STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265393	A. BUILDING _____ B. WING _____	03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE HILLS LIVING CENTER	996 STATE HIGHWAY 248 BRANSON, MO 65616

(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 607 SS=E	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement their policies to prevent possible abuse, neglect, or misappropriation of residents when the facility failed to document an employment disqualification list (EDL - a list mandated by the state listing individuals who	F 607		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE E.D. | (X6) DATE 4/19/2024

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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	265393	A. BUILDING _____ B. WING _____	03/25/2024

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SHEPHERD OF THE HILLS LIVING CENTER	996 STATE HIGHWAY 248 BRANSON, MO 65616

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F 607	Continued From page 1	F 607		

cannot work in long-term care) inquiry upon hire for two staff (Dietary Aide (DA) A and Licensed Practical Nurse (LPN) B) and failed to document a check of the Certified Nurse Aide (CNA) registry (registry which shows if someone has a Federal Indicator (indicates individuals who had a previous incident involving abuse, neglect, or misappropriation of property that would prevent the employee from working in a certified long-term care facility)) for three staff (DA A, DA C and LPN B) out of a sample of 10 staff. The facility census was 71 .

Review of the facility's policy, "How to Hire an Employee Overview," undated, showed the following:

-Have the applicant complete and sign an application packet;
-After the interview and if hiring, ask for copies of their identification including, social security card to verify name and social security number for the background checks and their professional license and/or certification to verify;
-Check the EDL and CNA Registry for all employees. Print a hard copy for their files.
-The above pre-employment background checks need to be ran prior to the employees start (hire) date and a hard copy of the results put in the employee personnel file.

1. Review of DA A's personnel record showed the following:

-Hire date of 01/29/24;
-An EDL check, dated 03/18/24 (seven weeks after the DA's hire date);
-The file did not contain a CNA registry check upon hire and prior to contact with residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265393	A. BUILDING _____ B. WING _____	03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD OF THE HILLS LIVING CENTER	**996 STATE HIGHWAY 248 BRANSON, MO 65616**

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F 607	Continued From page 2 2. Review of LPN B's personnel record showed the following: -Hire date of 05/26/23; -An EDL check, dated 03/18/24 (over nine months after the LPN's start date); -The file did not contain a CNA registry check upon hire and prior to contact with residents. 3. Review of DA C's personnel record showed the following: -Hire date of 10/23/23; -The file did not contain a CNA registry check upon hire and prior to contact with residents. 4. During an interview on 03/25/24, at 1:08 P.M., the Assistant Director of Nursing (ADON) said the following: -He/she is in charge of completing background checks, CNA registry checks, and EDL checks for the staff upon hire; -He/she was not sure why DA A did not have an EDL completed upon hire; -He/she does not check the CNA registry for dietary or housekeeping staff . He/she thought it was only checked for CNAs. 5. During an interview on 03/25/24, at 3:33 P.M., the Administrator said the following: -He/she would expect that the EDL and CNA registry checks be completed upon hire as per policy; -He/she is not sure why the checks were not completed.	F 607		

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
	06810	A. BUILDING: _____ B. WING _____	03/25/2024

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A8023	19 CSR 30-88.010(23) Develop/Implement A/N Policies The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of any resident and misappropriation of resident property and funds, and develop and implement policies that require a report to be made to the department for any resident or to both the department and the Department of Mental Health for any vulnerable person whom the administrator or employee has reasonable cause to believe has been abused or neglected. II/III This regulation is not met as evidenced by: Class II* 1. Please refer to F607. *The higher classification merited due to the extent of the violation.	A8023		

PLAN OF CORRECTION

Provider/Supplier Name:	Shepherd of the Hills Living Center
Street Address, City, Zip:	996 State Highway 248 Branson, Mo. 65616
Date of Survey:	3/25/24

F-607	The Facility will continue to ensure all new hires have an employment disqualification list (EDL) and a C.N.A. registry checked and documented in employee personnel file prior to working in the facility. 1. Staff members D.A. A, D.A. C, and LPN B have all had the EDL and C.N.A. registry completed and documented in the personnel record. 2. Human Resources will audit all personnel files to ensure there is a hard copy of EDL and C.N.A registry completed and in the files. 3. The Administrator/Designee will in-service the Human Resources staff member on ensuring EDL's and C.N.A. registry is completed for all new hires prior to employee starting work. 4. The Human Resource Director will keep a new hire log with all new hires to ensure all background checks are completed prior to employee working in the facility. 5. The Administrator will review the new hire log on a weekly basis to ensure background checks are completed prior to employee working in the facility. All findings will be discussed during monthly QAPI meeting.	Completed on 5/6/24 and ongoing.
A-8023	Refer to F-607	Completed on 5/6/24 and ongoing.