

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23534C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2024
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NAME OF PROVIDER OR SUPPLIER TEAL LAKE-ASSISTED LIVING BY AMERICARI	STREET ADDRESS, CITY, STATE, ZIP CODE 1722 HUNTINGFIELD DRIVE MEXICO, MO 65265
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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
A3202	<p>19 CSR 30-86.032(3)(A) Additional Businesses-Requires DHSS Approval</p> <p>Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except as follows: (A) Related activities may be conducted in buildings subject to prior written approval of these activities by the Department of Health and Senior Services (hereinafter-the department). Examples of these activities are Home Health Agencies, physician 's office, pharmacy, ambulance service, child day care and food service for the elderly in the community; II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation, interview, and record review, the facility failed to obtain approval from the Department of Health and Senior Services to have a second business on the facility property when the facility kitchen provided off-site meals daily for residents in unlicensed independent living apartments. The facility census was 20.</p> <p>Review of the Department of Health and Senior Services Second Log on 10/22/24 showed no approval had been granted for a second business.</p> <p>1. Observation on 10/22/24 at 10:00 A.M. of the assisted living facility showed a meal delivery cart for transporting meals prepared in the assisted living kitchen to the independent living clubhouse for consumption by the independent apartment residents.</p> <p>2. During interview on 10/22/24 at 10:00 A.M., the Dietary Manager said that the assisted living</p>	A3202		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Amor W. [Signature]

Administrator

11/13/24

Missouri Department of Health and Senior Services

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A3202	Continued From page 1 dietary staff prepared meals in the assisted living kitchen to be served off-site for residents of the unlicensed independent apartments. During interview on 10/22/24 at 4:40 P.M., the facility administrator said the following: -He had not been aware of the need for a second business license for the independent living meals; -He would apply for a second business license as it was his responsibility to do so; -It was his expectation that the facility be in compliance with all regulatory requirements.	A3202			

