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 |
|---|---|---|---|
| | 17571C | A. BUILDING: _____ B. WING _____ | C 03/20/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SENECA HOME PLACE | 2400 SOUTH CHEROKEE AVENUE SENECA, MO 64865 |

| (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 |
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| A4314 | 19 CSR 30-86.043(12)(B) EDL Inquiry<br><br>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 for an employment agency, the employment agency shall, prior to sending a temporary employee to a facility:<br>(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<br><br>This regulation is not met as evidenced by:<br>Class II*<br><br>Based on record review and interview, the facility staff failed to document an inquiry made as to whether staff is listed on the employee disqualification list (EDL - a list of individual unable to work in long-term care facilities) for two of four sampled new employees (Manager A and Level One Medication Aide (LIMA) C). The facility census was 16.<br><br>Review of the facility's policy titled "Employee Disqualification List," showed the following:<br><br>-All new hires to long-term care are checked against the EDL that is maintained with the Department of Health and Senior Services (DHSS) in Jefferson City;<br>-Anyone appearing on this list is ineligible to work in a long-term care setting;<br>-Manual checks are made quarterly by the Administrator, utilizing updates provided by the | A4314 | | |

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Chad Brown TITLE Administrator (X6) DATE 4/24/2

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| A4314 | Continued From page 1<br>DHSS.<br><br>1. Review of current employee Manager A's personnel record showed the following:<br><br>-Hire and start date of 01/09/23;<br>-The record did not contain documentation of an EDL inquiry.<br><br>2. Review of current employee LIMA C's personnel record showed the following:<br><br>-Hire date and start date of 01/27/24;<br>-The record did not contain documentation of an EDL inquiry.<br><br>3. During an interview on 03/20/24, at 2:51 P.M., the Administrator said the following:<br><br>-He/She was not aware the EDL's were not in the personnel files;<br>-It is his/her or the Manager's responsibility to complete EDL's on new employees.<br><br>*The higher classification merited due to the extent of the violation. | A4314 | | |
| A4320 | 19 CSR 30-86.043(17) Employee Health<br><br>The administrator shall be responsible for monitoring the health of the employees. II/III<br><br>This regulation is not met as evidenced by: Class II*<br><br>Based on interview and record review, the facility failed to monitor the health of the employees when the facility did not complete the required two-step tuberculosis (TB - a communicable | A4320 | | |

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| A4320 | Continued From page 2<br>disease that affects the lungs characterized by fever, cough, and difficulty in breathing) screening test upon hire for two of four sampled employees (Manager A and Level One Medication Aide (LIMA) B). The facility census was 16.<br><br>General requirements for Tuberculosis testing for employees in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows:<br><br>-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;<br>-It is the responsibility of the facility to maintain documentation of each employee's tuberculin status;<br>-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.<br><br>Review showed the facility did not provide a policy relating to employee TB testing.<br><br>1. Review of Manager A's personnel file showed the following:<br><br>-A hire date and start date of 01/09/23;<br>-The first step TB test was administered on 02/07/23 and read negative results on 02/09/23 (a month after start date);<br>-The second step TB test was administered on 02/24/23 and read negative results on 02/27/23.<br><br>2. Review of LIMA B's personnel file showed the | A4320 | | |

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| A4320 | Continued From page 3<br>following:<br><br>-A hire and start date of 09/09/23;<br>-The first step TB test was administered on 11/06/23 and read negative results on 11/09/23 (two months after start date);<br>-The second step TB test was administered on 11/14/23 and read negative results on 11/17/23.<br><br>3. During an interview on 03/20/24, at 2:51 P.M., the Administrator said the following:<br><br>-He/She did not know the TB tests for Manager A and LIMA B were late;<br>-He/She and the Licensed Practical Nurse are responsible for employee testing.<br><br>*The higher classification merited due to the extent of the violation. | A4320 | | |
| A6013 | 19 CSR 30-87.020(13) Carpeting<br><br>Carpeting, if used as a floor covering, shall be of closely woven construction, properly installed, easily cleanable and maintained in good repair. Carpeting is prohibited in food-preparation, equipment-washing and utensil-washing areas where it would be exposed to large amounts of grease and water, in food-storage areas and toilet room areas where urinals or toilet fixtures are located. III<br><br>This regulation is not met as evidenced by:<br>Based on observation, record review, and interview the facility failed ensure carpet was maintained clean and in good repair when multiple stains were present on carpet in resident use areas. The facility census was 16. | A6013 | | |

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| A6013 | Continued From page 4<br>Review showed the facility did not provide a policy regarding the upkeep of the carpet.<br><br>1. Observation on 03/20/24, at 9:39 A.M., of the dining area showed 17 black stains of varying sizes.<br><br>Observation on 03/20/24, at 9:45 A.M., of the hall leading to the resident rooms showed 15 black stains of varying sizes with black streaks down the hallway.<br><br>Observation on 03/20/24, at 9:55 A.M., of the resident activity area showed 14 black stains of varying sizes.<br><br>During an interview on 03/20/24, at 2:51 P.M. the Administrator said the following:<br><br>-He/She is aware the carpet is dirty in areas;<br>-Housekeeping staff would be responsible for shampooing the carpet;<br>-He/She does not know when the carpet was shampooed last;<br>-He/She has not seen a housekeeping task list. | A6013 | | |

# PLAN OF CORRECTION

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| **Provider/Supplier Name:** | Seneca Home Place |
| **Street Address, City, Zip:** | 2400 South Cherokee Seneca Mo 64865 |
| **Date of Survey:** | 3/20/2024 |

| PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | |
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| | The plan of correction is submitted as required under state law. The submission of the POC does not constitute an admission on the part of Seneca Home Place to the findings nor conclusion drawn there from. The facility's submission of the POC does not constitute an admission on the part of the facility that the findings constitute a deficiency. | |
| | | |
| A4314 | The facility does conduct checks of the EDL prior to employees having contact with the residents. | |
| | All current employees have an EDL completed. | |
| | All new hires will have EDL completed prior to beginning work. | |
| | The manager will be responsible for checking the EDLs on all new employees prior to beginning work. | 5/03/2024 |
| | The administrator will conduct audits on all new hires monthly X6 months, then quarterly X1 year to verify EDL was completed. | |
| | An EDL has been completed for LIMA C. | |
| | Manager A is no longer employed at the facility as of 2/20/2023 but an EDL has been completed. | |
| | | |
| | The facility does complete employee TB testing as required. | |
| | All new hires will receive the 1st step TB test and have a negative result prior to beginning work and receive the 2nd step TB test within 3 weeks after the 1st step. | |
| A4320 | The manager will be responsible for verifying that all new hires have completed the 1st step TB test including a negative result prior to allowing employee to begin work. | 5/03/2024 |
| | The manager will be responsible for auditing all new employees health files for completion of 2-step TB testing monthly X6 months, then quarterly X1 year. | |
| | Manager A's employment terminated on 2/20/2023. | |
| | LIMA B has had 2-step TB test completed. | |
| | All residents could be at risk if TB testing not completed upon hire. | |
| | | |
| A6013 | The facility does ensure that the carpet is clean. | |
| | Manager will be responsible to assure that carpet is maintained and free of multiple stains in resident use areas. | |

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| | Housekeeping will be educated on cleaning stains in the carpet. | |
| | Housekeeping will be educated to assess carpet in resident use areas during vacuuming and clean any stains present at that time. | 5/03/2024 |
| | Administrator will do weekly audits X4, then monthly audits X6 to assess for any stains in resident use areas. | |
| | Carpets have been cleaned. | |
| | All residents could be at risk if carpet is not maintained. | |
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**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.**