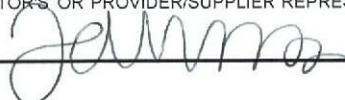


Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20625C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ BW. ING _____	(X3) DATE SURVEY COMPLETED C 05/20/2026
NAME OF PROVIDER OR SUPPLIER BLUFF CREEK TERRACE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3104 BLUFF CREEK DRIVE COLUMBIA, MO 65201	
(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
A7015	19 CSR 30-87.030(13) Food-Protected, Temp, Need to Contact DHSS At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F) or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department). Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. 11/111 This regulation is not met as evidenced by: Class III Based on observation, interview and record review, facility staff failed to store food in a manner to prevent potential contamination and outdated use. The facility census was 33. 1. Review of the facility's policy titled "Kitchen Services", undated, showed facility staff directed to label and date dry and refrigerated food with a use-by and discard date to maintain proper storage of dry and refrigerated food. Observation on 05/20/26 at 9:36 A.M., showed a	A7015	

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



TITLE
LNHA

(X6) DATE
6/29/26

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20625C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/20/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BLUFF CREEK TERRACE ASSISTED LIVING

**3104 BLUFF CREEK DRIVE
COLUMBIA, MO 65201**

(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
A7015	Continued From page 1 small stainless-steel refrigerator in the kitchen of the memory care unit contained: -An undated large plastic resealable bag which contained yellow and white cheese slices opened to the air; -An undated large plastic container which contained chocolate pudding covered with ripped aluminum foil which exposed the pudding to the air; -Three unlabeled and undated small plastic dessert cups which contained an unidentifiable substance; -An undated small plastic resealable bag which contained white cheese pieces and slices; -An unlabeled and undated pie pan which contained an unidentifiable substance; -An unlabeled and undated metal pan which contained an unidentifiable substance with the handle of a spoon in the unidentifiable substance; -An unlabeled and undated eight-quart plastic container with a red lid of an unidentifiable yellow substance; -A unlabeled and undated small metal pan which contained an unidentifiable substance covered with ripped aluminum foil which exposed the contents to the air. Observation on 05/20/26 at 9:49 A.M., showed an undated 8.6 ounce package of fruit punch drink mix opened to the air on a shelf in the memory care unit kitchen. Observation on 05/20/26 at 9:54 A.M., showed a stainless-steel refrigerator in the memory care unit kitchen contained: -An undated large metal bowl of watermelon;	A7015		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20625C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/20/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BLUFF CREEK TERRACE ASSISTED LIVING

**3104 BLUFF CREEK DRIVE
COLUMBIA, MO 65201**

(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
A7015	Continued From page 2 -An unlabeled large metal pan, dated "05/14" which contained an unidentifiable substance covered with ripped aluminum foil which exposed the contents to the air; -An unlabeled metal pan, dated "05/14", which contained an unidentifiable substance covered with ripped aluminum foil which exposed the contents to the air; -An undated small plastic resealable bag which contained white cheese pieces and slices. Observation on 05/20/26 at 10:02 A.M., showed the stainless-steel freezer in the memory care unit kitchen contained: -An undated box of cookie dough open to the air; -Five unlabeled and undated large plastic resealable bags which contained an unidentifiable green substance covered with ice crystals. During an interview on 05/20/26 at 10:10 A.M., Personal Care Assistant (PCA) A said he/she had only worked at the facility for four days and he/she did not know who is responsible for food storage in the memory care unit kitchen. During an interview on 05/20/26 at 10:20 A.M., the Director of Nursing (DON) said the dietary manager is responsible to monitor food and make sure it is stored properly. During an interview on 05/20/26 at 10:37 A.M., Cook B said all food is prepared in the main kitchen and then transported to the memory care unit for service. The cook said the memory care unit staff are responsible to monitor the food storage in that unit. The cook said opened and leftover food items should be dated, labeled,	A7015		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20625C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/20/2026
NAME OF PROVIDER OR SUPPLIER BLUFF CREEK TERRACE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3104 BLUFF CREEK DRIVE COLUMBIA, MO 65201			
(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
A7015	Continued From page 3 stored in a sealed container and discarded after 72 hours. The cook said staff trained him/her upon hire on how to store food properly. During a telephone interview on 05/20/26 at 12:12 P.M., the administrator said he/she and the dietary manager are responsible to ensure food is stored correctly. The administrator said the dietary manager was currently on vacation and not available for interview. The administrator said he/she and the dietary manager did rounds in the memory care unit on 05/06/26 at which time he/she did not look at the food storage in depth, but rather just opened the refrigerator door and looked in. The administrator said he/she told staff to throw out leftover food if they did not want to store the food properly and staff have been trained upon hire on food storage requirements. MO00262176	A7015			

PLAN OF CORRECTION	
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Provider/Supplier Name:	Bluff Creek Terrace and Memory Care
Street Address, City, Zip:	3104 Bluff Creek DR Columbia MO, 65201
Date of Survey:	05/20/2026

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	
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[illegible]

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.