

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23613D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2024
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NAME OF PROVIDER OR SUPPLIER LAKWOOD-ASSISTED LIVING BY AMERICAR	STREET ADDRESS, CITY, STATE, ZIP CODE 4685 ROBERSON AVENUE SPRINGFIELD, MO 65810
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A4754	<p>19 CSR 30-86.047(28)(G) Individual Service Plan - Develop</p> <p>The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility:</p> <p>(G) Develops an individualized service plan (ISP), which means the planning document prepared by an assisted living facility which outlines a resident ' s needs and preferences, services to be provided, and goals expected by the resident or the resident ' s legal representative in partnership with the facility; II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to complete Individual Service Plans (ISP - the planning document prepared by an assisted living facility which outlines a resident ' s needs and preferences, services to be provided, and the goals expected by the resident or the resident ' s legal representative in partnership with the facility) for five residents (Resident #1, #2, #3, #4, and #5) upon admission to the facility. The facility census was 45.</p> <p>Review of the facility policy titled, "Plan of Care/ISP," effective 06/10/19, showed the following:</p> <p>-The Plan of Care/ISP for the resident should be completed upon admission, re-admission, change of condition and every six months. The individualized plan of care is a communication tool among caregivers and it directs the care;</p> <p>-An evaluation should be performed at pre-admission, admission, and ongoing to determine specific resident needs or conditions that require interventions through the care plan</p>	A4754		
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Missouri Department of Health and Senior Services

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

TITLE

(X6) DATE

[Signature]

Administrator

11/22/24

Missouri Department of Health and Senior Services

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A4754	<p>Continued From page 1</p> <p>process;</p> <p>-An individualized service plan/plan of care is designed to meet those needs identified that prevent the resident from maintaining the highest reasonable level of functioning;</p> <p>-Missouri Assisted Living Facilities (ALF) are required to complete Plan of Care/ISP on all residents within five days of admission and update every six months and when a change of condition is identified. Development and reviews must involve both resident and legal representative;</p> <p>-ISP should be updated within 24 hours on any resident who has had a hospitalization or Skilled Nursing Facility (SNF) stay.</p> <p>-ISP should outline a resident's needs, preferences, services to be provided and goals expected by the resident or the resident's legal representative. ISP provides for or coordinates oversight for services to meet the needs, social and recreational preferences, and should be documented in a written contract signed by the resident or legal representative of the resident.</p> <p>1. Review of Resident #1's face sheet showed the following:</p> <p>-Admission date of 07/09/24;</p> <p>-Diagnoses included neurocognitive disorder with lewy bodies (a progressive condition that causes a decline in thinking and motor skills), Parkinson's disease without dyskinesia with fluctuations (uncontrolled, involuntary movement that may occur with with Parkinson's), and chronic pain syndrome.</p> <p>Review of the resident's Community Based Assessment (CBA - documented basic information and analysis provided by appropriately trained and qualified individuals</p>	A4754		

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A4754	<p>Continued From page 2</p> <p>describing an individual ' s abilities and needs in activities of daily living, instrumental activities of daily living, vision/hearing, nutrition, social participation and support, and cognitive functioning using an assessment tool approved by the Department of Health and Senior Services), dated 07/12/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was admitted from an independent living facility, where he/she was not taking his/her medication and was having some falls; -The resident required supervision for bathing/grooming and was independent for transfers and ambulation. <p>Review of the resident's records showed staff did not document completion of an ISP.</p> <p>2. Review of Resident #2's face sheet showed the following:</p> <ul style="list-style-type: none"> -Admission date of 04/26/24; -Diagnoses included unspecified dementia, mild with mood disturbance (a chronic condition that causes a gradual decline in cognitive abilities, such as thinking, remembering, and reasoning), postconcussional syndrome, syncope (fainting) and collapse, and congestive heart failure. <p>Review of the resident's CBA, dated 04/26/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was admitted from a hospital where he/she was for six weeks for observation and is not able to be home alone; -The resident required supervision for bathing/grooming and is independent for transfers and ambulation. <p>Review of the resident's records showed staff did</p>	A4754		

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A4754	<p>Continued From page 3</p> <p>not document completion of an ISP.</p> <p>3. Review of Resident #3's face sheet showed the following:</p> <ul style="list-style-type: none"> -Admission date of 05/31/24; -Diagnoses included dementia in other classified elsewhere mild with mood disturbance, anxiety disorder, insomnia (a sleep disorder that makes it difficult to fall asleep or stay asleep), and low vision right eye and left eye. <p>Review of the resident's CBA, dated 06/04/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was admitted from home where his/her spouse had been his/her main caregiver; -The resident requires physical assistance for bathing/grooming and is independent for transfers and ambulation. <p>Review of the resident's records showed staff did not document completion of an ISP.</p> <p>4. Review of Resident #4's face sheet showed the following:</p> <ul style="list-style-type: none"> -Admission date of 08/07/24; -Diagnosis included dementia in other classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, Alzheimer's disease with late onset, and osteoporosis (bone loss). <p>Review of the resident's CBA, dated 08/09/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was admitted from another memory care unit; -The resident required physical assistance for 	A4754		

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A4754	<p>Continued From page 4</p> <p>bathing/grooming and is independent for transfers and ambulation.</p> <p>Review of the resident's records showed staff did not document completion of an ISP.</p> <p>5. Review of Resident #5's face sheet showed the following:</p> <ul style="list-style-type: none"> -Admission date of 09/20/24; -Diagnoses included Alzheimer's disease, insomnia, chronic pain syndrome, repeated falls, and adult failure to thrive. <p>Review of the resident's CBA, dated 09/24/24, showed the following:</p> <ul style="list-style-type: none"> -The resident was admitted from a Skilled Nursing Facility where he/she had been admitted for failure to thrive and falls; -The resident required physical assistance for bathing/grooming and supervision for transfers and ambulation. <p>Review of the resident's records showed staff did not document completion of an ISP.</p> <p>6. During an interview on 10/23/24, at 12:10 P.M., Level One Medication Aide (L1MA) B said the residents are supposed to have an ISP. He/she looks at the ISP to see if there is updates and to find out about new residents. The ISP helps him/her know more about the resident and what specific needs they may need.</p> <p>7. During an interview on 10/23/24, at 12:15 P.M., L1MA C said the ISP is supposed to be available for staff to look at. It lets the staff know how much assistance the resident required. He/she was aware that some of the newer residents did not</p>	A4754		

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A4754	<p>Continued From page 5</p> <p>have ISP's, but he/she thought the previous facility program manager was working on getting them caught up.</p> <p>8. During an interview on 10/23/24, at 11:47 A.M., LPN A said the following:</p> <ul style="list-style-type: none"> -She has been covering the nursing duties at the facility since last weeks. He/she was going to start looking at ISPs and making sure they were updated; -The ISP should be completed within five days of admission and every six months. It is generally completed by the nurse and the program manager; -He/she was not aware that some of the residents did not have a completed ISP. <p>9. During an interview on 10/23/24, at 11:34 A.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -The resident's ISP should be completed when a resident admits to the facility after the community-based assessment is completed -The program manager is generally responsible for completing the ISP. The facility's program director recently quit; -He/she was not aware that the some resident ISP's were not being completed upon admission. <p>MO00244008</p>	A4754		

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.