An administrator signature on the 2567 & approved POC could not be found in file.

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A4711	19 CSR 30-86.047(13)(A) Criminal Background Check Requirements Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted from an employment agency, the employment agency shall, prior to sending a temporary employee to a facility: (A) Request a criminal background check for the person, as provided in section 660.317, RSMo. Each facility shall maintain documents verifying that the background checks were requested, the date of each such request, and the nature of the response received for each such request. II This regulation is not met as evidenced by: Class II Based on interview and record review the facility failed to request a background check prior to allowing one of five sampled staff (Housekeeper A) to have contact with residents. Additionally, the facility failed to maintain documentation of a criminal background check for four of five sampled staff (Certified Nursing Aide (CNA) A, CNA B, Server A, and Nursing Aide A). The facility census was 42. The facility did not provide a policy regarding background screenings. 1. Review of Housekeeper A's personnel record showed: -He/She was hired on 03/14/25; -A Family Care Safety Registry (FCSR) check was completed in lieu of a background check, but was not completed until 04/09/25.	A4711		

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A4711	Continued From page 1 2. Review of CNA A's personnel record showed: -He/She was hired on 03/26/25; -No background check was provided by the facility. 3. Review of CNA B's personnel record showed: -He/She was hired on 11/06/24; -No background check was provided by the facility. 4. Review of Server A's personnel record showed: -He/She was hired on 08/15/24; -No background check was provided by the facility. 5. Review of Nursing Aide A's personnel record showed: -He/She was hired on 10/18/24; -No background check was provided by the facility. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said: -He/She had worked for the facility for 7 weeks, and was unsure if CNA A, CNA B, Server A, or Nursing Aide A had background checks completed; -He/She did not know Housekeeper A's background check was not requested prior to his/her start; -Criminal background checks were expected to be completed prior to a staff member beginning work for all staff.	A4711		
A4714	19 CSR 30-86.047(13)(B) EDL Inquiry Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to	A4714		

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A4714	Continued From page 2 have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted from an employment agency, the employment agency shall, prior to sending a temporary employee to a facility: (B) Make an inquiry to the department, as provided in section 660.315, RSMo, as to whether the person is listed on the EDL. Each facility shall maintain documents verifying that the EDL checks were requested, the date of each such request, and the nature of the response received for each such request. The inquiry may be made through the department ' s website; II/III This regulation is not met as evidenced by: Class II* Based on interview and record review the facility failed to request an Employee Disqualification List (EDL) check prior to allowing one of five sampled staff (Housekeeper A) to have contact with residents. Additionally, the facility failed to maintain documentation of an EDL check for four of five sampled staff (Certified Nursing Aide (CNA) A, CNA B, Server A, and Nursing Aide A). The facility census was 42. The facility did not provide a policy regarding EDL checks. 1. Review of Housekeeper A's personnel record showed: -He/She was hired on 03/14/25; -A Family Care Safety Registry (FCSR) check was completed in lieu of an EDL check, but was not completed until 04/09/25.	A4714		

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A4714	Continued From page 3 2. Review of CNA A's personnel record showed: -He/She was hired on 03/26/25; -No EDL check was provided by the facility. 3. Review of CNA B's personnel record showed: -He/She was hired on 11/06/24; -No EDL check was provided by the facility. 4. Review of Server A's personnel record showed: -He/She was hired on 08/15/24; -No EDL check was provided by the facility. 5. Review of Nursing Aide A's personnel record showed: -He/She was hired on 10/18/24; -No EDL check was provided by the facility. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said: -He/She had worked for the facility for 7 weeks, and was unsure if CNA A, CNA B, Server A, or Nursing Aide A had EDL checks completed; -He/She did not know Housekeeper A's EDL check was not requested prior to his/her start; -EDL checks were expected to be completed prior to a staff member beginning work for all staff. *Higher class merited due to the impact when combined with other deficiencies.	A4714		
A4724	19 CSR 30-86.047(19) TB Screen Residents & Staff The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II	A4724		

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A4724	Continued From page 4 This regulation is not met as evidenced by: Class II Based on interview and record review, the facility failed to ensure the required two step tuberculosis (TB) screening test was completed prior to the first day on duty for five of five sampled staff (Housekeeper A, Certified Nursing Aide (CNA) A, CNA B, Server A, and Nursing Aide A). The facility census was 42. General requirements for TB testing for employees in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows: -Long Term Care Employees and Volunteers. All new long-term care facility employees and volunteers who work ten (10) or more hours per week are required to obtain a Mantoux Purified Protein Derivative (PPD) (Mantoux, TB skin test, tuberculin skin test, and PPDs are often used interchangeably. Mantoux refers to the technique for administering the test. Tuberculin (also called PPD) is the solution used to administer the test) two (2)-step tuberculin test within one (1) month prior to starting employment in the facility. If the initial test is zero to nine millimeters (0-9 mm), the second test should be given as soon as possible within three (3) weeks after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one (1) subsequent annual test within the past two (2) years. It is the responsibility of each facility to maintain a documentation of each employee's and volunteer's tuberculin status. (E) Employees and volunteers with an initial zero to nine millimeters (0-9 mm) Mantoux PPD two (2)-Step test shall be one (1)-step tuberculin tested annually and the results recorded in a permanent record.	A4724		

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A4724	Continued From page 5 The facility did not provide a policy regarding TB screening for employees. 1. Review of Housekeeper A's personnel record showed: -He/She was hired on 03/14/25; -The first step was not administered until 04/16/25 and had not been read. 2. Review of CNA A's personnel record showed: -He/She was hired on 03/26/25; -No TB screening was provided by the facility. 3. Review of CNA B's personnel record showed: -He/She was hired on 11/06/24; -No TB screening was provided by the facility. 4. Review of Server A's personnel record showed: -He/She was hired on 08/15/24; -No TB screening was provided by the facility. 5. Review of Nursing Aide A's personnel record showed: -He/She was hired on 10/18/24; -No TB screening was provided by the facility. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said: -He/She expected at least the first step of the two step TB screening to be completed prior to an employee's first date on duty; -He/She did not know Housekeeper A had not had their TB screening completed; -He/She did not know if CNA A, CNA B, Server A, and Nurses Aide A had TB screenings on file.	A4724		

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A4733	Continued From page 6	A4733		
A4733	19 CSR 30-86.047(20)(I) Personnel Record-physician statement, employ The administrator shall maintain on the premises an individual personnel record on each facility employee, which shall include the following: (I) Written statement signed by a licensed physician or physician ' s designee indicating the person can work in a long-term care facility and indicating any limitations; III This regulation is not met as evidenced by: Class III Based on interview and record review the facility failed to maintain on premises a written statement signed by a licensed physician or physician's designee indicating the person could work in a long-term care facility and any limitations for five of five sampled staff, (Housekeeper A, Certified Nursing Aide (CNA) A, CNA B, Server A, and Nursing Aide A). The facility census was 42. The facility did not provide a policy regarding physician statements. 1. Review of Housekeeper A's personnel record showed: -He/She was hired on 03/14/25; -No written statement signed by a physician or physician's designee was provided by the facility. 2. Review of CNA A's personnel record showed: -He/She was hired on 03/26/25; -No written statement signed by a physician or physician's designee was provided by the facility.	A4733		

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A4733	Continued From page 7 3. Review of CNA B's personnel record showed: -He/She was hired on 11/06/24; -No written statement signed by a physician or physician's designee was provided by the facility. 4. Review of Server A's personnel record showed: -He/She was hired on 08/15/24; -No written statement signed by a physician or physician's designee was provided by the facility. 5. Review of Nursing Aide A's personnel record showed: -He/She was hired on 10/18/24; -No written statement signed by a physician or physician's designee was provided by the facility. During an interview on 04/09/25 at 2:30 A.M. the Administrator said: -The facility likely did not have physician statements for any staff. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said: -He/She did not know physician's statements were required.	A4733		
A4750	19 CSR 30-86.047(28)(F)(1)(B) Community Based Assessment - Semi-Annually 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: (F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule:	A4750		

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A4750	Continued From page 8 1. Time frame requirements for assessment shall be: B. At least semiannually; II This regulation is not met as evidenced by: Kreutzer, Alesa Class II Based on record review and interview, the facility failed to review community based assessments (CBA) at least semi-annually for three of four sampled residents (Resident #1, #2, and #3. The facility census was 42. The facility did not provide a policy regarding review of CBA's. 1. Review of Resident #1's record showed: -He/She was admitted to the facility on 10/30/23; -Diagnoses included type II diabetes mellitus (a chronic condition characterized by high blood sugar levels due to the body's resistance to insulin or the pancreas's inability to produce enough insulin to overcome this resistance), high blood pressure, dementia (a decline in mental abilities severe enough to interfere with daily life), anxiety, and depression; -No signed CBA for 2024 or 2025. 2. Review of Resident #2's record showed: -He/She was admitted to the facility on 09/28/23; -Diagnoses included anxiety and Lewy body dementia (a progressive form of dementia characterized by the buildup of abnormal protein deposits called Lewy bodies in the brain); -A CBA date 08/29/24 was found; -No CBA completed since 08/29/24.	A4750		

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A4750	Continued From page 9 3. Review of Resident #3's record showed: -He/She was admitted to the facility on 04/30/22; -Diagnoses included hypertension, kidney failure, heart failure, and seizures (a sudden, temporary disruption of the brain's normal electrical activity, often resulting in changes in behavior, movement, feeling, and consciousness); -No signed CBA for 2024 or 2025. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said: -He/She expected CBA's to be reviewed semi-annually; -He/She was unaware Resident #1, #2, and #3 CBA's were not up to date.	A4750		
A4755	19 CSR 30-86.047(28)(H) Individual Service Plan - Review Requirements 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: (H) Reviews the ISP with the resident, or legal representative of the resident, at least annually or when there is a significant change in the resident ' s condition which may require a change in services; II This regulation is not met as evidenced by: Class II Based on interview and record review the facility failed to review an individualized service plan (ISP) with the resident or the resident's legal representative at least annually for three of four sampled residents (Resident #1, #2, and #3). The facility census was 42.	A4755		

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A4755	Continued From page 10 The facility did not provide a policy regarding ISP's. 1. Review of Resident #1's record showed: -He/She was admitted to the facility on 10/30/23; -Diagnoses included type II diabetes mellitus (a chronic condition characterized by high blood sugar levels due to the body's resistance to insulin or the pancreas's inability to produce enough insulin to overcome this resistance), high blood pressure, dementia (a decline in mental abilities severe enough to interfere with daily life), anxiety, and depression; -No ISP. 2. Review of Resident #2's record showed: -He/She was admitted to the facility on 09/28/23; -Diagnoses included anxiety and Lewy body dementia (a progressive form of dementia characterized by the buildup of abnormal protein deposits called Lewy bodies in the brain); -An ISP was completed on 06/17/24 and 08/29/24, however neither was signed by the resident or the resident's legal representative indicating it was reviewed with them upon completion. 3. Review of Resident #3's record showed: -He/She was admitted to the facility on 04/30/22; -Diagnoses included hypertension, kidney failure, heart failure, and seizures (a sudden, temporary disruption of the brain's normal electrical activity, often resulting in changes in behavior, movement, feeling, and consciousness); -No ISP. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said:	A4755		

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A4755	Continued From page 11 -He/She expected ISP's to be reviewed annually or upon a significant change of condition; -He/She was not aware Residents #1, #2, and #3 did not have ISP completed or up to date and reviewed.	A4755		
A4817	19 CSR 30-86.047(51)(A)(1) Schedule II Meds-Reconcile Each Shift, Record Records shall be maintained upon receipt and disposition of all controlled substances and shall be maintained separately from other records, for two (2) years. (A) Inventories of controlled substances shall be reconciled as follows: 1. Controlled Substance Schedule II medications shall be reconciled each shift; II This regulation is not met as evidenced by: Class II Based on interview and record review, the facility failed to ensure inventories of Schedule II controlled substances (medications which have a high potential for abuse) were reconciled by two qualified staff each shift for one resident (Resident #2) of four sampled residents. The facility census was 42. The facility did not provide a policy regarding the reconciliation of Schedule II controlled substances. 1. Review of Resident #2's medical chart showed: -He/She resided on the facility's Memory Care	A4817		

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A4817	Continued From page 12 Unit; -Diagnoses included Dementia with Lewy bodies (a progressive brain disorder characterized by the accumulation of protein deposits called Lewy bodies in nerve cells) and Alzheimer's disease. Review of Resident #2's physician orders showed and order for: -7/31/24 Morphine Sulfate Sol 100/5 Milliliters (ML) solution, give 0.5 ML by mouth every 4 hours under the tongue as needed for pain and shortness of air. Review of the Memory Care Unit Narcotic Book Controlled Substance Shift change Count Sheet showed the following: -For March 2025 there were no staff signatures for the narcotic shift count for 3/25/25 2:00 P.M.-10:00 P.M. off shift, 3/26/25 6:00 A.M.-2:00 P.M. on shift, and 3/31/25 2:00 P.M.-10:00 P.M. off shift. -For April 2025 there were no staff signatures for the narcotic shift count for 4/2/25 6:00 A.M. - 2:00 P.M. on shift or 2:00 P.M.-10:00 P.M. off shift, 4/3/25 6:00 A.M.-2:00 P.M. off shift and on shift, 2:00 P.M.-10:00 P.M. off shift and on shift, 4/4/25 2:00 P.M.-10:00 P.M. off shift and on shift and 10:00 P.M.-6:00 A.M. off shift and on shift, 4/5/25 6:00 A.M. - 2:00 P.M. off shift. During an interview on 4/9/25 at 11:40 A.M., the Memory Care Director said: -He/She expected Schedule II controlled substances to be reconciled by two staff at the beginning and end of each shift. During an interview on 4/27/25 at 3:27 P.M., the Executive Director said: -He/She expected Schedule II controlled	A4817		

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A4817	Continued From page 13 substances to be reconciled by two staff at the beginning and end of each shift. MO250525	A4817		
A4837	19 CSR 30-86.047(58)(B) Resident Condition/Medication Review The facility shall maintain a record in the facility for each resident, which shall include the following: (B) A review monthly or more frequently, if indicated, of the resident ' s general condition and needs; a monthly review of medication consumption of any resident controlling his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of administration of medication; a logging of the medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others and accidents that potentially could result in injury or did result in injuries involving the resident; III This regulation is not met as evidenced by: Class III Based on record review and interview, the facility failed to maintain on record a monthly review of each resident's general condition, needs, and significant incidents for four of four sampled residents (Resident #1, #2, #3, and #4). The facility census was 42.	A4837		

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A4837	Continued From page 14 The facility did not provide a policy regarding monthly reviews. 1. Review of Resident #1's record showed: -He/She was admitted to the facility on 10/30/23; -Diagnoses included type II diabetes mellitus (a chronic condition characterized by high blood sugar levels due to the body's resistance to insulin or the pancreas's inability to produce enough insulin to overcome this resistance), high blood pressure, dementia (a decline in mental abilities severe enough to interfere with daily life), anxiety, and depression; -No monthly review was found for 2024 or 2025. 2. Review of Resident #2's record showed: -He/She was admitted to the facility on 09/28/23; -Diagnoses included anxiety and Lewy body dementia (a progressive form of dementia characterized by the buildup of abnormal protein deposits called Lewy bodies in the brain); -No monthly review was found for 2024 or 2025. 3. Review of Resident #3's record showed: -He/She was admitted to the facility on 04/30/22; -Diagnoses included hypertension, kidney failure, heart failure, and seizures (a sudden, temporary disruption of the brain's normal electrical activity, often resulting in changes in behavior, movement, feeling, and consciousness); -No monthly review was found for 2024 or 2025. 4. Review of Resident #4's record showed: -He/She was admitted to the facility on 05/09/22; -Diagnoses included dementia, hypertension, and history of a stroke (a sudden loss of brain function that occurs when blood flow to the brain is interrupted);	A4837		

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A4837	Continued From page 15 -No monthly review was found for 2024 or 2025. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said: -He/She did not realize a monthly review should have included more than just a resident's monthly vitals; -He/She expected monthly reviews to be completed monthly.	A4837		
A6031	19 CSR 30-87.020(31) Kitchen Waste Containers Covered Waste containers used in food-preparation and utensil-washing areas shall be kept covered when not in actual use. III This regulation is not met as evidenced by: Class III Based on observation and interview the facility failed to ensure all waste containers used in food-preparation and utensil washing areas were kept covered when not in use. This had the potential to affect all residents. The facility census was 42. Review of the facility's kitchen sanitation policy dated 07/01/22 showed waste containers were to be kept covered. 1. Observation of the kitchen on 05/14/24 at 9:10 A.M. showed: -One trash can near the window to the dish room, without a lid; -Two trash cans near the opposite end of the grill/prep area, without lids; -One trash can in the dish washing area, without a lid.	A6031		

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A6031	Continued From page 16 During an interview on 4/21/25 at 3:27 P.M., the Executive Director said he/she was not aware that lids were required to be kept on the trash cans when not in use.	A6031		
A7016	19 CSR 30-87.030(14) Food-Clean Containers, Storage, Covers Food, whether raw or prepared, if removed from the container or package in which it was obtained, shall be stored in a clean covered container except during necessary periods of preparation or service. Container covers shall be impervious and nonabsorbent except that linens or napkins may be used for lining or covering bread or roll containers. III This regulation is not met as evidenced by: Class III Based on observation, interview and record review, the facility staff failed to store food in a manner to prevent contamination when bulk food items were not stored in clean, covered containers.. The facility census was 42. Review of the facility's food handling and storage policy dated 07/01/22 showed all food should have been kept covered. Review of the facility's daily cleaning log policy dated 07/01/22 showed bin surfaces were to be cleaned daily and kept free of debris. 1. Observation of the kitchen on 4/9/25 at 9:40 A.M. showed: -The lids of the four bulk bins labeled as sugar, flour, panko, and corn meal were covered in dust,	A7016		

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A7016	Continued From page 17 dirt, and food debris. 2. Observation of the walk-in refrigerator on 04/09/25 at 10:25 A.M. showed: -A pitcher of tea with no lid; -12 prepared cups of sour cream, not covered; -Five prepared bowls of pie, not covered; -Two prepared bowls of fruit cocktail, not covered; -A four quart container of cooked quinoa uncovered. During an interview on 4/21/25 at 3:27 P.M., the Executive Director said: -He/She expected the bulk bins to be cleaned as needed; -All food not in its original container should be kept covered.	A7016		
A7057	19 CSR 30-87.030(55) Ventilation Hoods, Clean, Filters Removable 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 all ventilation hood filters were kept clean and in good repair. The facility census was 42. Review of the facility's daily cleaning policy dated	A7057		

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A7057	Continued From page 18 07/01/22 showed ventilation hoods and vents were to be checked and cleaned of excess build up daily. 1. Observation of the kitchen on 4/9/25 at 9:40 A.M. showed: -One hood vent filter was missing; -All other hood vent filters were covered in a thick greasy substance. During an interview on 4/21/25 at 3:27 P.M., the Executive Director said he/she expected all hood vent filters to be in place and cleaned as needed.	A7057		
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, record review, and interviews, the facility failed to keep nonfood-contact surfaces of equipment clean free from dust, dirt, food particles, and buildup. This had potential to affect all residents. The facility census was 42. Review of the facility's cleaning log policies dated 07/01/22 showed: -Walls were cleaned on a monthly basis; -Shelves were cleaned on a weekly basis; -The refrigerators were cleaned daily. 1. Observation of the kitchen on 4/9/25 at 9:40	A7067		

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A7067	Continued From page 19 A.M. showed: -The stainless steel backsplash behind the fryer and grill was partially covered with a thick greasy substance and other food debris; -The lower shelves of the food preparation table was corroded with dirt, dust, and other debris; -The outside of both small refrigerators in the food preparation area had a build up of a greasy/sticky substance and small food particles stuck to it. During an interview on 4/21/25 at 3:27 P.M., the Executive Director said he/she expected all nonfood-contact surfaces to be cleaned as needed.	A7067		
A8004	19 CSR 30-88.010(4) Resident Rights-Admission/Annual Review 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 This regulation is not met as evidenced by: Class III Based on record review and interview, the facility failed to review resident rights annually with each resident, and/or his/her designee for four of four sampled residents (Resident #1, #2, #3, and #4). The facility census was 42. The facility did not provide a policy regarding	A8004		

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A8004	Continued From page 20 review of resident rights. 1. Review of Resident #1's record showed: -He/She was admitted to the facility on 10/30/23; -No signed resident rights were found for 2024 or 2025. 2. Review of Resident #2's record showed: -He/She was admitted to the facility on 09/28/23; -No signed resident rights were found for 2024 or 2025. 3. Review of Resident #3's record showed: -He/She was admitted to the facility on 04/30/22; -No signed resident rights were found for 2024 or 2025. 4. Review of Resident #4's record showed: -He/She was admitted to the facility on 05/09/22; -No signed resident rights were found for 2024 or 2025. During an interview on 04/21/25 at 3:27 P.M. the Executive Director said: -He/She was unsure of the process in tracking signed resident rights before he/she started working at the facility; -He/She expected resident rights be reviewed with each resident upon admission and annually.	A8004		