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
	29020	A. BUILDING: ______ B. WING ______	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF KANSAS C	8559 NORTH LINE CREEK PARKWAY KANSAS CITY, MO 64154

(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
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 This regulation is not met as evidenced by: Class II Based on interview and record review, the facility staff failed to ensure the required two step tuberculosis (TB - a communicable disease that affects the lungs characterized by fever, cough, and difficulty in breathing) screening test was administered upon hire for four of five sampled employees. The facility census was 40. General requirements for Tuberculosis testing for employees in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows: -Long-term care facilities shall screen their employees for tuberculosis using the Mantoux method purified protein derivative (PPD - a skin test to determine if you have tuberculosis) two (2)-step tuberculin test within one month prior to starting employment; -It is the responsibility of the facility to maintain documentation of each employee's tuberculin status; -If the initial test is negative, the second test should be given as soon as possible within three 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 years. 1. Record review on 10/21/25 of Aide A's personnel file showed: -Date of hire 10/13/25; -No TB's were found.	A4724		

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A4724	Continued From page 1 2. Record review on 10/21/25 of Aide B's personnel file showed: -Date of hire 10/20/25; -No TB's were found. 3. Record review on 10/21/25 of Medication Aide A's personnel file showed: -Date of hire 10/17/25; -No TB's were found. 4. Record review on 10/21/25 of Medication Aide B's personnel file showed: -Date of hire 10/20/25; -No TB's were found. During an interview on 10/21/25 at 4:00 P.M., the Director of Clinical Operations said: -A two-step must be done upon hire; -Employees must have a TB test completed annually; -The previous Director of Nursing was responsible for Tb testing; -The new Director of Nursing started September 9th and has not been fully trained on responsibilities; -He/She was not always in the facility but was available via phone; -He/She would expect the facility to send new staff to a physician office or health department for Tb testing if a nurse was not available to complete it; -All employees should have current TB tests.	A4724		
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	A4837		

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A4837	Continued From page 2 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 ensure that monthly summaries were completed for three (Resident #1, #2, and #3) of four sampled residents. The facility census was 40. 1. Record review on 10/21/25 of Resident #1's medical file showed: -Admit date 1/27/25; -A monthly summary for May, June, July, August and September, 2025 were not found. Record review on 10/21/25 of Resident #2's medical file showed: -Admit date 1/23/22; -Monthly summaries for 3/25 and 4/21 were found;	A4837		

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A4837	Continued From page 3 -No other monthly summaries were found. Record review on 10/21/25 of Resident #3's medical file showed: -Admit date 11/1/19; -Monthly summaries for 3/21 and 4/21 were found; -No other monthly summaries were found. Record review on 5/5/21 of Resident #5's medical file showed: -Admit date 6/26/23; -Monthly summaries for 3/21 and 4/21 were found; -No other monthly summaries were found. During an interview on 10/21/25 at 4:30 P.M. the Director of Clinical Operations said: -Monthly summaries should be completed monthly; -The Director of Nursing (DON) is responsible for completing monthly summaries; -The previous DON left in May and a new DON was hired September 9th; -The new DON has completed all resident October Monthly Summaries; -He/She was available to staff via phone every day; -He/She was not in the facility daily; -There was no one to complete the monthly summaries.	A4837		

PLAN OF CORRECTION

Provider/Supplier Name:	Primrose Retirement Community
Street Address, City, Zip:	8559 N Line Creek Parkway Kansas City, MO 64154
Date of Survey:	October 21, 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
A4724	• **What corrective action(s) will be accomplished for those residents who found to have been affected by the deficient practice?**	
	The 4 staff that were deficient with TB testing have received their 2-step TST per policy.	11/10/2025
	• **How will you identify other residents having the potential to be affected by the same deficient practice?**	
	All Current employee records have been audited for TB testing, and all current staff have documentation of initiation of the 2-step TST per policy.	11/15/2025
	• **What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not occur?**	
	Internal policies for TB testing were reviewed without change. This policy was reviewed with all staff, including community leadership at our team meeting on 11/04/2025. Our onboarding process includes meeting with the DON, or another licensed nurse to initiate TB testing at least 1 month prior to hire, but no later than 48 hours of the employee beginning work in the community.	11/15/2025
	• **How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections achieved are sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.**	
	DON or designee to audit employee records 1x/week for 4 weeks, then 1x bi-weekly for 4 weeks, then monthly for 2 months to ensure 2-step TST is administered. Results of audits will be provided to QA committee for review to ensure compliance.	

Dannelle R. Kendrick, Exec. Director 11/19/25

A4837	• **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**	
	The 4 resident records that were deficient with monthly summaries were completed. Monthly summaries were completed for all residents in assisted living for the month of October 2025.	11/01/2025
	• **How will you identify other residents having the potential to be affected by the same deficient practice?**	
	A compliance report was run, ensuring that all current residents have monthly summaries completed and documented for the month of October.	11/13/2025
	• **What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not occur?**	
	DON or designee will run compliance reports monthly to ensure all residents have current monthly summaries completed for each month moving forward. The DON has reviewed the Nursing Audit Schedule for compliance documentation. The DON or designee will ensure completion of the monthly summaries for all AL residents prior to the 15th of each month.	11/13/2025
	• **How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that corrections achieved are sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.**	
	The DON or designee to audit resident charts: 5 charts weekly x 4 weeks, 5 charts bi-weekly x 4 weeks, 5 charts monthly x 2 months to ensure monthly summaries are completed. Results of these audits will be provided to QA committee for review to ensure sustained compliance.	

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.