

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  30156N	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/15/2025
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NAME OF PROVIDER OR SUPPLIER  LINDEN WOODS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 NE 72ND STREET GLADSTONE, MO 64119
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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
A4751	<p>19 CSR 30-86.047(28)(F)(1)(C) Community Based Assessment-Significant Change</p> <p>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:</p> <p>(F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule:</p> <p>1. Time frame requirements for assessment shall be:</p> <p>C. Whenever a significant change has occurred in the resident 's condition, which may require a change in services. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on interview, and record review, the facility failed to complete a community based assessment (CBA) whenever a significant change had occurred in a resident's condition which required a change in services for one of three sampled residents (Resident #1). The facility census was 34.</p> <p>The facility did not provide a policy regarding updating CBA's.</p> <p>1. Review of Resident #1's record showed: -Diagnoses included congestive heart failure, high blood pressure, depression, knee pain, and unsteady on feet.</p> <p>Review of an Extra Care Agreement for Resident #1 dated 05/01/25 showed: -Resident #1 entered into the extra care agreement with the facility on 05/01/25;</p>	A4751		

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

TITLE

Executive Director

(X6) DATE

6/3/25

Missouri Department of Health and Senior Services

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A4751	<p>Continued From page 1</p> <p>-Resident #1 was being charged an additional \$1,500 monthly for extended care services; -Extended care services included more than baseline assistance with activities of daily living (ADL's).</p> <p>Review of Resident #1's March 2025 through May 2025 monthly summaries showed: -In March 2025, Resident #1 was toileting himself/herself; -In April 2025, Resident #1 required extensive assistance in toileting and peri care, and was placed on an extra care agreement; -In May 2025, Resident #1 remained on the extra care agreement for toileting and showering assistance.</p> <p>Review of Resident #1's most recent CBA dated 10/28/24 showed he/she was independent with toileting and showering needs.</p> <p>During an interview on 05/15/25 at 1:01 P.M. Resident #1 said: -At the beginning of May 2025 the facility started charging him/her an additional \$1,500 a month for extra assistance mainly for needing extra assistance with perineal care, and assistance in the shower.</p> <p>During an interview on 05/15/25 at 2:50 A.M. the Administrator said: -He/She was aware Resident #1 was experiencing a change in condition with needing more assistance with toileting and showering; -He/She was not aware that CBA's were to be completed at change of condition.</p>	A4751		
A4755	19 CSR 30-86.047(28)(H) Individual Service Plan - Review Requirements	A4755		

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A4755	<p>Continued From page 2</p> <p>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:</p> <p>(H) Reviews the ISP with the resident, or legal representative of the resident, at least annually or when there is a significant change in the resident 's condition which may require a change in services; II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on interview, and record review, the facility failed to review an individualized service plan (ISP), whenever a significant change had occurred in a resident's condition which required a change in services for one of three sampled residents (Resident #1). The facility census was 34.</p> <p>The facility did not provide a policy regarding updating ISP's.</p> <p>1. Review of Resident #1's record showed: -Diagnoses included congestive heart failure, high blood pressure, depression, knee pain, and unsteady on feet.</p> <p>Review of an Extra Care Agreement for Resident #1 dated 05/01/25 showed: -Resident #1 entered into the extra care agreement with the facility on 05/01/25; -Resident #1 was being charged an additional \$1,500 monthly for extended care services; -Extended care services included more than baseline assistance with activities of daily living (ADL's).</p>	A4755		

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A4755	<p>Continued From page 3</p> <p>Review of Resident #1's March 2025 through May 2025 monthly summaries showed: -In March 2025, Resident #1 was toileting himself/herself; -In April 2025, Resident #1 required extensive assistance in toileting and perineal care, and was placed on an extra care agreement; -In May 2025, Resident #1 remained on the extra care agreement for the increased toileting and shower assistance.</p> <p>Review of Resident #1's most recent ISP dated 04/23/24 showed no interventions for toileting or showering needs.</p> <p>During an interview on 05/15/25 at 1:01 P.M. Resident #1 said: -At the beginning of May 2025 the facility began charging him/her an additional \$1,500 a month for extra assistance mainly for needing extra assistance with peri care, and assistance in the shower.</p> <p>During an interview on 05/15/25 at 2:50 A.M. the Administrator said: -He/She was aware Resident #1 was experiencing a change in condition with needing more assistance with toileting and showering; -He/She was not aware that ISP's were to be completed at change of condition.</p>	A4755		

PLAN OF CORRECTION		
Provider/Supplier Name:	Lindenwoods Village	
Street Address, City, Zip:	2901 NE 72 <sup>nd</sup> Street Gladstone MO 64119	
Date of Survey:	5/15/2025	
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
A-4755	<p>LINDEN WOODS VILLAGE makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this Plan of Correction is an admission otherwise. LINDEN WOODS VILLAGE is submitting this Plan of Correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal to them. This Plan of Correction constitutes LINDEN WOODS VILLAGE's written credible allegation of compliance for the deficiencies noted.</p> <p>It is the facility's policy to review each resident's Individualized Service Plan (ISP) at least annually and whenever there is a significant change in the resident's condition which may require a change in services.</p> <p><b>Corrective Action for Affected Residents:</b> On 05/16/25, the Assisted Living Director reviewed and updated Resident #1's ISP to include current interventions for toileting and showering assistance needs. The updated ISP reflects the increased level of care being provided under the Extended Care Agreement dated 05/01/25.</p> <p><b>Identifying other Residents having the Potential to be Affected:</b> By 6/11/2025, the Assisted Living Director will conduct a comprehensive review of all residents who have</p>	6/11/2025

	<p>Extended Care Agreements to ensure their ISPs accurately reflect their current care needs.</p> <p><b>Measures put into place or Systemic Changes:</b></p> <ol style="list-style-type: none"> <li>1. By 06/11/2025, the Assisted Living Director will in-service all licensed nurses and care staff on: <ul style="list-style-type: none"> <li>• Requirements for ISP reviews and updates</li> <li>• Identifying and reporting significant changes in resident conditions</li> <li>• Process for implementing Extended Care Agreements and corresponding ISP updates</li> </ul> </li> <li>2. The Assisted Living Director implemented a new process requiring review of ISPs whenever Extended Care Agreements are initiated or modified.</li> </ol> <p><b>Plan to Monitor Performance:</b> 1. The Assisted Living Director or designee will conduct weekly audits of 5 residents' records, to ensure ISPs are current and accurately reflect care needs. These audits will occur weekly for 4 weeks, then monthly for 3 months, then randomly thereafter.</p> <ol style="list-style-type: none"> <li>2. Results of these audits will be reported monthly to the Quality Assurance and Performance Improvement (QAPI) committee. The QAPI committee will monitor compliance until substantial compliance is achieved and maintained for three consecutive months.</li> </ol>	
<p><b>A-4751</b></p>	<p>It is the facility's policy to complete a Community Based Assessment (CBA) whenever a significant change occurs in a resident's condition which may require a change in services, in accordance with 19 CSR 30-86.047(28)(F)(1)(C).</p> <p><b>Corrective Action for Affected Residents:</b> On 05/15/25, the Assisted Living Director completed a new CBA for Resident #1 to reflect the changes in condition and increased care needs related to toileting and showering assistance. The care plan was updated to reflect these changes.</p>	<p>6/11/2025</p>

	<p><b>Identifying other Residents having the Potential to be Affected:</b> The Assisted living Director will conduct a review of all current residents receiving Extended Care Services without corresponding CBA updates within the past 90 days. Any identified residents will have new CBAs completed by 06/11/2025.</p> <p><b>Measures put into place or Systemic Changes:</b> The Assisted Living Director will in-service all licensed nurses and care providers by 06/11/2025:</p> <p>Definition of significant change in condition -  Requirements for completing CBAs - Process for identifying and reporting changes in condition -  Documentation requirements - Timeline requirements for completing CBAs</p> <p><b>Plan to Monitor Performance:</b> The Assisted Living Director or designee will audit 5 resident records weekly for 4 weeks, then monthly x3 months, then randomly thereafter to ensure CBAs are completed when significant changes occur.</p> <p>The Assisted Living Director will report monitoring results to the Quality Assurance and Performance Improvement (QAPI) committee monthly. The QAPI committee will monitor compliance until substantial compliance is achieved and maintained for three consecutive months</p>	
A-4505	<p>It is the facility's policy to ensure that all residents who require more than minimal assistance to safely evacuate the facility have an Individual Evacuation Plan (IEP) included in their Individualized Service Plan (ISP).</p> <p><b>Corrective Action for Affected Residents:</b> On 05/15/25, RN A completed a new path to safety assessment for Resident #2. Based on the assessment results, an Individual Evacuation Plan was developed and implemented for Resident #2 and incorporated into their ISP on 05/15/25.</p> <p><b>Identifying other Residents having the Potential to be Affected:</b> Assisted Living Director or designee will conduct a facility-wide audit of all current residents' path to safety assessments to identify any other residents requiring more than minimal assistance to evacuate. All residents</p>	6/11/2025

