Missouri Department of Health and Senior Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 05557C | A. BUILDING: _____ B. WING _____ | 06/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MORNINGSIDE CENTER ASSISTED LIVING APARTME | 1702 MORNINGSIDE DRIVE CHILLICOTHE, MO 64601 |

| (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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| A4750 | 19 CSR 30-86.047(28)(F)(1)(B) Community Based Assessment - Semi-Annually<br><br>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:<br>(F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule:<br>1. Time frame requirements for assessment shall be:<br>B. At least semiannually; II<br><br>This regulation is not met as evidenced by:<br>Class II<br><br>Based on interview and record review the facility failed to complete community based assessments (CBA) at least semi-annually for three of three sampled residents (Resident #1, #2, and #3). The facility census was 22.<br><br>The facility did not provide a policy regarding CBA's.<br><br>1. Review of Resident #1's record showed:<br>-He/She was admitted to the facility on 07/06/21;<br>-Diagnoses included: Heart failure, high blood pressure, and diabetes;<br>- The facility staff did not document a CBA.<br><br>2. Review of Resident #2's record showed:<br>-He/She was admitted to the facility on 09/01/22;<br>-Diagnoses included: Depression, pain, and muscle weakness;<br>- The facility staff did not document a CBA.<br><br>3. Review of Resident #3's record showed: | A4750 | | |

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| A4750 | Continued From page 1<br><br>-He/She was admitted to the facility on 06/28/24;<br>-Diagnoses included: High blood pressure, kidney disease and chronic obstructive pulmonary disease (COPD - progressive lung disease characterized by airflow obstruction and breathing difficulty);<br>-The most updated CBA was completed by facility staff on 06/03/24.<br><br>During an interview on 06/03/25 at 2:45 P.M. the Administrator said:<br>-CBA's were only completed at admission, and were not updated semi-annually;<br>-The facility likely had the CBA's from admission for Resident #1 and #2 in their physical file in storage, but knew they had not been completed since, or up to date;<br>-He/She did not know these were to be completed semi-annually. | A4750 | | |
| A4755 | 19 CSR 30-86.047(28)(H) Individual Service Plan - Review Requirements<br><br>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:<br>(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<br><br>This regulation is not met as evidenced by:<br>Class II<br><br>Based on interview and record review the facility failed to ensure individualize service plans (ISP) | A4755 | | |

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| A4755 | Continued From page 2<br>were reviewed at least annually for two of three sampled residents (Resident #1 and #2). The facility census was 22 residents.<br><br>The facility did not provide a policy regarding review of ISP's.<br><br>1. Review of Resident #1's record showed:<br>-He/She was admitted to the facility on 07/06/21;<br>-Diagnoses included: Heart failure, high blood pressure, and diabetes;<br>-The last completed ISP was dated 12/27/23;<br>-The facility staff did not document an updated ISP for 2024 or 2025.<br><br>2. Review of Resident #2's record showed:<br>-He/She was admitted to the facility on 09/01/22;<br>-Diagnoses included: Depression, pain, and muscle weakness;<br>-The last completed ISP was dated 12/10/23;<br>-The facility did not document an updated ISP for 2024 or 2025.<br><br>During and interview on 06/03/25 at 2:45 P.M. the Administrator said:<br>-He/She did not realize the ISP's for Resident #1 and #2 were not updated;<br>-He/She expected these to be completed annually in accordance to regulation. | A4755 | | |
| A4756 | 19 CSR 30-86.047(28)(I) Individual Service Plan - Signatures<br><br>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:<br>(I) Includes the signatures of an authorized | A4756 | | |

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| A4756 | Continued From page 3 | A4756 | | |

representative of the facility and the resident or the resident ' s legal representative in the individualized service plan to acknowledge that the service plan has been reviewed and understood by the resident or legal representative; II

This regulation is not met as evidenced by:
Class II

Based on interview and record review the facility failed to ensure individualize service plans (ISP) included signatures from the resident or his/her legal representative to acknowledge the ISP had been reviewed and understood by the resident or his/her legal representative, for three of three sampled residents (Resident #1, #2, and #3). The facility census was 22.

The facility did not provide a policy regarding signatures on ISP's.

1. Review of Resident #1's record showed:
-Diagnoses included: Heart failure, high blood pressure, and diabetes;
-The last completed ISP dated 12/27/23 was not signed by the resident or his/her legal representative.

2. Review of Resident #2's record showed:
-Diagnoses included: Depression, pain, and muscle weakness;
-The last completed ISP dated 12/10/23 was not signed by the resident or his/her legal representative.

3. Review of Resident #3's record showed:
-Diagnoses included: High blood pressure, kidney disease and chronic obstructive pulmonary disease (COPD - progressive lung disease

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| A4756 | Continued From page 4<br>characterized by airflow obstruction and breathing difficulty);<br>-The last completed ISP dated 07/01/24 was not signed by the resident or his/her legal representative.<br><br>During an interview on 06/03/25 at 2:45 P.M. the Administrator said:<br>-He/She did not realize ISP's had to be signed by the resident or their legal representative;<br>-He/She would expect ISP's to be signed by the resident or their legal representative in accordance to the regulation. | A4756 | | |

# PLAN OF CORRECTION

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|---|---|
| **Provider/Supplier Name:** | Morningside Center Assisted Living Apartments |
| **Street Address, City, Zip:** | 1702 Morningside Drive, Chillicothe, MO 64601 |
| **Date of Survey:** | 06/03/2025 |

| PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | |
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| A4750 | Community Based Assessment – Semi-Annually | 07/11/2025 |
| | The Director of Nursing attended and completed the course for the ALF Resident Assessment Training 06/10-12/2025 to fully understand the requirements for assessments and individual service plans. A policy for Morningside Center Assisted Living Apartments Community-Based Assessment has been implemented (attached). The policy will be followed for admissions and retention for residency to the Assisted Living Apartments.<br>The facility will ensure that the community-based assessment is completed within 5 days of admission, semiannually, and whenever there are significant changes noted in a resident's condition. Documentation of CBA will be retained for review and updates as required. | |
| | The Director of Nursing will complete a community-based assessment on residents #11, #2 and #3. The assessments will reflect the residents' diagnosis and conditions per policy. Documentation of CBA will be retained.<br>Director of Nursing or designee will complete an audit of all community-based assessments and update as needed by July 11, 2025. | |
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| | Assistant Administrator or their designee will monitor community-based assessments for completion by July 11, 2025, and then monthly for three months and quarterly thereafter. | |
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| | This deficiency has the potential to affect all residents. Facility census was 22. | |
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**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.**

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| **Street Address, City, Zip:** | 1702 Morningside Drive, Chillicothe, MO 64601 |
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| A4755 | Individual Service Plan – Review Requirements | 07/11/2025 |
| | The Director of Nursing attended and completed the course for the ALF Resident Assessment Training 06/10-12/2025 to fully understand the requirements for assessments and individual service plans. A policy for Morningside Center Assisted Living Apartments Community-Based Assessment has been implemented (attached). The policy will be followed for admissions and retention for residency to the Assisted Living Apartments. | |
| | The Director of Nursing or designee will complete the individualized service plan for residents #1, and #2 by July 11, 2025. The individual service plan will be reviewed by a representative of the facility with the resident or legal representative for acknowledgement and signatures. | |
| | The facility will ensure that the individualized service plan is reviewed at least annually, and whenever a significant change is noted in a resident's condition, which may require a change in services. | |
| | The Director of Nursing and/or designee will complete an audit of the individualized service plans and update all plans by July 11, 2025.<br>The individual service plans will be monitored monthly by the Assistant Administrator and/or designee for completion for the next three months and quarterly thereafter.<br>This deficiency has the potential to affect all residents. Facility census was 22. | |
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| A4756 | Individual Service Plan - Signatures | 07/11/2025 |
| | The Director of Nursing attended and completed the course for the ALF Resident Assessment Training 06/10-12/2025 to fully understand the requirements for assessments and individual service plans. A policy for Morningside Center Assisted Living Apartments Community-Based Assessment has been implemented (attached). The facility will ensure that the Individualized Service Plan is reviewed at least annually and whenever significant changes are noted in a resident's condition, which may require a change in services. The ISP will include signatures of an authorized representative of the facility and the resident or the resident's legal representative in the individualized service plan to acknowledge that the service plan has been reviewed and understood by the resident or legal representative. | |
| | The Director of Nursing or designee will complete the Individualized Service Plan for residents #1, #2, and #3 and review the information with the resident and/or legal representative by July 11, 2025. The ISP will include signatures of an authorized representative of the facility and the resident or the resident's legal representative in the individualized service plan to acknowledge that the service plan has been reviewed and understood by the resident or legal representative. | |
| | The Director of Nursing and/or designee will complete an audit of all Individualized Service Plans, update and then review with resident and/or legal representative by July 11, 2025. The ISP will include signatures of an authorized representative of the facility and the resident or the resident's legal representative in the individualized service plan to acknowledge that the service plan has been reviewed and understood by the resident or legal representative. | |
| | The Assistant Administrator and/or designee will ensure completion by July 11, 2025 and monitor monthly for three months and quarterly thereafter. | |

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