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
	30758	A. BUILDING: _____ B. WING _____	C 03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD GRAND AT SHOAL CREEK	8280 N TULLIS AVE KANSAS CITY, MO 64158

(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
A3224	19 CSR 30-86.032(23) Rooms Neat, Orderly, Cleaned Daily Rooms shall be neat, orderly and cleaned daily. II/III This regulation is not met as evidenced by: Class III Based on observation and interview, the facility failed to ensure resident rooms were neat, clean, and orderly on the memory care unit. The facility census was 72. The facility staff did not provide a policy for cleaning resident rooms or making beds. 1. Observation on 03/10/26 between 11:35 - 11:52 A.M. of the memory care unit showed: -The bed in memory care room 310 showed the bed was not made and the fitted sheet had a large, yellow wet spot in the middle of the sheet and the room smelled of urine; -The far bed against the wall in room 307 was made, the bed spread was dry but the sheet under the bed spread had a large round wet spot in the middle of the sheet with the dry bed spread pulled up over it. Observation on 03/10/26 at 12:50 P.M. of the memory care unit showed: -The sheets on the bed in room 310 were still wet and the bed was unmade; -The sheets on the bed against the wall in room 307 with a large light yellow colored ring where the previously noted wet spot had dried. During an interview on 03/10/26 at 3:52 P.M. the Administrator said: -He/She expected beds to be made daily and sheets changed if needed.	A3224		

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A6005	19 CSR 30-87.020(5) Toxic Material Storage Poisonous or toxic materials consist of the following categories: insecticides and rodenticides; disinfectants, sanitizer and related cleaning or drying agents; and caustics, acids, polishes and other chemicals. Each of these three (3) categories set forth shall be stored and physically located separate from each other. All poisonous or toxic materials shall be stored in locked cabinets or in a similar physically separate place used for no other purpose which is not accessible to residents. II This regulation is not met as evidenced by: Class II Based on observation and interview the facility failed to ensure all poisonous or toxic materials were stored in locked cabinets or in a similar physically separate place used for no other purpose and not accessible to residents. The facility census was 72. The facility did not provide a policy regarding storage of poisonous or toxic materials. 1. Observation in the drink preparation area of the kitchen on 03/10/26 at 10:58 A.M. showed: -The door to the drink preparation area was open and accessible to residents in the dining room; -Three spray bottles of Rapid Multi Surface Cleaner on the bottom shelf; -An aerosol can of Lysol cleaner; -One spray bottle of GreaseLift; -Next to the cleaners on the bottom shelf was a bucket of tongs and drink pitchers. 2. Observation in the dry food storage area of the kitchen on 03/10/26 at 11:10 A.M. showed bottles	A6005		

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A6005	Continued From page 2 of Rapid Multi Surface Cleaner, and bottles of GreaseLift on the bottom shelf of a wire shelving unit. During an interview on 03/10/26 at 11:15 A.M. the Dining Services Director said: -He/She would expect all toxic materials to be kept stored in a locked cabinet or closet; -He/She would not expect to see toxic materials sitting next to food, utensils, or pitchers. During an interview on 03/10/26 at 3:52 P.M. the Administrator said he/she expected all toxic materials to be kept separate and locked away for safety.	A6005		
A6011	19 CSR 30-87.020(11) No Deodorizers/Sprays to Eliminate Odors Deodorizers or sprays shall not be used to cover up odors. Odors shall be eliminated to the source by prompt cleaning of bedpans and commodes, floors, furniture and equipment and by proper ventilation. II/III This regulation is not met as evidenced by: Class III Based on observation and interview, the facility failed to ensure the facility was free from offensive odors when a persistent odor of urine permeated from three resident rooms (307, 310, and 311). The facility census was 72. The facility did not provide a policy for cleaning the removal of odors. 1. Observation on 03/10/26 at 11:37 A.M. showed a strong urine odor coming from room	A6011		

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A6011	Continued From page 3 311, room 310, and room 307. During an interview on 03/10/26 at 3:52 P.M. the Administrator said he/she expected all rooms to be promptly and appropriately cleaned to prevent offensive odors from lingering.	A6011		
A6012	19 CSR 30-87.020(12) Floor Surfaces All floors in the facility shall be clean and shall be maintained in good repair. Floors and floor coverings of all food-preparation, food-storage and utensil-washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic. Nothing in this section shall prohibit the use of antislip floor covering in areas where necessary for safety reasons. III This regulation is not met as evidenced by: Class III Based on observation and interview the facility failed to ensure all floors in food preparation areas, dishwashing areas, and walk-in refrigerating units were kept in a clean manner. The facility census was 72. The facility did not provide a policy regarding floor cleanliness. 1. Observation in the kitchen on 03/10/26 at 11:05 A.M. showed: -A visible layer of grease on the floor under and around the fryer; -Debris on the floor of the walk in refrigerator;	A6012		

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A6012	Continued From page 4 -Debris under shelving in the drink prep area; -Debris under shelving in the dry food storage area; -Debris under and around shelving, grill, and stove area. During an interview on 03/10/26 at 11:15 A.M. the Dining Services Director said: -He/She had a daily, weekly, monthly, and quarterly clean schedule but his/her staff often did not sign off that they completed the tasks; -He/She expected all floors to be cleaned at least daily in the evening after dinner service was completed, but spot swept and mopped as needed throughout the day between meals. During an interview on 03/10/26 at 3:52 P.M. the Administrator said: -He/She expected floors to be kept clean; -He/She expected all kitchen staff to assist in keeping the kitchen floors clean.	A6012		
A6013	19 CSR 30-87.020(13) Carpeting Carpeting, if used as a floor covering, shall be of closely woven construction, properly installed, easily cleanable and maintained in good repair. Carpeting is prohibited in food-preparation, equipment-washing and utensil-washing areas where it would be exposed to large amounts of grease and water, in food-storage areas and toilet room areas where urinals or toilet fixtures are located. III This regulation is not met as evidenced by: Class III Based on observation and interview the facility failed to ensure all carpeting used as a floor	A6013		

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A6013	Continued From page 5	A6013		

covering was easily cleanable and maintained in good repair when the carpet in the dining room had dark brown stains and was sticky. The facility census was 72.

The facility did not provide a policy regarding carpet cleaning.

1. Observation of the facility's dining room carpet on 03/10/26 at 11:12 A.M. showed:
-A dark brown stain covering all highly foot trafficked areas around the dining room including the entrance and exit to the kitchen, around tables, and around the salad bar;
-The dark stained area beginning outside the kitchen exit was sticky to the touch;
-Food crumbs, debris, and smaller food stains under most tables.

During an interview on 03/10/26 at 11:26 A.M. the Maintenance Coordinator said:
-He/She was aware of the heavy staining of the dining room carpet;
-He/She ran the carpet shampooer over the dining room carpet at least monthly and as needed, but the heavy staining on the floor have been there for so long, shampooing was no longer working to get the staining or stickiness out.

During an interview on 03/10/26 at 11:15 A.M. the Dining Services Director said:
-He/She expected his/her staff to keep the dining room floor clean, but it did not matter how much they cleaned the floor the stains would not come out;
-He/She had mentioned to corporate about needing new flooring in the dining room, but had not heard on a plan moving forward.

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A6013	Continued From page 6 During an interview on 03/10/26 at 3:52 P.M. the Administrator said: -He/She expected all carpet flooring to be easily cleanable and maintained in good repair; -He/She was aware of the heavily stained carpet in the dining room and had passed the concern on to corporate for replacement but had not heard back on if they planned to replace the floor or not.	A6013		
A6031	19 CSR 30-87.020(31) Kitchen Waste Containers Covered Waste containers used in food-preparation and utensil-washing areas shall be kept covered when not in actual use. III This regulation is not met as evidenced by: Class III Based on observation and interview the facility failed to ensure waste containers in the food preparation and utensil washing areas were kept covered when not in use. The facility census was 72. The facility did not provide a policy regard waste containers. 1. Observation of the kitchen on 03/10/26 at 10:58 A.M. showed: -One uncovered trash can next to the ice machine in the drink preparation area, and no staff in the area using the trash can; -One uncovered trash can in the dishwashing area, and no staff actively in the area using the trash can; -One uncovered trash can next to the preparation table in the dry food storage area, and no staff in	A6031		

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A6031	Continued From page 7 the area using the trash can. During an interview on 03/10/26 at 11:15 A.M. the Dining Services Director said he/she expected all trash cans to be kept covered when not in use. During an interview on 03/10/26 at 3:52 P.M. the Administrator said he/she expected all trash cans in the kitchen to be kept covered when not in use.	A6031		
A7017	19 CSR 30-87.030(15) Food-Stored Above the Floor, Protected Containers of food shall be stored above the floor in a manner that protects the food from splash and other contamination and that permits easy cleaning of the storage area, except that metal pressurized beverage containers, and cased food packaged in cans, glass or other waterproof containers need not be elevated when the food container is not exposed to floor moisture; and containers may be stored on dollies, racks or pallets, provided the equipment is easily movable. III This regulation is not met as evidenced by: Class III Based on observation, and interview, the facility failed to ensure food was stored above the floor in a manner that protects the food from splash and other contamination when several boxes of frozen food were stored on the floor of the walk-in freezer. The facility census was 45. 1. Observation on 3/10/2026 at 11:25 A.M. of the walk-in freezer showed eleven boxes of food being stored on the floor, including: -One box of ground beef;	A7017		

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A7017	Continued From page 8 -One box of tater tots; -One box of croissants; -One box of hash browns; -One box of pork sausage. During an interview on 03/10/26 at 3:52 P.M. the Administrator said: -Food was supposed to be stored on shelves and not on the floor.	A7017		
A7057	19 CSR 30-87.030(55) Ventilation Hoods, Clean, Filters Removable Ventilation hoods and devices shall be designed to prevent grease or condensation from collecting on walls and ceilings and from dripping into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement if not designed to be cleaned in place. III This regulation is not met as evidenced by: Class III Based on observation and interview, the facility failed to ensure the ventilation hood filters were kept clean and free of grease build up. The facility census was 72. The facility did not provide a policy regarding vent hood cleaning. 1. Observation of the kitchen on 03/10/26 at 10:58 A.M. showed: -Three sections of the vent hood filters above the grill, black with buildup of grease, nearly dripping off the filters. During an interview on 03/10/26 at 11:15 A.M. the	A7057		

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A7057	Continued From page 9 Dining Services Director said: -An outside company came out to clean the hood vent filters every three months; -The evening cook cleaned the filters weekly, but that cook had been on leave for two weeks and he/she was still working to train the other cook; -He/She was unsure of the last time the hood vent filters were cleaned. During an interview on 03/10/26 at 3:52 P.M. the Administrator said: -He/She expected vent hoods to be cleaned weekly; -It was the responsibility of all kitchen staff to ensure these were kept clean.	A7057		
A7067	19 CSR 30-87.030(65) Nonfood Contact Surfaces,Cleaned as Needed Nonfood-contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles and other debris. III This regulation is not met as evidenced by: Class III Based on observation, and interview the facility failed to ensure all nonfood-contact surfaces of equipment were kept clean and free from accumulation of dust, dirt, food particles, and other debris. This had the potential to affect all residents. The facility census was 72. The facility did not provide a policy regarding kitchen cleaning. 1. Observation of the kitchen on 03/10/26 at 10:58 A.M. showed:	A7067		

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A7067	Continued From page 10 -The bottom shelf below the counter next to the soda machine with a sticky substance and debris; -The top of the ice cream freezer with puddles of melted ice cream; -Red splatter on the inside of the microwave; -Grime build up and debris on the shelf holding the microwave; -The back splash behind the grill and griddle with splatter; - The small preparation refrigerator next to the grill had water mixed with dirt and food debris pooled in the bottom of it; -The bottom shelf of the preparation table in the back of the kitchen was corroded with a sticky substance, dirt, and debris. 2. Observation of the dining room on 3/10/26 at 11:39 A.M. showed: -All of the dining room tables were sticky. During an interview on 03/10/26 at 11:45 A.M. the Dining Services Director said: -He/She was aware the dining room tables were sticky to touch; -The tables were not sticky because they were dirty, but the varnish/finish had begun to break down over time caused by cleaning chemicals; -He/She felt the tables needed to be replaced. During an interview on 03/10/26 at 3:52 P.M. the Administrator said: -He/She was aware the dining room tables were sticky to touch; -The facility had not addressed the issue yet but was working to figure out how to correct the problem.	A7067		
A7089	19 CSR 30-87.030(87) Glasses/Cups/Utensils Storage	A7089		

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A7089	Continued From page 11 Glasses and cups shall be stored inverted. Other stored utensils shall be covered or inverted, wherever practical. Facilities for the storage of knives, forks and spoons shall be designed and used to present the handle to the employee or consumer. Unless tableware is prewrapped, holders for knives, forks and spoons at self-service locations shall protect these articles from contamination and present the handle of the utensil to the consumer. III This regulation is not met as evidenced by: Class III Based on observation an interview the facility failed to ensure glasses, bowls, plates and utensils were stored in an inverted position to prevent contamination from splash and debris. The facility census was 72. The facility did not provide a policy regarding storage of dishes. 1. Observation in the kitchen on 03/10/26 at 10:58 A.M. showed: -Bowls, plates, and ramekins stored upright on a shelf in the drink preparation area; -Plastic plates and bowls stored upright on a shelf next to an open window; -The top bowls with dust and debris inside the bowls. During an interview on 03/10/26 at 11:15 A.M. the Dining Services Director said he/she expected all plates, bowls, utensils, and cookware to be stored inverted to prevent contamination from splash, splatter, dust, and debris. During an interview on 03/10/26 at 3:52 P.M. the	A7089		

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A7089	Continued From page 12 Administrator said he/she expected all kitchen to assist in ensuring dishware, utensils, and cookware were stored in an inverted manner.	A7089		

PLAN OF CORRECTION

Provider/Supplier Name:	Oxford Grand at Shoal Creek
Street Address, City, Zip:	8280 N Tullis Ave, Kansas City, MO 64158
Date of Survey:	03/10/2026

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
	This Plan of Correction is submitted in response to the Statement of Deficiencies and does not constitute an admission or agreement with the findings or conclusions set forth therein. The facility submits this Plan of Correction to demonstrate its commitment to compliance with all applicable regulations and to outline the steps taken to correct the identified concerns.	
A3224	19 CSR 30-86.032(23) Rooms Neat, Orderly, Cleaned Daily 1. Immediate Correction: All identified deficiencies related to resident beds and linens were immediately corrected upon identification. This included thorough cleaning, removal of any contaminated materials, and restoration of compliance with regulatory expectations. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Resident Care Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. The Executive Director/Designee will round frequently and will ensure issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Resident Care Director or designee will conduct	4/3/2026

, Executive Director
4/3/26

	routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	
A6005	19 CSR 30-87.020(5) Toxic Material Storage 1. Immediate Correction: All identified toxic material storage practices related to this deficiency were immediately corrected upon identification. This included removal of all the mentioned toxic materials, and restoration of compliance with regulatory expectations. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. The Executive Director/Designee will round frequently and will ensure issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	4/3/2026
A6011	19 CSR 30-87.020(11) No Deodorizers/Sprays to Eliminate Odors 1. Immediate Correction: All identified odor control and sanitation practices related to this deficiency were immediately corrected upon identification. Rooms 307, 310 and 311 were thoroughly cleaned to remove the odor. Staff were verbally in-serviced immediately. Staff was educated to offer more frequent toileting to those who need it.	4/3/2026

	2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. The carpets in rooms 307, 310 and 311 will cleaned weekly. The Executive Director/Designee will round frequently and will ensure issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	
A6012	19 CSR 30-87.020(12) Floor Surfaces 1. Immediate Correction: All identified floor cleanliness in kitchen and food service areas related to this deficiency were immediately corrected upon identification. This included thorough cleaning, removal of any contaminated materials, and restoration of compliance with regulatory expectations. Staff were verbally in-serviced immediately on their cleaning duties. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. The Executive Director/Designee will round frequently and will ensure issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. Cleaning logs will be reviewed by the Dining Director or designee. This will be reviewed with new staff members during	4/3/2026

	orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	
A6013	19 CSR 30-87.020(13) Carpeting 1. Immediate Correction: All identified carpet and dining area deficiencies have been corrected. The dining room has been vacuumed and all crumbs and particles have been removed. Carpet was professionally cleaned on 03/27/2026. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. Staff will vacuum the dining room daily and spot clean as needed. The maintenance director or designee will clean the dining room carpet weekly. The Executive Director/Designee will round frequently and will ensure issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	4/10/2026

A6031	19 CSR 30-87.020(31) Kitchen Waste Containers Covered 1. Immediate Correction: All identified waste container practices have been corrected. Trash cans have been covered. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. The Executive Director/Designee will round frequently and will ensure issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	4/3/2026
A7017	19 CSR 30-87.030(15) Food-Stored Above the Floor, Protected 1. Immediate Correction: All identified deficient food storage practices have been corrected; all identified boxes of food were removed off the floor immediately. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. The Executive Director/Designee will round frequently and will ensure	4/3/2026

	issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	
A7057	19 CSR 30-87.030(55) Ventilation Hoods, Clean, Filters Removable 1. Immediate Correction: All identified ventilation hood and filter cleanliness related to this deficiency were immediately corrected upon identification. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. Vents will be cleaned weekly. The Executive Director or Designee will round weekly to ensure cleanliness. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted once a week x three weeks and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	4/3/2026
A7067	19 CSR 30-87.030(65) Nonfood Contact Surfaces,Cleaned as Needed	4/10/2026

	1. Immediate Correction: All identified nonfood-contact surface cleanliness related to this deficiency were immediately corrected upon identification. Tablecloth covering process related to this deficiency was implemented. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice. 3. Systemic Changes / Long-Term Correction: The Executive Director/Designee provided education to all applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. Tables will be covered with non-porous covering and table cloths will be used for each meal. The Executive Director/Designee will round frequently and will ensure issues are corrected if identified. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Dining Director or Designee will review cleaning logs to ensure compliance. Audit logs maintained.	
A7089	19 CSR 30-87.030(87) Glasses/Cups/Utensils Storage 1. Immediate Correction: All identified improperly stored dishware and utensil related to this deficiency were immediately corrected upon identification. Staff were verbally in-serviced immediately. 2. Potential to Affect Other Residents: All residents had the potential to be affected by this deficient practice.. 3. Systemic Changes / Long-Term Correction: The Executive Director provided education to all	4/3/2026

	applicable staff regarding regulatory requirements and facility expectations on 3/24/2026. The Dining Director/ Designee will round daily and correct any issues immediately. Ongoing education will be provided as needed to ensure sustained compliance. Documentation of education maintained. This will be reviewed with new staff members during orientation. 4. Monitoring / Auditing: The Executive Director or designee will conduct routine audits to ensure continued compliance. Audits will be conducted 5 times per week for 1 week, 3 times per week for 1 week, and weekly thereafter. Any identified concerns will be corrected immediately and addressed through additional staff education. Audit logs maintained.	

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.