

Missouri Department of Health and Senior Services

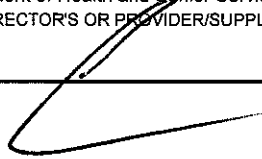
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2025
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NAME OF PROVIDER OR SUPPLIER MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NW TULLISON RD KANSAS CITY, MO 64116
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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
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A4703	<p>19 CSR 30-86.047(5) Administrator - Licensed</p> <p>The operator shall designate an individual for administrator who is currently licensed as an administrator by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. 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 ensure the administrator maintained a current administrator's license as required by the Missouri Board of Nursing Home Administrators (MBNHA). The census was 66.</p> <p>The facility did not provide a policy regarding employing a licensed Administrator.</p> <p>1. Review documentation from the MBNHA dated 10/14/25 at 3:10 P.M., showed: -Their records indicated the administrator had been acting as an administrator on an expired license since 6/30/25; -They sent the administrator a reminder notice via email on 2/3/25; -They sent another reminder notice via email on 4/1/25; -They received the administrator's renewal application and fee on 7/28/25; -They sent a notice on 8/1/25 stating the renewal application was late and had not been received.</p> <p>During an interview on 10/27/25 at 12:15 P.M. P.M. the Administrator said: -She originally obtained her nursing home administrator license in October 2023; -She did not receive either of the reminder notices the BNHA sent on 2/3/25 and 4/1/25; -She did receive the the notice they sent on</p>	A4703		
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Missouri Department of Health and Senior Services LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Manager

10/31/25

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2025
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A4703	<p>Continued From page 1</p> <p>8/1/25 stating the renewal application was late but by that time she had submitted the renewal application and fee.</p> <p>-This was the first instance of her needing to renew her license and she was unsure of the process;</p> <p>-She knew when she sent her application and renewal fee on 7/28/25 that it was late, but thought that it would be fine since she included the late fee with her application as well.</p> <p>MO258802</p>	A4703		

