

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>21025D</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/24/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BUNGALOWS AT SPRINGFIELD EAST, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3540 EAST CHEROKEE SPRINGFIELD, MO 65809</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
A8004	<p><b>19 CSR 30-88.010(4) Resident Rights-Admission/Annual Review</b></p> <p>Each resident admitted to the facility, or his or her next of kin, legally authorized representative or designee, shall be fully informed of the individual's rights and responsibilities as a resident. These rights shall be reviewed annually with each resident, and/or his or her next of kin, legally authorized representative or designee, either in a group session or individually. II/III</p> <p>This regulation is not met as evidenced by: Class II*</p> <p>Based on record review and interview, the facility staff failed to ensure each resident, or legally authorized representative or designee, was informed of his/her rights and responsibilities annually when staff failed to document annual reviews for three of four sampled residents (Residents #1, #2, and #3). The facility census was 40.</p> <p>Review showed the facility did not provide a policy regarding reviewing annual resident rights.</p> <p>1. Review of Resident #1's medical record showed the following: -Admission date of 07/15/24; -Staff documented resident rights were last reviewed with the resident, or legally authorized representative/designee, on 07/15/24 (admission paperwork).</p> <p>2. Review of Resident #2's medical record showed the following: -Admission date of 12/26/23; -Staff documented resident rights were last reviewed with the resident, or legally authorized representative/designee on 12/26/23 (admission</p>	A8004		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Summer Baker* Executive Director 10/10/25

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>21025D</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/24/2025</b>
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A8004	<p>Continued From page 1 paperwork).</p> <p>3. Review of Resident #3's medical record showed the following: -Admission date of 07/31/24; -Staff documented resident rights were last reviewed with the resident, or legally authorized representative/designee on 07/31/24 (admission paperwork).</p> <p>4. During an interview on 09/24/25, at 4:31 P.M., the Executive Director said the following: -He/She did not know residents rights needed to be updated annually; -He/She thought residents rights only needed to be reviewed upon admission; -The Business Office Manager (BOM) completes the admission paperwork and resident rights; -The BOM will most likely be responsible for annual resident rights reviews.</p> <p>*The higher classification merited due to the extent of the violation.</p>	A8004		

