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
	30198	A. BUILDING: _____ B. WING _____	C 02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE BURLINGTON CREEK	6311 N COSBY AVENUE KANSAS CITY, MO 64161

(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
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 ensure Individual Service Plans (ISP) were reviewed and updated when there was a significant change in the resident's condition which may have required a change in services for 2 of 4 sampled residents (Resident #1 and #2). The facility census was 65 residents. Review of the facility's Change of Condition policy dated 8/1/2022 showed: -Falls or an increase in number of falls was considered a change of condition; -If a change in condition occurred staff would identify possible causes or contributing factors and make recommendations; -The Wellness Director or designee would discuss the issues with the resident or resident's responsible party to provide information, present alternatives and determine the preference of the resident and responsible party. 1. Review of Resident #1's record showed: -He/She was admitted to the facility on 08/12/2025;	A4755	Wellness Director will audit all current resident Individual Service Plans to ensure accuracy and compliance of this rule Wellness Director will update all existing residents Individual Service Plans within 24 hours of a significant change of condition to ensure compliance of this rule Executive Director will review all residents with changes in condition, verifying that their Individualized Service Plan has been updated, weekly during scheduled one on ones	03/30/26 03/30/26 03/30/26

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A4755	Continued From page 1 -Diagnoses included Type II Diabetes, Dementia, and History of Falls. Review of the resident's ISP showed: -It was last updated on 11/17/2025; -Included fall interventions of: Increase Toileting, and Toilet after meals. Review of the residents nursing notes showed the resident had the falls on the following dates after his/her ISP was last updated without any additional interventions implemented: -12/05/2025; -01/13/2026; -01/16/2026. 2. Review of Resident #2's record showed: -He/She was admitted to the facility on 11/07/2025; -Diagnoses included Mild Cognitive Impairment and Age-Related Osteoporosis. Review of the resident's ISP showed: -It was last updated on 12/08/2025; -Included fall interventions of: Staff will remind resident to use his/her call pendant for assistance with any transfer. Review of the residents nursing notes showed the resident had the falls on the following dates after his/her ISP was last updated without any additional interventions implemented: -01/05/2026; -01/13/2026; -01/19/2026. During an interview on 2/6/26 at 10:23 A.M. the Wellness Director said: -She expected new interventions to be implemented and documented on the resident's	A4755		

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A4755	Continued From page 2 ISP after every fall; -Nursing staff were responsible for implementing new interventions. MO260295	A4755		
A4797	19 CSR 30-86.047(46) Safe & Effective Medication System The administrator shall develop and implement a safe and effective system of medication control and use, which assures that all residents ' medications are administered by personnel at least eighteen (18) years of age, in accordance with physicians ' instructions using acceptable nursing techniques. The facility shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident ' s condition and medication. Administration of medication shall mean delivering to a resident his or her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small cup container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident ' s physician so authorizes. All individuals who administer medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II This regulation is not met as evidenced by: Class II	A4797	Wellness Director will do an immediate audit of all certified staff, verifying no lapse in certification, ensuring that only licensed/certified staff are administering medications to community residents Wellness Director will use Certification Tracker and will monitor on-going, notifying any associate needing to renew their license in a timely manner, to avoid any lapse and ensure compliance of this rule Business Office Manager will monitor on-going to ensure no lapse in certification and certification of this rule	02/10/26 02/10/26 02/10/26

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A4797	Continued From page 3 Based on observation, interview, and record review, the facility failed to ensure all staff who administered medications were trained in medication administration and a Certified Medication Technician (CMT) or Level I Medication Aide (LIMA) when Resident Assistant A administered resident medications to 3 of 4 sampled residents (Resident #1, #3, and #4). The facility census was 65. Review of the facility's Medication Administration policy dated 06/01/2022 showed staff would administer medications as required by the physician's order and in accordance with state regulation. 1. Review of Resident #1's medical record showed he/she was admitted on 08/12/2025. Review of the resident's January 2026 Medication Administration Record (MAR) showed Resident Assistant A administerd all of the resident's scheduled medications on the following dates and times: -01/01/2026 at 8:00 P.M.; -01/05/2026 at 8:00 P.M.; -01/08/2026 at 8:00 P.M.; -01/12/2026 at 8:00 P.M.; -01/14/2026 at 8:00 P.M.; -01/15/2026 at 8:00 P.M.; -01/19/2026 at 8:00 P.M. 3. Review of Resident #3's medical record showed he/she was admitted on 05/05/2025. Review of the resident's January 2026 Medication Administration Record (MAR) showed Resident Assistant A administerd all of the resident's scheduled medications on the following dates and times:	A4797		

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A4797	Continued From page 4 -01/02/2026 at 6:00 A.M.; -01/06/2026 at 6:00 A.M.; -01/08/2026 at 4:00 P.M.; -01/09/2026 at 6:00 A.M.; -01/13/2026 at 6:00 A.M.; -01/15/2026 at 6:00 A.M.; -01/16/2026 at 6:00 A.M.; -01/20/2026 at 6:00 A.M. 4. Review of Resident #4's medical record showed he/she was admitted on 01/13/2025. Review of the resident's January 2026 Medication Administration Record (MAR) showed Resident Assistant A administerd all of the resident's scheduled medications on the following dates and times: -01/01/2026 at 8:00 P.M.; -01/05/2026 at 8:00 P.M.; -01/08/2026 at 8:00 P.M.; -01/12/2026 at 8:00 P.M.; -01/14/2026 at 8:00 P.M.; -01/15/2026 at 8:00 P.M.; -01/19/2026 at 8:00 P.M. Review of Resident Assistant A's certificate from the Missouri Association of Nursing Home Administrators showed he/she completed the Level 1 Medication Assistant Student Training online course on 07/11/2025. Review of Resident Assistant A's exacmination score sheet showed: -The facility Wellness Director was the instructor; -Resident Assistant A' completed his/her training on 7/13/25 with a passing score. Review of Resident Assistant A's current certifications on 02/04/2026 showed he/she was not certified to pass medications.	A4797		

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A4797	Continued From page 5 During an interview on 02/06/2026 at 11:40 A.M., Resident Assistant A said: -He/she passed the LIMA test on 07/13/2025; -The Wellness Director was his/her instructor; -The Wellness Director told him/her that he/she could start administering medications immediatley. During an interview on 02/04/2026, the Wellness Director said: -She submitted Resident Assistant A's documentation of class completion to the department via fax; -She was not aware that Resident Assistant A's Level 1 Medication Aide Certificate should be received from the department prior to him/her administering medications. MO260365 MO260377	A4797		