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
	30107	A. BUILDING: ______ B. WING ______	C 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK VILLAGE-ASSISTED LIVING BY A	1990 W SOUTHAMPTON COLUMBIA, MO 65203

(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
A8023	19 CSR 30-88.010(23) Develop/Implement A/N Policies	A8023		

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*

Based on interview and record review, staff failed to implement the facility's abuse policy to ensure resident safety when facility staff allowed Certified Medication Aid (CMA) A to work during the investigation when one resisdent (Resident #1) out of one sampled resident reported sexual abuse. The facility census was 34.

1. Review of the facility's policy titled "Protection of Resident During Abuse Investigation", revised 05/2021, showed employees accused of participating in alleged abuse should be suspended without pay until the findings of the investigation have been reviewed by the administrator.

2. Review of the facility's investigation, undated, showed staff documented:

-01/05/25 Resident's family member reported the resident's allegations to the Eldercare Advisor of rape;
-01/05/25 at 3:20 P.M.,the Eldercare Advisor

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MILL CREEK VILLAGE-ASSISTED LIVING BY A	1990 W SOUTHAMPTON COLUMBIA, MO 65203

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A8023	Continued From page 1 reported the allegations to the administrator; -01/05/25 at 3;34 P.M., the administrator called the Director of Nursing (DON) and reported the allegations and assistant administrator at 3:37 P.M. Facility started an investigation, interviews conducted, and resident sent to the hospital for exam; -01/06/25 the resident returned to the facility. The DON checked on the resident and the resident said he/she is not sure he/she would have called it rape and he/she was not sure there was penetration; -01/06/25 facility cameras and did not show staff in the room for a lengthy time and CMA A the only male staff to enter the room. Review of the facility investigation did not contain documenation the facility suspended the CMA A during the investigation. Review of the facility's staff schedule, dated 01/04/25 through 01/05/25, showed CMA A scheduled to work the evening or night shift at the facility. Review of CMA A's time card showed CMA A worked the following shifts: -On 01/03/25 12:00 P.M. until 10:00 P.M.; -On 01/04/25 6:15 A.M. until 10:15 P.M.; -On 01/05/25 6:15 A.M. until 11:00 P.M; -On 01/06/25 8:45 A.M. until 10:15 P.M.; -On 01/07/25 2:00 P.M. until 10:00 P.M.. Observation of the facility's camera footage, dated 01/04/25 through 01/05/25, showed CMA A worked the evening or night shift at the facility. During an interview on 01/09/25 at 2:20 P.M., the resident said he/she has memory problems and	A8023		

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MILL CREEK VILLAGE-ASSISTED LIVING BY A	1990 W SOUTHAMPTON COLUMBIA, MO 65203

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A8023	Continued From page 2 he/she made an allegation of rape to his/her family member. The resident said he/she felt like he/she was in a hospital in a different state at the time. The resident said he/she "was out of it". The resident said he/she told his/her family member a male staff member raped him/her. The resident said he/she did not report this to anyone but his/her family member. During an interview on 01/09/25 at 12:40 P.M., the assistant administrator said he/she worked during the time frame of the allegations and was at the facility. The assistant administrator said he/she got a call from the administrator informing him/her of the allegations made by the resident on 01/05/25 late afternoon. The assistant administrator said the resident's family member did talk to him/her on 01/04/25 but did not report any allegations to him/her at the time. The assistant administrator said the administrator asked him/her to review the facility's camera footage to see who went in the resident's room during the time frame. During an interview on 01/09/25 at 3:30 P.M., the DON said he/she said he/she didn't think he/she needed to suspend CMA A since the hospital said the resident wasn't raped. During an interview on 01/10/25 at 9:12 A.M., CMA B said he/she and CMA A worked the entire weekend together. During an interview on 01/10/25 at 9:21 A.M., the Eldercare Advisor said he/she did not work at the facility at the time of the allegations as it was a Saturday. During an interview on 01/10/25 at 9:43 A.M., CMA A said he/she worked during the time of the investigation. CMA A said he/she did not see or	A8023		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK VILLAGE-ASSISTED LIVING BY A	**1990 W SOUTHAMPTON COLUMBIA, MO 65203**

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A8023	Continued From page 3 hear anything regarding the resident's allegations. CMA A said he/she went to the room to walk the resident's dog during the investigation time frame but did not go assist him/her. During an interview on 01/10/25 at 11:05 A.M., the administrator said the resident made an allegation of rape by a male staff member on 01/04/25 to his/her family member. The Administrator said he/she was not on call during the allegations and the assistant administrator was on call and at the facility. The administrator said the assistant administrator, DON, and himself/herself did the investigation as a team due to the weather. The Administrator said he/she directed the Assistant Administrator viewed the facility's camera footage the next day on 01/06/25 for the alleged time which showed multiple staff in the facility, but only one male who went into the resident's room. The Administrator said he/she did not suspend this male staff member while he/she did his/her investigation because the resident did not name anyone's name. The administrator said the DON interviewed CMA A and CMA B on 01/05/25 before the resident was sent to the hospital. The Administrator said he/she the facility policy is for guidance purpose only and he/she did not think he/she had to follow it. * The higher classification merited due to the extent of the violation. MO00247719	A8023		

PLAN OF CORRECTION

Provider/Supplier Name:	Mill Creek Assisted Living By Americare
Street Address, City, Zip:	1990W. South Hampton, Columbia, MO 65203
Date of Survey:	01/10/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**
	The filing of this correction does not constitute any admissions by the facility regarding the alleged violation stated in the summary Statement of Deficiencies dated January 10, 2025 by the Missouri Department of Health and Senior Services. This plan of correction is filed as evidence of our continuing commitment to provide care in compliance with applicable law.	
A8023	In response to 19 CSR 30-88.010(23) Develop/Implement A/N Policies **Immediate Action:** Administrator Inserviced on policy and procedures related to Abuse, Neglect and Exploitation. Inservicing Included Immediate actions to take and ANE Checklist to be completed, protection of the vulnerable person, immediate suspension of any staff suspected, alleged or reasonable suspicion of committing any abuse, neglect or exploitation and completing a thorough investigation including interviewing all individuals involved or those who may have knowledge of the events. Inservicing completed by Regional Operations Director on 01/23/2025. All staff inserviced on Abuse Neglect and Exploitation policies and procedures on 01/15/2023. Inservicing conducted on 01/15/2025 by Administrator. **Ongoing Compliance:** Administrator or designee in absence of will assure ongoing compliance by adhering to and following policy and procedure on Abuse, Neglect and Exploitation and adhering to DHSS rules and regulations. **Compliance Date:** 01/30/2025	01/30/2025
	2/3/25 Submitted by Holly Fuller LPN LNHA	

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.