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
	20525D	A. BUILDING: _____ B. WING _____	C 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHRIDGE PLACE ASSISTED LIVING	1500 LYNN STREET 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
A4714	19 CSR 30-86.047(13)(B) EDL Inquiry 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 This regulation is not met as evidenced by: Class II* Based on record review and interview, the facility staff failed document completed employee disqualification list (EDL - a state list of individual unable to work in a long-term care facility) checks prior to resident contact for for three employees (Level One Medication Aide (LIMA) A, LIMA B, and LIMA D) out of four sampled employees. The facility census was 27. Review showed the facility did not provide a policy regarding complete of EDL checks. 1. Review of current employee LIMA A's personnel record showed the following: -Hire and start date of 01/07/26; -Staff did not document an EDL check completed prior to the LIMA's hire/start date; -The file contained an EDL check completed on 02/09/26.	A4714		

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Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A4714	Continued From page 1 2. Review of current employee LIMA B's personnel record showed the following: -Hire and start date of 09/11/25; -Staff did not document an EDL check completed prior to the LIMA's hire/start date; -The file contained an EDL check completed on 02/09/26. 3. Review of current employee LIMA D's personnel record showed the following: -Hire and start date of 12/08/25; -Staff did not document an EDL check completed prior to the LIMA's hire/start date; -The file contained an EDL check completed on 02/09/26. 4. During an interview on 02/09/26, at 3:40 P.M., the Administrator said the following: -He/She was an interim administrator and had been at the facility about a week; -He/She was an employee of the company and knows that Administrators are responsible for personnel records; -EDL inquiries should be completed before an employee is hired; -He/She thought the previous Administrator completed the EDL inquiries, but he/she could not find documentation. *The higher classification merited due to the extent of the violation and when effect combined with other deficiencies.	A4714		
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	A4724		

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A4724	Continued From page 2 facilities by 19 CSR 20-20.100. II This regulation is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure the first step of the required two step tuberculosis (TB - a communicable disease that affects the lungs characterized by fever, cough, and difficulty in breathing) screening test was administered in a timely manner for two staff members (Level One Medication Aide (LIMA) B and LIMA C) of four sampled staff members. The facility census was 27. General requirements for Tuberculosis Testing for Employees in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows: -Long-term care facilities shall screen their employees for tuberculosis using the Mantoux method purified protein derivative (PPD - a skin test to determine if you have tuberculosis) two-step tuberculin test within one month prior to starting employment; -If the initial test is negative, 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; -It is the responsibility of the facility to maintain documentation of each employee's tuberculin status; Review showed the facility did not provide a policy related to TB testing of employees. 1. Review of LIMA B's personnel file showed the following: -Hire and start date of 09/11/25; -On 01/20/26, staff documented the first step of the two-part TB screening test was administered	A4724		

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A4724	Continued From page 3 with a negative result noted on 01/22/26 (over four months after hire/start date); -Staff failed to document the second TB step was administered. 2. Review of LIMA C's personnel file showed the following: -Hire date and start date pf 11/17/25; -On 01/20/26, staff documented the first step of the two-part TB screening test was administered with a negative result noted on 01/22/26 (two months after hire/start date); -Staff failed to document the second TB step was administered. 4. During an interview on 02/09/26, at 3:40 P.M., the Director of Nursing (DON) said the following: -He/She was responsible for employee TB testing; -He/She was aware of TB requirements and tested both LIMA B and LIMA C for TB when they were hired; -The recent TB tests were screenings, as he/she screens all employees in January of every year; -He/She provided the TB documentation to the prior Administrator, but now cannot find the documentation.	A4724		

PLAN OF CORRECTION

Provider/Supplier Name:	Northridge Place Assisted Living
Street Address, City, Zip:	1500 Lynn St., Lebanon, MO 65536
Date of Survey:	2/9/2026

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
	The filling of this plan of correction does not constitute any admission by the facility regarding the alleged violation stated in the summary Statement of Deficiencies date 2/19/2026 by the Missouri Department of Health and Senior Services. This/ plan of correction is filed as evidence of our continuing commitment to provide care in compliance with applicable law.	
A4714	Administrator and/or designee will verify that any individual is not listed on the Employee Disqualification List/Abuse Registry prior to being hired for any type of position at the facility. This verification will be printed and placed in the employee's file.	Ongoing
	An audit was completed of all current employee files to ensure the EDL is documented. Any that weren't documented were checked immediately to verify that they were not on the Employee Disqualification List/Abuse Registry.	2/9/2026
	Administrator and/or designee will review the list of quarterly additions to the Employee Disqualification List to verify that none of our current employees have been added to this list after being hired. After reviewing, this document will be signed and placed in file/binder.	Ongoing
A4724	Both L1MA B and L1MA C will have the complete 2 Step TB test administered per regulations, properly document the results and file in the proper location. Administrator and/or designee to review all employee files and resident charts to ensure TB screenings are up to date and complete.	4/1/2026
	Administrator and/or designee will ensure ongoing TB screenings are completed in accordance with both state regulation and company policy for all future hires	Ongoing
	Jeffrey Watters LNHA	3/3/2026

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.