STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33016	A. BUILDING _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON SENIOR LIVING, THE	1051 KENT STREET LIBERTY, MO 64068

(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
A4798	19 CSR 30-86.047(47)(A) Physicians Orders Followed Medication Orders. (A) No medication, treatment or diet shall be administered without an order from an individual lawfully authorized to prescribe such and the order shall be followed. II/III This regulation is not met as evidenced by: Class III Based on observation, interview, and record review the facility failed to ensure no treatment was administered without an order when the facility failed to obtain an order for Resident #1 to use oxygen. The facility census was 54 residents. Review of the facility's policy titled, "Physician Move-In Orders/Verification Orders," dated 05/13/23, showed: -The admitting Wellness Nurse was responsible for ensuring all resident's physician orders were obtained in writing at move-in; -The Wellness Nurse was responsible for verifying orders. 1. Review of Resident #1's record showed: -He/She admitted to the facility on 08/26/25; -Diagnoses included respiratory failure; -He/She was wearing an oxygen nasal canula (NC) in his/her face sheet photo taken at admission. Review of the resident's March 2026 physician's order sheet (POS) showed no order for oxygen. Review of the resident's progress notes showed: -On 08/26/25 the resident admitted to the facility, requiring 5 liters of oxygen; -The resident received 3 liters of oxygen on	A4798		

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A4798	Continued From page 1 08/27/25, 08/28/26, and 08/29/26. Observation on 03/17/26 at 12:30 P.M. showed the resident wearing an oxygen nasal canula while in the dining room. During an interview on 03/17/26 at 1:52 P.M. the resident said: -He/She admitted to the facility requiring oxygen; -He/She required 3 liters of oxygen during the day, and 5 liters of oxygen at night; -His/Her spouse switched the oxygen levels each night and morning, and monitored the concentrator for him/her; -His/Her pulmonologist wrote the order for his/her oxygen and was not sure why the facility would not have that in their records. During an interview on 03/17/26 at 1:37 P.M. the Wellness Director said: -He/She knew the resident admitted to the facility using oxygen, but his/her orders must have been overlooked; -The nurse manager on duty the day the resident admitted would have sent the orders to the pharmacy who entered the orders into the system; -He/She just reviewed the order the resident provided at admission which were from his/her primary doctor and did not include the oxygen order from his/her pulmonologist; -He/She was unsure of how many liters the resident required. During an interview on 03/17/26 at 1:40 P.M. the Administrator said: -He/She knew the resident admitted to the facility using oxygen; -He/She did not know there was no order on file for the resident's oxygen;	A4798		

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A4798	Continued From page 2 -His/Her staff must have overlooked the orders when he/she admitted to the facility; -He/She would expect all residents to have orders for any medications or treatments they were receiving.	A4798		
A7015	19 CSR 30-87.030(13) Food-Protected, Temp, Need to Contact DHSS At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F) or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department). Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. II/III This regulation is not met as evidenced by: Class III Based on observation, interview, and record review the facility failed to ensure food was protected from potential contamination at all	A7015		

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A7015	Continued From page 3 times when items being stored were left uncovered. The facility census was 54 residents. Review of the facility's undated policy titled, "Sanitation," showed the Culinary Director was responsible for providing a sanitary environment to protect residents from food-borne illnesses. 1. Observation of the kitchen on 03/17/26 at 10:06 showed: -A pan of cooked hamburgers, a pan of biscuits, a pan of sausage patties, a pan of gravy, a pan of grits, and a pan of oatmeal uncovered in the warmer; -A large pan of left over blueberry cobbler in the bottom of the cooler, uncovered; -A pan of snickerdoodle banana cake in the refrigerator, uncovered; -A box of beef patties, a bag of catfish fillets, a bag of sweet potato fries, a bag of french fries, and a bag of onion rings in the upright freezer next to the fryer, uncovered/open to air; -Eleven bowls of mixed fruit in the drink station refrigerator uncovered with no label or date. During an interview on 03/17/26 at 11:00 A.M. the Culinary Director said: -He/She was not aware of all the uncovered food in the warmer, cooler, and refrigerator; -He/She expected all kitchen staff to keep food covered at all times to prevent contamination. During an interview on 03/17/26 at 2:30 P.M. the Administrator said he/she expected all food to be kept covered at all times when being stored.	A7015		
A7057	19 CSR 30-87.030(55) Ventilation Hoods, Clean, Filters Removable	A7057		

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A7057	Continued From page 4 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 54 residents. The facility did not provide a policy regarding vent hood cleaning. 1. Observation of the kitchen on 03/17/26 at 10:07 A.M. showed: -The hood vent filters over the stove and grill were black with grease built up. During an interview on 03/17/26 at 11:00 A.M. the Culinary Director said: -He/She cleaned the hood vent filters each week himself on Friday's; -He/She did clean them last Friday. During an interview on 05/14/25 at 11:49 A.M. the Administrator said: -He/She expected vent hoods to be cleaned weekly and as needed to keep them free from build up; -It was the responsibility of all kitchen staff to ensure these were kept clean.	A7057		

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A7066	Continued From page 5	A7066		
A7066	19 CSR 30-87.030(64) Grills/Griddles/Microwaves/Other-Clean Daily The food-contact surfaces of grills, griddles and similar cooking devices and the cavities and door seals of microwave ovens shall be cleaned at least once a day, except that this shall not apply to hot oil-cooking equipment and hot oil-filtering systems. The food-contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulated soil. III This regulation is not met as evidenced by: Class III Based on observation, interview, and record review the facility failed to ensure food-contact surfaces of the grill was cleaned at least once a day to keep it free from accumulation of grease deposits. The facility census was 54 residents. Review of the facility's undated policy titled, "Sanitation," showed the Culinary Director was responsible for providing a sanitary environment to protect residents from food-borne illnesses. 1. Observation of the kitchen on 03/17/26 at 10:08 A.M. showed the grill covered in black and white charred build up. During an interview on 03/17/26 at 11:00 A.M. the Culinary Director said: -He/She expected his/her night cook to clean and scrub the grill each night, but was unsure if he/she was completing that task; -Looking at the grill it did not appear the grill had been cleaned properly in quite some time; -He/She was unsure of the last time the grill was cleaned.	A7066		

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A7066	Continued From page 6 During an interview on 03/17/26 at 2:30 P.M. the Administrator said he/she expected all food-contact surfaces of the stove, grill, and flat top griddle to be cleaned at least daily and as needed to keep them free from grease build up.	A7066		
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, interview, and record review 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 54 residents. Review of the facility's undated policy titled, "Sanitation," showed the Culinary Director was responsible for providing a sanitary environment to protect residents from food-borne illnesses. 1. Observation of the kitchen on 03/17/26 at 10:07 A.M. showed: -The back splash behind the grill and griddle covered in splatter and grease; -The side of the oven next to the stove top with sticky yellow grease build up and debris; -Smudges on the glass door of the cooler; -Spillage and debris on the bottom shelf inside	A7067		

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A7067	Continued From page 7 the cooler; -Food and debris covered the lids of the bulk bins holding par boiled rice, panko bread, salt, cornmeal, flour, sugar, and powdered sugar bin; -White splatter and spillage running down the front bottom area of the oven; -The side of the fryer nearest the upright freezer and the side of the upright freezer were corroded with a greasy/sticky substance; -The front of the upright freezer was corroded with dirt and food debris During an interview on 03/17/26 at 11:00 A.M. the Culinary Director said: -He/She took care of most of the cleaning, except the grill area was supposed to be cleaned by the line cooks; -He/She expected all nonfood-contact surfaces to be kept free from debris and build up; -He/She personally tried to clean each piece of equipment at least weekly. During an interview on 03/17/26 at 2:30 P.M. the Administrator said: -The kitchen staff had daily and weekly cleaning tasks that the above listed concerns were apart of; -He/She expected all kitchen staff to assist in keeping all nonfood-contact surfaces clean and free of debris and build up.	A7067		
A7070	19 CSR 30-87.030(68) 3 Compartment Sink-Wash/Rinse/Sanitize For manual washing, rinsing and sanitizing of utensils and equipment, a sink with not fewer than three (3) compartments shall be provided and used. Sink compartments shall be large enough to permit the accommodation of the	A7070		

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A7070	Continued From page 8 equipment and utensils and each compartment of the sink shall be supplied with hot and cold potable running water, except that in an existing licensed facility, the use of a two (2)-vat sink and a supplementary portable container to be used for sanitization is acceptable. Fixed equipment and utensils and equipment too large to be cleaned in sink compartment shall be washed manually or cleaned through pressure spray methods. III This regulation is not met as evidenced by: Class III Based on observation and interview facility staff failed to wash dishes in memory care using a dishwasher or a sink with three (3) compartments. This had the potential to effect all residents residing on the Memory Care Unit (MCU). The facility census was 54. The facility did not provide a policy regarding dishwashing. 1. Observation in the MCU on 03/17/2026 at 11:07 A.M., showed: -Memory Care Homemaker (MCH) A washing dishes in the one compartment sink in the MCU kitchen; -The sink was half full of soapy water; -Dishes and silverware were submerged in the sink of soapy water; -MCH A took the dishes and silverware out, shook them off, and stacked them on the adjacent dish shelf to dry. During an interview on 03/17/2026 at 11:10 A.M., Care Partner A said: -He/She was washing dishes by hand because the MCU dishwasher was broken;	A7070		

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A7070	Continued From page 9 -The dishwasher had been broken for approximately two weeks; -He/She soaked the silverware in hot soapy water for 20-30 minutes and them pulled them out, shook the suds off, and then put them on the dish drying shelf; -He/She used a scrubber on the dishes, rinsed the suds off, and then placed them on the dish drying shelf. During an interview on 3/17/26 at 2:30 P.M., the Administrator said: -He/She was aware that staff were washing dishes by hand in the MCU kitchen; -He/She knew three compartment sinks should have been used when washing dishes; -The facility was waiting for a part to repair the dishwasher in the MCU.	A7070		
A7089	19 CSR 30-87.030(87) Glasses/Cups/Utensils Storage 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, interview and record review the facility failed to ensure all glassware and glasses were stored inverted to prevent	A7089		

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A7089	Continued From page 10 contamination. The facility census was 54 residents. Review of the facility's undated policy titled, "Sanitation," showed the Culinary Director was responsible for providing a sanitary environment to protect residents from food-borne illnesses. 1. Observation of the kitchen on 03/17/26 at 10:08 A.M. showed: -Several stacks of white ceramic plates and bowls on the shelves under the preparation table were stored upright and not covered; -One pot, twelve white ceramic bowls, and ten metal bowls were on a metal shelf in the dish room stored upright and not covered. During an interview on 03/17/26 at 11:00 A.M. the Culinary Director said he/she expected dishes to be stored inverted at all times. During an interview on 03/17/26 at 2:30 P.M. the Administrator said he/she expected dished to be stored inverted at all time to prevent contamination.	A7089		

PLAN OF CORRECTION

Provider/Supplier Name:	The Wellington Senior Living
Street Address, City, Zip:	1051 Kent St., Liberty, MO 64068
Date of Survey:	March 17, 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 as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency cited are correctly applied. Any changes to the community policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the community or any employee, agent, officer, director, attorney, or shareholder of the community or affiliated companies.	
A4798	**Correction of Cited Deficiency:** Resident #1's physician was contacted, and orders were obtained for oxygen.	3/26/2026
A4798	**Assessment to Identify other Residents that may be affected:** Physician orders and CBA documentation were audited and reviewed for accuracy. Two additional residents were identified using oxygen in the community, and both had corresponding orders documented in the MAR and reflected in their service plans.	3/26/2026
A4798	**Procedure to ensure on-going compliance:** The Director of Wellness or designee will conduct weekly reviews of all new orders to verify that residents receiving oxygen therapy have proper physician orders and that this information is accurately documented in their service plans.	4/14/2026
A4798	**Monitoring for on-going compliance:** The Director of Wellness will review weekly audit findings during one-on-one meetings with the Executive Director for a duration of three months to ensure continued compliance.	4/14/2026
A7015	**Correction of Cited Deficiency:** All food in both warmers, refrigerators and coolers are covered consistently with regulation standards	3/18/2026
A7015	**Assessment to Identify other Residents that may be affected:**	3/18/2026

	An audit of all stored food was conducted by the Culinary Director and no other food items were identified as being uncovered.	
A7015	**Procedure to ensure on-going compliance:** All Culinary staff will receive an in-service training to ensure a clear understanding of food covering guidelines and expectations. A daily audit will be conducted by the Culinary Director or their designee to ensure compliance	4/15/2026
A7015	**Monitoring for on-going compliance:** The Culinary Director will review audit results weekly during one-on-on meetings with the Executive Director for a period of 3 months.	4/10/2026
A7057	**Correction of Cited Deficiency:** The Culinary Director thoroughly cleaned all ventilation hoods.	3/20/2026
A7057	**Assessment to Identify other Residents that may be affected:** The Culinary Director thoroughly cleaned the ventilation hoods.	3/20/2026
A7057	**Procedure to ensure on-going compliance:** An in-service will be provided to all staff to ensure understanding of cleaning processes and expectations. The Culinary Director will ensure weekly cleaning of the hoods is completed. The Culinary Director and Plant Operations Director will work collaboratively to ensure that the outside cleaning company completes by the scheduled date.	4/15/2026
A7057	**Monitoring for on-going compliance:** The Culinary Director will review compliance of weekly hood cleaning with the Executive Director, bringing pictures each week during their 1:1 meeting to include a visual inspection of the hoods in the kitchen for 8 weeks.	4/10/2026
A7066	**Correction of Cited Deficiency:** The Culinary Director thoroughly cleaned the grill and ensured that the drip trays were changed out in accordance with state standards.	3/17/2026
A7066	**Assessment to Identify other Residents that may be affected:** The Culinary Director and staff thoroughly cleaned the grill.	3/17/2026
A7066	**Procedure to ensure on-going compliance:** An in-service will be provided to all staff to ensure understanding of cleaning processes and expectations. The Culinary Director will ensure daily cleaning of the grill is completed.	4/15/2026
A7066	**Monitoring for on-going compliance:** The Culinary Director or designee will review compliance of daily grill cleaning with the Executive Director each week during their 1:1 meeting to include a visual inspection of the hoods in the kitchen for 8 weeks.	4/10/2026
A7067	**Correction of Cited Deficiency:** The Culinary Director thoroughly cleaned non-food contact surfaces to ensure compliance with state regulatory standards.	3/17/2026
A7067	**Assessment to Identify other Residents that may be affected:** The Culinary Director thoroughly cleaned all non-food contact surfaces to ensure compliance.	3/17/2026
A7067	**Procedure to ensure on-going compliance:** All Culinary staff will participate in an in-service training to ensure they understand cleaning procedures and expectations. The Culinary Director or Sous Chef will be responsible for verifying that daily cleaning of non-food contact surfaces is completed, both by reviewing the Culinary Task Form and through visual inspection.	4/15/2026
A7067	**Monitoring for on-going compliance:** The Culinary Director will review compliance with the daily culinary task, checking twice daily to ensure completion form with the Executive	4/10/2026

	Director each week during their 1:1 meeting to include a visual inspection of the non-food contact surfaces in the kitchen for 8 weeks.	
A7070	**Correction of Cited Deficiency:** The dishwasher in Memory Care has been fixed and is confirmed to be in working order.	3/26/2026
A7070	**Assessment to Identify other Residents that may be affected:** The Plant Operations Director has fixed the dishwasher.	3/26/2026
A7070	**Procedure to ensure on-going compliance:** The Memory Care staff will receive an in-service regarding the expectation that if the dishwasher breaks, they must wash their dishes in the dishwasher located in the main kitchen.	4/15/2026
A7070	**Monitoring for on-going compliance:** The Memory Care Director will review staff compliance on a daily basis and provide immediate in-service if this process is not followed. The Plant Operations Director will monitor the dishwasher monthly to ensure it is in working order and immediately notify the Executive Director if it is out of service or a part needs to be ordered.	4/10/2026
A7089	**Correction of Cited Deficiency:** All dishes have been inverted.	3/31/2026
A7089	**Assessment to Identify other Residents that may be affected:** This has the potential to impact all residents. All dishes have been inverted.	3/31/2026
A7089	**Procedure to ensure on-going compliance:** All Culinary staff will participate in an in-service to ensure they understand the expectation that all dishes be inverted. The Culinary Director or their designee will be responsible for daily verification that dishes are inverted through visual inspection.	4/15/2026
A7089	**Monitoring for on-going compliance:** The Culinary Director or their designee will review compliance of inverting the dishes with the Executive Director each week during their 1:1 meeting for a duration of 8 weeks.	4/10/2026

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.