

Missouri Department of Health and Senior Services

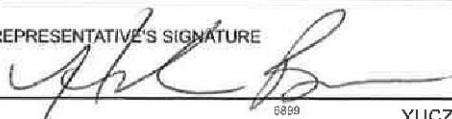
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31581	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/30/2025
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NAME OF PROVIDER OR SUPPLIER
CEDARHURST OF BLUE SPRINGS

STREET ADDRESS, CITY, STATE, ZIP CODE
**20551 E TRINITY PLACE
BLUE SPRINGS, MO 64015**

(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
A4704	<p>19 CSR 30-86.047(6) Operator/Administrator Responsibilities</p> <p>The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator's responsibilities shall include oversight of residents to assure that they receive care as defined in the individualized service plan. II/III</p> <p>This regulation is not met as evidenced by: Class II*</p> <p>Based on observation, interview, and record review, the operator failed to assure the facility remained in compliance with all applicable laws and regulations when the Administrator placed Resident #6 and #7 in room 228 together which was licensed by the Department of Health and Senior Services (DHSS) for one resident. The facility census was 66.</p> <p>The facility did not provide a policy regarding placement of residents in rooms per approved beds.</p> <p>Review of a bed listing dated 01/08/25 showed room 228 was licensed by DHSS for one bed.</p> <p>1. Observation of room 228 on 04/30/25 at 10:35 A.M. showed: -Resident #6 and Resident #7's names on the name placard outside the room; -There was one twin sized bed in the bedroom area and one couch in the living room area; -Resident #6 was laying on the couch; -Resident #7 was sleeping on the twin size bed in</p>	A4704		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director 5/22/25

(X6) DATE

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Missouri Department of Health and Senior Services LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 05/23/25
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A4704	<p>Continued From page 1</p> <p>the bedroom area; -There was not enough space to place a second bed for Resident #2.</p> <p>During an interview on 04/30/25 at 2:35 P.M., Resident #6 said: -He/She and Resident #7 had lived at the facility for approximately six months, and had lived in this room the entirety of their stay; -The room felt a little small; -There was not enough room in the bedroom area for Resident #7's hospital bed and a bed for himself/herself; -He/She stored his/her personal belongings in an entry way closet because there was not enough space in the bedroom closet for his/her personal belongings.</p> <p>During an interview on 04/30/25 at 3:05 P.M. the Administrator said: -He/She did not realize room 228 was licensed for one resident.</p> <p>* Higher classification merited due to the extent of the violation.</p>	A4704		
A4724	<p>19 CSR 30-86.047(19) TB Screen Residents & Staff</p> <p>The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. 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 ensure the required two step tuberculosis (TB) screening test or an annual evaluation was</p>	A4724		

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A4724	<p>Continued From page 2</p> <p>completed for two of six sampled residents (Residents #2 and #3). The facility census was 66 residents.</p> <p>General requirements for TB testing for residents in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows:</p> <ul style="list-style-type: none"> -Long-term care facilities shall screen their residents for tuberculosis. Each facility shall be responsible for ensuring that all test results are completed and that documentation is maintained; -Within one month prior to or one week after admission, all residents new to long-term care are required to have the initial test of a two-step TB test; -If the resident's initial test is negative, the second test should be given one to three weeks later. The CDC (Centers for Disease Control) states TB tests should be read 48 to 72 hours after administration; -All long-term care facility residents shall have a documented annual evaluation to rule out signs and symptoms of TB disease; -All positive findings shall require a chest X-ray to rule out active pulmonary disease; -Individuals with a positive finding need not have repeat annual chest X-rays. They shall have a documented annual evaluation to rule out signs and symptoms of tuberculosis disease. <p>The facility did not provide a policy regarding TB screening.</p> <p>1. Review of Resident #2's record showed:</p> <ul style="list-style-type: none"> -He/She was admitted to the facility on 02/05/24; -The last TB screening was the two step screening completed at admission; -The first step was administered on 02/06/24 and read on 02/08/24; -The second step was administered on 03/03/24 	A4724		

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A4724	Continued From page 3 and read on 03/06/24; -Resident #2 was due for his/her annual screening on 03/07/25. 2. Review of Resident #3's record showed: -He/She was admitted to the facility on 04/19/19; -The most current TB screening was dated on 05/01/23; -No TB screen was found or 2024 or 2025. During an interview on 04/30/25 at 3:05 P.M. the Administrator said: -He/She did not realize Resident #2 and #3 were not up to date on their annual TB screening; -He/She expected these to be completed at admission and annually thereafter.	A4724		
A7013	19 CSR 30-87.030(11) Food-Safe, Obtain From Appropriate Sources Food shall be in sound condition, free from spoilage, filth or other contamination and shall be safe for human consumption. Food shall be obtained from sources that comply with all laws relating to food and food labeling. The use of food in hermetically sealed containers that was not prepared in a food-processing establishment is prohibited. Nothing in this section shall prohibit facilities from using fresh vegetables or fruits purchased from farmers ' markets or obtained from the facility garden or residents ' family gardens. I/II This regulation is not met as evidenced by: Class II Based on observation, interview, and record review the facility failed to ensure food was obtained from sources that were in compliance	A7013		

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A7013	<p>Continued From page 4</p> <p>with all laws relating to food and food labeling. This had the potential to affect all residents. The facility census was 66.</p> <p>The facility did not provide a policy regarding labeling and dating food items.</p> <p>1. Observations of the walk-in cooler in the kitchen on 4/30/25 at 10:20 A.M. showed: -A gallon sized Ziploc bag of raw chicken with no label or date; -Half of a 10 lb. roll of ground beef wrapped in plastic with no label or date; -Half of a tub of sour cream with no label or date of when it was opened.</p> <p>During an interview on 4/30/25 at 3:05 P.M. the Administrator said: -He/She expected all food to be labeled and dated; -Dietary staff were responsible for ensure food was labeled and dated.</p>	A7013		
A7016	<p>19 CSR 30-87.030(14) Food-Clean Containers, Storage, Covers</p> <p>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</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and interview the facility</p>	A7016		

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A7016	<p>Continued From page 5</p> <p>failed to ensure all food if removed from its original container was stored in a clean covered container, when prepared food was found left uncovered. This had the potential to affect all residents. The facility census was 66.</p> <p>The facility did not provide a policy regarding food storage.</p> <p>1. Observation of the kitchen's walk in refrigerator on 04/30/25 at 10:19 A.M. showed: -A tray of 31 prepared ramikens of condiments left uncovered on the bread rack; -A tray holding 11 prepared bowls of pudding left uncovered on the bread rack below the tray of condiments.</p> <p>During an interview on 04/30/25 at 3:05 P.M. the Administrator said: -He/She expected food to be covered and stored appropriately.</p>	A7016		
A7057	<p>19 CSR 30-87.030(55) Ventilation Hoods, Clean, Filters Removable</p> <p>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</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and interview the facility failed to ensure all ventilation hoods were kept clean to prevent grease from dripping into food or</p>	A7057		

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A7057	<p>Continued From page 6</p> <p>onto food-contact surfaces. This had the potential to affect all residents. The facility census was 66 residents.</p> <p>The facility did not provide a policy regarding cleaning of vent hood filters.</p> <p>1. Observation in the kitchen on 04/30/25 at 10:19 A.M. showed: -The vent hood filters above the grill, griddle, and fryer were caked with grease hanging over the edge of the hood above the surface below.</p> <p>During an interview on 04/30/25 at 10:25 A.M. the Dietary Manager said: -He/She was still new to the facility, but he/she was aware of the concern for cleanliness and was working on improvements.</p> <p>During an interview on 04/30/25 at 3:05 P.M. the Administrator said: -The Dietary Manager was very new, and was still working things out in the kitchen regarding cleaning; -He/She expected the hood vents to be a part of the culinary services' weekly cleaning.</p>	A7057		
A8004	<p>19 CSR 30-88.010(4) Resident Rights-Admission/Annual Review</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>	A8004		

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A8004	<p>Continued From page 7</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation, interview, and record review the facility failed to ensure resident rights were reviewed annually with each resident, and/or his/her next of kin, legally authorized representative or designee for five of six sampled residents (Resident #1, #2, #3, #4, and #5). The facility census was 66 residents.</p> <p>The facility did not provide a policy regarding annual review of resident rights.</p> <p>Observation on 04/30/25 showed the resident rights poster was posted on the wall right outside the dining hall.</p> <p>1. Review of Resident #1's record showed: -He/She was admitted to the facility on 10/19/22; -No review of resident rights was found.</p> <p>2. Review of Resident #2's record showed: -He/She was admitted to the facility on 02/05/24; -The last review of resident rights was signed and dated on 01/30/24.</p> <p>3. Review of Resident #3's record showed: -He/She was admitted to the facility on 04/19/19; -The last review of resident rights was signed and dated on 04/17/19.</p> <p>4. Review of Resident #4's record showed: -He/She was admitted to the facility on 07/01/22; -The last review of resident rights was signed and dated 06/27/22.</p> <p>5. Review of Resident #5's record showed: -He/She was admitted to the facility on 07/29/24; -No resident rights review was found.</p>	A8004		

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A8004	Continued From page 8 During an interview on 04/30/25 at 3:05 P.M. the Administrator said: -He/She did not realize resident rights were to be reviewed annually.	A8004		

PLAN OF CORRECTION

Provider/Supplier Name:	Cedarhurst Blue Springs	
Street Address, City, Zip:	20551 E Trinity Place Blue Springs, MO 64015	
Date of Survey:	4/30/2025	
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
A4704	<p>The bed listing form has been be updated and submitted to DHSS. It is attached to the POC.</p> <p>A window insert has been added to the patio door which allows the living room to function as a bedroom per DHSS regulatory code. As such, an exception is not required.</p> <p>Staff discussed moving to a bigger apartment with the residents, but they were not interested in doing so. Should the residents decide to stay in the same room in the future, either the bed will be upsized so that two people can comfortably sleep together, or two twin-sized beds will be placed in the room and have the required 3-foot clearance between the beds.</p> <p>Attached to this POC are the following documents:</p> <ul style="list-style-type: none"> • Email from Shay Patterson documenting approval of type B units (unit 228) for double occupancy so long as an operable window insert is added to the patio door. Once the insert is added, the living room meets the requirements of a bedroom per regulations and can function as such. <ul style="list-style-type: none"> ○ Note that the email states that a policy is not required; that it is recommended that staff document the discussion of the living arrangement with the residents. In the future, the community will do so. ○ Note that the community initially received an exception for (6) of the type B units for double occupancy, but after finding an acceptable permanent solution, a rescind request was made for the exception. • Email from David East (ECU) approving the inserts • Specification sheet for the window insert • Original exception dated 10/16/2019 • Exception rescind request dated 5/26/2023 • A picture can be provided if needed next Thursday May 29, 2025, when the company D&K Commercial 	Will Be complete on 5/29/2025

 ED
 5/22/25

	Exteriors, LLC, will be here to install the window for the patio door.	
A4724	<p>TB Screen Residents & Staff: Investigating the TB tag, the ED, found Resident 2: TB Screen Two Step: 3/6/24 TB Screen Yearly: 5/13/2025 (2 months late on TB)</p> <p>Resident 3: TB Screening 05/05/2022 TB Screening 5/1/2023 TB Screening 5/16/2024 Yearly 5/14/2025</p> <p>These were found in ECP under individual resident, under add. Reports, and then under Cedarhurst TB Screen and Cedarhurst TB Screen/Two Step.</p> <p>Going forward, to make sure that all residents are not behind and have a current TB. The DON will ensure that a TB 2 step is done at admission and then following everyone will have a yearly TB annual screening in May. Even residents who would have admitted during the months of January to April, will still receive an annual screening in the month of May. The ED, Hannah Brown, will audit these quarterly to make sure that no one was missed and that all residents have a current TB screening.</p>	5/21/2025
A7013	<p>Food-Safe, Obtain from Appropriate Sources: Hannah Brown, Executive Director, will complete random audits for the next six months but at least 1 per month that is a part of a quality assurance program, but we will do monthly for the 6 months instead of quarterly, to look at cleanliness of kitchen, labeled food in all food storage areas of kitchen. Alongside that, the Dining Services Director, the cooks, and the dining services aides, have been in-serviced on 5/19/2025, on food labeling and the importance of that. When and if new employees start, this will be included in their training.</p>	5/21/2025
A7016	<p>Food- Clean Containers, Storage, Covers: Hannah Brown, Executive Director, will complete random audits for the next six months but at least 1 per month that is a part of a quality assurance program, but we will do monthly for the 6 months instead of quarterly, to look at cleanliness of kitchen, labeled food in all food storage areas of kitchen, and covered food even when used shortly for a meal will be adequately covered. Alongside that, the Dining Services Director, the cooks, and the dining services aides, have been in-serviced on 5/19/2025, on</p>	5/21/2025

	food labeling and the importance of that. When and if new employees start, this will be included in their training.	
A7057	Ventilation Hoods, Clean, Filters Removable: The vent hood filters above the grill, griddle, and fryer, were cakes with grease hanging over the edge of the hood above the surface below. The entire team including the new DSD, Chris Beckham, was in-serviced on the policies and procedures on the cleanliness of the kitchen, the hood filters, and then grill/fryer/oven area on May 19, 2025. There is a cleaning scheduling for weekly cleaning and monthly cleaning, and it will be monitored by the DSD, Chris Beckham, and audited by Hannah Brown, the Executive Director. While our policy only states hood filters to be cleaned monthly, our cleaning schedule is a weekly cleaning schedule and will be followed to ensure build up on grease is minimal.	5/21/2025
A8004	Resident Rights- Admission/Annual Review: Our annual residents rights will be done each May for all residents. When new residents do admission resident rights acknowledgement, between the months of January and April, they will still be required to do an annual resident rights review in May to ensure everyone has a current and active residents right review each year. Hannah, the Executive Director, and Rae Buxton, the Assistant Executive Director, will oversee collecting and monitoring those. The monitoring is in ECP (electronic medical records system) and the current signed documents are all in ECP under files.	5/21/2025

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.


 ED
 5/22/25