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
	10346C	A. BUILDING: _____ B. WING _____	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLEVIEW CARE CENTER	1616 WEISENBORN ROAD SAINT JOSEPH, MO 64507

(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
A4749	19 CSR 30-86.047(28)(F)(1)(A) Community Based Assessment-Time Period, 5 day The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility: (F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule: 1. Time frame requirements for assessment shall be: A. Within five (5) calendar days of admission; II This regulation is not met as evidenced by: Class II Based on interview and record review the facility failed to complete a Community Based Assessment (CBA) within five calendar days of admission for two of three sampled residents (Resident #2, and #3). The facility census was 10. The facility did not provide a policy regarding CBA's. 1. Review of Resident #2's record showed: -He/She was admitted to the facility on 10/5/23; -There were no completed CBA's found for the resident. 2. Review of Resident #3's record on 12/31/24 showed: -He/She was admitted to the facility on 05/1/24; -There were no completed CBA's found for the resident. During an interview on 4/22/25 at 1:45 P.M. the	A4749		

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A4749	Continued From page 1 Administrator said: -He/She did not know CBA's were to be completed upon admission, every six months, and with change of condition; -He/She was new to long term care and had only worked at the facility for one month.	A4749		
A4837	19 CSR 30-86.047(58)(B) Resident Condition/Medication Review The facility shall maintain a record in the facility for each resident, which shall include the following: (B) A review monthly or more frequently, if indicated, of the resident ' s general condition and needs; a monthly review of medication consumption of any resident controlling his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of administration of medication; a logging of the medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others and accidents that potentially could result in injury or did result in injuries involving the resident; III This regulation is not met as evidenced by: Class II* Based on record review and interview, the facility failed to maintain on record a monthly review of each resident's general condition, needs, and significant incidents for four of four sampled	A4837		

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A4837	Continued From page 2 residents (Resident #2 and #3). The facility census was 10. The facility did not provide a policy regarding monthly reviews. 1. Review of Resident #2's record showed: -He/She was admitted to the facility on 10/5/23; -Diagnoses included: Borderline personality disorder (significant instability in mood with intense emotions), and bipolar disorder (episodes of mood swings ranging from depression to manic episodes). No monthly review was found for 2024 or 2025. 2. Review of Resident #3's record showed: -He/She was admitted to the facility on 05/1/24; -Diagnoses included: Trigeminal Neuralgia (a chronic pain disorder causing sudden, intense facial pain, often described as an electric shock), and major depressive disorder. No monthly review was found for 2024 or 2025. During an interview on 4/22/25 at 1:45 P.M. the Administrator said: -He/She did not know a review of each resident should be completed monthly; -He/She was new to long term care and had only worked at the facility for one month. *The higher classification merited due to the impact when combined with other deficiencies.	A4837		
A8004	19 CSR 30-88.010(4) Resident Rights-Admission/Annual Review Each resident admitted to the facility, or his or her next of kin, legally authorized representative or designee, shall be fully informed of the	A8004		

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A8004	Continued From page 3 individual's rights and responsibilities as a resident. These rights shall be reviewed annually with each resident, and/or his or her next of kin, legally authorized representative or designee, either in a group session or individually. II/III This regulation is not met as evidenced by: Class II* Based on record review and interview, the facility failed to review resident rights annually with each resident, and/or his/her designee for two of three sampled residents (Resident #1and #2). The facility census was 10. The facility did not provide a policy regarding review of resident rights. 1. Review of Resident #1's record showed: -He/She was admitted to the facility on 4/1/25; -No signed resident rights were found. 2. Review of Resident #2's record showed: -He/She was admitted to the facility on 10/5/23; -No signed resident rights were found. During an interview on 4/22/25 at 1:45 P.M. the Administrator said: -He/She did not know resident rights should be reviewed with each resident at the time of admission and anually; -He/She did not know who was responsible for ensuring the resident rights were reviewed annually; -He/She was new to long term care and had only worked at the facility for one month. *The higher classification merited due to the impact when combined with other deficiencies.	A8004		

PLAN OF CORRECTION

Provider Name:	Belleview Care Center Assisted Living Facility
Address, City, Zip:	1616 Weisenborn Rd, St Joseph, MO 64507
Date of Survey:	04/22/2025
Provider number:	10346C

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A4749	*Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.*	
	1) **The corrective actions accomplished for the resident(s) found to have been affected by the deficient practice includes:** Residents #2 and #3 have had a Community Based Assessment completed.	
	2) **The corrective actions for other resident(s) having potential to be affected by the same deficient practice includes:** All residents have the potential to be affected by the alleged practice	
	3) **Measures put into place to ensure that the deficient practice does not recur includes:** The Administrator/designee provided education to the ADON, Director of ALF regarding completing the Community Based Assessments within 5 calendar days of admission.	
	4) **The facility will monitor its performance to make sure the solutions are sustained by conducting the following:** Administrator/designee will audit 3 CBA charts weekly x 4 weeks, and then 2 monthly x 2 months. The results of the audits will be presented to the ADON monthly to determine if additional interventions are needed to maintain compliance and if further monitoring is needed past the 3 months.	
	5) **The corrective actions will be completed on or before:**	05/02/2025

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.

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	1) **The corrective actions accomplished for the resident(s) found to have been affected by the deficient practice includes:** Residents #2 and #3 have had a Resident Condition/Medication Review completed.	
	2) **The corrective actions for other resident(s) having potential to be affected by the same deficient practice includes:** All residents have the potential to be affected by the alleged practice	
	3) **Measures put into place to ensure that the deficient practice does not recur includes:** The Administrator/designee provided education to the ADON, Director of ALF regarding completing the Resident Condition/Medication Review monthly and as needed.	
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	1) **The corrective actions accomplished for the resident(s) found to have been affected by the deficient practice includes:** Residents #1 and #2 have had a Resident Rights-Admission/Annual Review completed.	
	2) **The corrective actions for other resident(s) having potential to be affected by the same deficient practice includes:** All residents have the potential to be affected by the alleged practice	
	3) **Measures put into place to ensure that the deficient practice does not recur includes:** The Administrator/designee provided education to the ADON, Director of ALF regarding completing the Residents Rights upon admission and annually.	
	4) **The facility will monitor its performance to make sure the solutions are sustained by conducting the following:** Administrator/designee will audit 3 Residents Rights-Admission/Annual reviews weekly x 4 weeks, and then 2 monthly x 2 months. The results of the audits will be presented to the ADON monthly to determine if additional interventions are needed to maintain compliance and if further monitoring is needed past the 3 months.	
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