

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23774	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/23/2026
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NAME OF PROVIDER OR SUPPLIER GARDENS AT BARRY ROAD, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 8300 NW BARRY ROAD KANSAS CITY, MO 64153
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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
A8030	19 CSR 30-88.010(29) Dignity/Privacy Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and care of his or her personal needs. All persons, other than the attending physician, the facility personnel necessary for any treatment or personal care, or the department or Department of Mental Health staff, as appropriate, shall be excluded from observing the resident during any time of examination, treatment, or care unless consent has been given by the resident. II/III This regulation is not met as evidenced by: Class III Based on interview, and record review, the facility staff failed to treat one resident (Resident #1) of three sampled residents with consideration, dignity, and respect when Level One Medication Aide (L1MA) A yelled at and spoke disrespectfully to the resident. The facility census was 28. Review of the facility policy titled, "Resident Rights," dated 6/2025 showed residents had the right to be accepted and treated with respect and dignity 1. Review of Resident #1's medical file showed: -Admit date was 03/28/25; -Diagnoses included: Dementia and history of stroke. Review of a video date and time stamped on 03/07/26 between 10:11 A.M. -10:17 A.M. in the resident's room showed: -L1MA A exited the resident's room and said that he/she was going to get gloves and would be back;	A8030		

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

STATE FORM

6899

LMEQ1

TITLE

(X6) DATE

[Signature] **4/16/26** **Executive Director**

If continuation sheet 1 of 2

Missouri Department of Health and Senior Services

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

GARDENS AT BARRY ROAD, THE

**8300 NW BARRY ROAD
KANSAS CITY, MO 64153**

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A8030	Continued From page 1 -At 10:14 A.M. L1MAA returned to the resident's room. As L1MAA walked into the room the L1MAA said "He/She's just getting on my nerves. He/She just wants to push buttons, knowing I was already here"; -L1MAA then walked over to where the resident was but was out of view on camera; -L1MAA and the resident could both be heard yelling at one another but the words they were saying could not be understood; -L1MAA then walked towards the door and said "Your running around here thinking you can talk smart to everybody. You got something to say about everything. Take care of you!". -L1MAA then walk out and slammed the door. During an interview on 3/23/26 at 2:10 P.M., the facility administrator said: -She expected all residents to be treated with dignity and respect; -The way LIMA A treated the resident in the video was unacceptable. MO261140	A8030		

[illegible][illegible]

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.