

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23732D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/30/2024
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NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT NEVADA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 640 EAST HIGHLAND NEVADA, MO 64772
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(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
A4213	<p>19 CSR 30-86.042(11)(B) EDL Inquiry</p> <p>Prior to allowing any person who has been hired in a full-time, part-time or temporary position to have contact with any residents 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 provider: (B) Make an inquiry to the department, whether the person is listed on the employee disqualification list as provided in section 660.315, RSMo. The inquiry may be made via Internet at www.dhss.mo.gov/EDL/; II/III</p> <p>This regulation is not met as evidenced by: Class II*</p> <p>Based on record review and interview, the facility failed ensure all newly hired staff members were not listed on the employee disqualification list (EDL - a state maintained listing of individuals unable to work in long-term care facilities) prior to allowing the staff members to have contact with any residents for four staff members (Dietary Staff A, Level One Medication Aide (LIMA) B, Maintenance Staff C, and Cook D) of four sampled staff members. The facility census was 30.</p> <p>Review of the facility policy titled "Verification and Background Checks," revised date of 04/05/22, showed the following:</p> <ul style="list-style-type: none"> -To comply with state and federal law, criminal background checks, and registry screenings per state specific requirement will be conducted on all staff; -The community will verify backgrounds, check registries, and licensure or certification on all staff 	A4213		

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

Ann Klankrub TITLE *Executive Director* (X5) DATE

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A4213	<p>Continued From page 1</p> <p>before they begin work, and at appropriate intervals.</p> <p>1. Review of Dietary Staff A's personnel file showed the following:</p> <ul style="list-style-type: none"> -Hire date of 07/24/24; -Start date of 08/01/24; -Staff documented completion of the EDL check on 09/06/24 (over one month after Dietary Staff A's start date). <p>2. Review of LIMA B's personnel file showed the following:</p> <ul style="list-style-type: none"> -Hire date of 02/01/24; -Start date of 02/03/24; -Staff documented completion of the EDL check on 09/06/24 (seven months after LIMA B's start date). <p>3. Review of Maintenance Staff C's personnel file showed the following:</p> <ul style="list-style-type: none"> -Hire date of 07/20/24; -Start date of 07/29/24; -Staff documented completion of the EDL check on 09/06/24 (over one month after Maintenance Staff C's start date). <p>4. Review of Cook D's personnel file showed the following:</p> <ul style="list-style-type: none"> -Hire date of 08/21/24; -Start date of 08/25/24; -Staff documented completion of the EDL check on 09/06/24 (12 days after after Cook D's start date). 	A4213		

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A4213	Continued From page 2 5. During an interview on 10/30/24, at 12:29 P.M., the Executive Director said the following: -The facility has been without a Business Office Manager for almost a year; -He/she is responsible for the EDL checks on prospective employees. *The higher classification merited due to the extent of the violation.	A4213		

