

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31791	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2024
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NAME OF PROVIDER OR SUPPLIER ASHTON ON THE PLAZA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 EMANUEL CLEAVER II BLVD KANSAS CITY, MO 64112
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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
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A4708	<p>19 CSR 30-86.047(10) Care to Meet Resident Needs or Discharge</p> <p>The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or discharged from the facility. /II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on interview and record review, the facility failed to provide one sample resident (Resident#1) with a current discharge placement that could meet his/her needs out of three sampled residents. The facility census was 30 residents.</p> <p>Review of facility Discharge Process Policy dated April 8,2024 showed:</p> <ul style="list-style-type: none"> -Written Notice of the possible need for an involuntary move should be provided verbally, in a meeting with the resident and/or his/her family, significant others, and/or his/her case manager. -If it appears the concern can be adequately addressed, the resident should be put on a probationary status for 30 days to monitor the situation. -This status should be formalize by written notice as approved by the region. -Document all communication and probationary plan in the written notice copy with the resident and/or he/her family/significant others in the resident administrative file notes. -Follow all state, licensing regulation requirements for the residency. -Emergency discharges can be completed if the 	A4708		
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Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Amy Freeman

TITLE
Administrator

(X6) DATE
11-15-24

Missouri Department of Health and Senior Services

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A4708	<p>Continued From page 1</p> <p>resident developed a physical or mental condition or engaged in behaviors that created an immediate threat to his/her health and safety or another residents' health and safety.</p> <p>1. Review of Resident #1's undated face sheet showed he/she was admitted to the facility on 12/16/23 and had diagnoses that include: -Anxiety disorder (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing. -Dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain). -Had a family member listed as his/her responsible party.</p> <p>Review of Resident's Progress Noted dated 10/4/24 showed; -The resident was observed opening the patio door and punching another resident multiple times in their face. -The resident also pushed the other resident down and he/she fell into a patio table. -Staff immediately separated the two residents and kept Resident #1 on a one to one supervision until he/she was sent to the hospital.</p> <p>Review of the resident's Termination of Residency Agreement dated 10/4/24, showed: -The resident assaulted a female resident by pushing and punching him/her in an unprovoked attack. -The resident was being discharge for his/her safety or the safety of individuals who would be</p>	A4708		

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A4708	<p>Continued From page 2</p> <p>endangered.</p> <p>-The letter identified a discharge place as a another Assisted Living Facility (ALF).</p> <p>-Note: The facility where the resident was being discharge to never accept him/her for placement.</p> <p>Review of the resident's Service Plan 10/5/24, showed:</p> <p>-The resident had occasional behavior issues of disruptive,aggressive or socially inappropriate behavior either verbally or physically improper.</p> <p>-Resident was otherwise very approachable, and had a pleasant mood.</p> <p>-Resident was frequently disoriented and required supervisor and oversight.</p> <p>Review of the resident's progress note dated 10/7/24 showed the resident was re-admitted back into the facility.</p> <p>During an interview on 10/8/24 at 10:00 A.M., Executive Director A said:</p> <p>-Resident #1 was having some behavioral issues and physically put his/her hands on another resident at the facility.</p> <p>-The resident was issued an emergency discharge letter.</p> <p>-The discharge letter had the new ALF listed where the resident was being sent to.</p> <p>-However, the new ALF came to assess the resident and never accepted him/her at their facility.</p> <p>-He/she listed the new ALF facility on the discharge letter without following up with them to ensure he/she had been accepted there.</p> <p>-The resident was accepted back into the facility.</p> <p>During an interview on 10/8/24 at 11:00 A.M.,</p>	A4708		

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A4708	<p>Continued From page 3</p> <p>Resident #1 said: -An interview with the resident was attempt. -The resident was not interviewable.</p> <p>During an interview on 10/8/24 at 11:02 A.M., Family Member A said: -He/she is the resident's responsible party. -The resident was being discharge due to a resident to resident incident. -He/she didn't think his/her family member deserved to be urgently discharged. -He/she was being discharge to a facility that did not accept him/her. -He/she received the termination of residency agreement. -The resident was being discharged to the new ALF that never accept him/her for placement.</p> <p>During an interview on 10/8/24 at 1:25 P.M., the Ombudsman said: -He/she had reviewed the termination of the residency agreement and it showed that the resident was being sent to another new ALF that didn't accept him/her for placement. -He/she had spoken to Executive Director A about the agreement.</p> <p>During an interview on 10/8/24 at 3:00 P.M., Front Office Staff said: -The new ALF never sent over a referral for placement for this resident. -The resident was never accept to live in their building.</p> <p>MO00243206</p>	A4708		

PLAN OF CORRECTION

Provider/Supplier Name:	Ashton on the Plaza ALF II	
Street Address, City, Zip:	2 Emmanuel Cleaver Blvd, Kansas City, MO 64112	
Date of Survey:	10/10/2024	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		31791
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4708	<p>What corrective actions will be done to all residents affected by the deficient practice?</p> <ul style="list-style-type: none"> • - Any resident exhibiting aggressive behavior that cannot be managed effectively within the facility will require a one on one sitter until placement is secured and the resident is transferred. The resident cited has been transferred to _____ on 10/11/2024. The Executive Director and Wellness Director were in-serviced on the requirements of transfers to ensure all requirements are met going forward by the regional team on 10/31/24 and have signed acknowledgement of the training and expectations. 	10/31/24
	<p>How will you identify other residents with potential to be affected by the same deficient practice?</p> <p>- The Community reviewed each resident's record to determine which residents, if any, could have been affected by the alleged deficient practice.</p>	10/31/24
	<p>What measures are being put into place or systemic changes to prevent a reoccurrence?</p> <p>-Residents requiring discharge for aggressive behaviors will have placement located and availability confirmed prior to the notice of discharge being issued. The Wellness Director or designee will request confirmation of acceptance to be added to the resident's chart.</p>	11/1/24
	<p>How will they monitor to prevent reoccurrence?</p> <p>-The Executive Director will review discharge to verify that the resident (or legal representative _ has been referred to an appropriate placement and that the placement has confirmed that the placement has accepted the resident for admission prior to the resident's discharge from the Community.</p>	11/1/24

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.