first TB test was administered and read on 12/19/24 with negative results (over two months after employee start date); -On 12/31/24, the second TB test was administered and read on 01/02/25 with negative results. 2. Review of LIMA B's employee file showed the following: -Hire date of 07/18/24 with a start date of 07/19/24; -On 07/30/24, the first TB test was administered and read on 08/02/24 with negative results (14 days after employee start date); -On 08/16/24, the second TB test was administered and read on 08/18/24 with negative results. 3. During an interview on 04/22/25, at 2:15 P.M., the Administrator said the following: -A nurse on the skilled side of the building was	A4224		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15650D	A. BUILDING: _____ B. WING _____	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEBANON SOUTH NURSING & REHAB	514 WEST FREMONT LEBANON, MO 65536

(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
A4224	Continued From page 2 responsible for employee and resident TB testing; -The nurse knows that the first TB test needs to be read before employee start date; -He/She does not know why Housekeeping A and LIMA B's TB tests were late.	A4224		

PLAN OF CORRECTION

Provider/Supplier Name:	Lebanon South Nursing and Rehab
Street Address, City, Zip:	514 W. Fremont Lebanon,, Mo. 65536
Date of Survey:	4/22/25

	This plan of correction is submitted as required under State and Federal law. The submission of this does not constitute an admission on the part of Lebanon South Nursing & Rehab as to the accuracy of the surveyor's findings or the conclusion drawn there from. The plan of correction does not constitute an admission on the part of the facility that the findings or that the scope and severity regarding any of the deficiencies cited are correctly applied. This plan of correction should be considered as the facility's letter of credible allegation. Compliance and corrections were or will be considered completed on 0.5/16/25.	Completed on 5/15625 and ongoing.
.A-4224	The Facility will continue to ensure 2-step TB screenings are completed according to regulations. 1. All newly hired staff members will have 2-step TB test screening administered per regulations. 1st-step will be administered on date of hire and results read before having direct contact with residents. 2nd step will be administered 2 to 3 weeks after 1st step administered and results read 48 to 72 hours after receiving test. 2. The Administrator in-serviced the DON from skilled side to ensure newly hired employees for the Assisted living facility receives the TB Screening 1st step prior to working with residents on or before 5/16/25. 3. The Administrator/Designee audited all employees to ensure TB Screenings were completed. 4. The Administrator/Designee will review all new hire paperwork prior to employee having direct contact with residents to ensure TB 1st step was administered and read prior to starting work. 5. The Administrator/Designee will review all newly hired employees paperwork every 2 weeks times 4 weeks then monthly to ensure TB screenings are completed according to regulations.	Completed on 5/16/25 and ongoing.