

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>03051C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/24/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SHEPHERD RESIDENTIAL CARE FACIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WEST 12TH LOCKWOOD, MO 65682</b>
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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
A8010	<p>19 CSR 30-88.010(10) Advance Directive Requirements</p> <p>Prior to or upon admission and at least annually after that, each resident or his or her next of kin, legally authorized representatives or designees shall be informed of facility policies regarding provision of emergency and life-sustaining care, of an individual's right to make treatment decisions for himself or herself and of state laws related to advance directives for health-care decision making. The annual discussion may be handled either on a group or on an individual basis. Residents' next of kin, legally authorized representatives or designees shall be informed, upon request, regarding state laws related to advance directives for health-care decision making as well as the facility's policies regarding the provision of emergency or life-sustaining medical care or treatment. If a resident has a written advance health-care directive, a copy shall be placed in the resident's medical record and reviewed annually with the resident unless, in the interval, he or she has been determined incapacitated, in accordance with section 475.075 or 404.825, RSMo. Residents' next of kin, legally authorized representatives or designees shall be contacted annually to assure their accessibility and understanding of the facility policies regarding emergency and life-sustaining care. II/III</p> <p>This regulation is not met as evidenced by: Class II*</p> <p>Based on interview and record review, facility staff failed to ensure advanced directives were reviewed annually with each resident or resident's next of kin, legally authorized representatives, or designee for three of three sampled residents (Residents #1 #2, and #3). The facility census</p>	A8010		

Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Amadi R. [Signature]* LWA

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A8010	<p>Continued From page 1 was 17.</p> <p>Review showed the facility did not provide a policy regarding reviewing advanced directives annually with each resident or his/her next of kin, legally authorized representative, or designee.</p> <p>1. Review of Resident #1's medical record showed the following: -Admission date of 11/27/23; -Staff did not document advanced directives were reviewed with the resident or his/her next of kin, legally authorized representative, or designee since 09/15/23 (admitting paperwork)</p> <p>2. Review of Resident #2's medical record showed the following: -Admission date of 08/24/22; -Staff did not document advanced directives were reviewed with the resident or his/ her next of kin, legally authorized representative, or designee since 08/18/22 (admitting paperwork)</p> <p>3. Review of Resident #3's medical record showed the following: -Admission date of 08/12/23; -Staff did not document advanced directives were reviewed with the resident or his/her next of kin, legally authorized representative, or designee since 07/25/23 (admitting paperwork).</p> <p>4. During an interview on 04/24/25, at 12:33 P.M., the Social Services Director (SSD) said the following: -He/She was the SSD for both the skilled nursing and residential care side of the facility; -Advanced directives are done on admission on both sides; -He/She was not aware advanced directives need to be reviewed annually on the residential care</p>	A8010		

*Donald Johnson WCHA*

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A8010	<p>Continued From page 2</p> <p>side of the facility; -He/She was responsible for completing advanced directives.</p> <p>During an interview on 04/24/25, at 1:51 P.M., the Administrator said the following: -He/She was not aware that advanced directives needed to be updated yearly on the residential care side of the facility; -The SSD is responsible for advanced directives on both sides of the facility.</p> <p>*The higher classification merited due to the extent of the violation.</p>	A8010		

*Amard [Signature] RW CNHA*

## PLAN OF CORRECTION

<b>Provider/Supplier Name:</b>	Good Shepherd Residential Care Facility
<b>Street Address, City, Zip:</b>	200 West 12 <sup>th</sup> Street. Lockwood, MO 65682
<b>Date of Survey:</b>	04/24/2025

**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
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A8010

A8010 19 CSR 30-88.010(10) Advance Directive Requirements Prior to or upon admission and at least annually after that, each resident or his or her next of kin, legally authorized representatives or designees shall be informed of facility policies regarding provision of emergency and life-sustaining care, of an individual's right to make treatment decisions for himself or herself and of state laws related to advance directives for health-care decision making. The annual discussion may be handled either on a group or on an individual basis. Residents' next of kin, legally authorized representatives or designees shall be informed, upon request, regarding state laws related to advance directives for health-care decision making as well as the facility's policies regarding the provision of emergency or life-sustaining medical care or treatment. If a resident has a written advance health-care directive, a copy shall be placed in the resident's medical record and reviewed annually with the resident unless, in the interval, he or she has been determined incapacitated, in accordance with section 475.075 or 404.825, RSMo. Residents' next of kin, legally authorized representatives or designees shall be contacted annually to assure their accessibility and understanding of the facility policies regarding emergency and life-sustaining care. II/III This regulation is not met as evidenced by: A8010 Class II\* Based on interview and record review, facility staff failed to ensure advanced directives were reviewed annually with each resident or resident's next of kin, legally authorized representatives, or designee for three of three sampled residents (Residents #1 #2, and #3). The facility census

On 04/28/2025 Social Services updated all Advance Directives with the annual review code status forms with all resident's in the RCF

04/28/2025

*Alison Robinson RN LWHHA*

