STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28861	A. BUILDING: _____ B. WING _____	C 07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEXFORD PLACE ASSISTED LIVING AND MEMORY S	6460 NORTH COSBY AVENUE KANSAS CITY, MO 64151

(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
A5201	19 CSR 30-86.052(1) Food Prep & Services, As Ordered Each resident shall be served food prepared and served under safe, sanitary conditions that is prepared consistent with the preferences of the resident and in accordance with attending physician ' s orders. The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III This regulation is not met as evidenced by: Class III Based on observation, interview, and record review the facility failed to prepare and serve food in accordance with attending physician's orders for two of nine sampled residents (Resident #1 and Resident #2). This had the potential to affect all residents on special diets. The facility census was 86. The facility did not provide a policy regard physician prescribed special diets. Review of the facility's policy regarding shared risk agreements dated 01/01/03 showed: -When a resident's choice of action could result in risk to the resident's health and safety, staff identify the cause, resident's needs and risk factors, and formulate safer alternatives; -The legally-empowered representative of a resident who lacked the mental capacity to execute an agreement may do so if a copy of the legal documents granting authority are on file in the community; -Upon a change in the resident's condition, a	A5201		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A5201	Continued From page 1	A5201		

review of an existing agreement was to be conducted to determine its appropriateness;
-Upon the creation of a shared risk agreement, the resident's Individual Service Plan (ISP) should have been updated.

1. Review of Resident #1's record showed:
-He/She was admitted to the facility on 01/18/24;
-Diagnoses included dysphagia (difficulty swallowing foods or liquids) and dentofacial anomaly (soft tissue abnormalities of the face, jaw, and teeth).

Review of Resident #1's current Physician Orders Sheet (POS) on 07/03/24 showed:
-05/28/24 mechanical soft texture, nectar/mildly thick consistency diet, with no bread.

Review of the resident's ISP dated 01/17/24 showed:
-He/She had a diagnosis of dysphagia and was ordered a mechanical soft diet with nectar thick liquids;
-He/She safely consumed a mechanical diet with nectar thick liquids;
-He/She was non-compliant with his/her mechanical soft/nectar thick liquid diet at times and had signed a shared risk agreement that stated he/she was aware of the risk of non-compliance such as aspiration, choking, or death.

Review of the resident's Durable Power of Attorney (DPOA) document showed:
-An original DPOA was signed on 05/05/18, which would take effect once the resident became incapable of making his/her own health care decisions;
-No documentation was found deeming the resident incapacitated;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A5201	Continued From page 2 -An updated DPOA was signed on 02/17/24, the facility did not provide incapacitation documentation. Review of the resident's Shared Risk Agreement form dated 1/30/24 showed: -The resident was placed on a pureed diet with nectar thick liquids on 01/19/24 per speech therapy; -Resident and family were educated on diet change and importance of compliance; -Options included, Resident #1 would be offered the ordered pureed/nectar thick diet, and if he/she refused the pureed diet, he/she would be offered mechanical soft/nectar thick, if mechanical soft/nectar thick was refused, he/she could be offered regular diet against medical advice; -The resident wished to be offered the pureed diet and then be offered mechanical soft diet; -The resident agreed to be as compliant as possible with ordered diet, and when noncompliant would accept mechanical soft diet; -This agreement was signed by the the resident's DPOA, and therefore was invalid. Observation of the lunch service on 07/03/24 at 12:13 showed: -The lunch menu showed the regularly served meal included ham and potato au gratin casserole (casserole with scalloped potatoes, cheese, and finely diced ham), cauliflower, dinner roll, rice soup, salad, and a yogurt parfait with berries and granola; -Resident #1 was served a regular plate with a mashed cauliflower substitution, along with the dinner roll and a salad; -Resident #1 did not ask for the dinner roll or salad to be served with his/her meal. 2. Review of Resident #2's record showed:	A5201		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28861	A. BUILDING: _____ B. WING _____	C 07/08/2024

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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
A5201	Continued From page 3 -He/She was admitted to the facility on 04/17/24; -Diagnosis included senile degeneration of brain (cognitive decline and memory loss) and dysphagia. Review of Resident #2's current POS on 07/03/24 showed: -05/03/24 Mechanical soft texture, nectar/mildly thick consistency diet, with no bread and cut into bite sized pieces. Review of the resident's ISP dated 05/17/24 showed: -The resident safely consumed a mechanical soft diet with nectar thickened liquids; -No indication of a shared risk agreement in place. Review of the resident's DPOA document on 07/03/24 showed: -A DPOA was signed on 08/04/17, and would only become effective when the resident was deemed incapacitated by one physician; -There was no documentation of incapacitation signed by a physician for Resident #2. Review of the resident's Shared Risk Agreement form dated 05/15/24 showed: -The resident had a physician prescribed diet for mechanical soft diet with nectar thick liquids but he/she and the family would like for the resident to have the option to eat a regular diet for pleasure as requested; -The family was educated on the potential consequences due to non-compliance of the physician ordered diet; -Options included continuing with a mechanical soft/nectar thick diet only or allowing the resident to consume a regular diet at times requested; -The resident wished to consume a regular diet	A5201		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28861	A. BUILDING: _____ B. WING _____	C 07/08/2024

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WEXFORD PLACE ASSISTED LIVING AND MEMORY S	6460 NORTH COSBY AVENUE KANSAS CITY, MO 64151

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A5201	Continued From page 4	A5201		

when requested;
-The agreement was signed by Resident #2's daughter and DPOA, therefore was invalid.

During an interview on 07/03/24 at 10:42 A.M., Resident #2 said:
-The food was alright, and he/she sometimes ate the food;
-He/She needed his/her food chopped up in order to eat it.

Observation of the lunch service on 07/03/24 at 12:13 showed:
-Resident #2 was served a regular plate with a mashed cauliflower substitution, along with the dinner roll;
-Resident #2 was not observed requesting the dinner roll to be served with his/her meal.

During an interview on 07/08/24 at 9:17 A.M., Resident #1's DPOA said:
-Resident #1 was on a physician ordered mechanical soft diet;
-He/She did not feel salad or bread were included in a mechanical soft diet;
-He/She expected Resident #1 to be served and fed a mechanical soft diet;
-He/She had not reviewed and signed a new shared risk agreement allowing the facility to serve the resident regular food, the only agreement signed was when the resident was on a pureed diet, and to be served mechanical soft if he/she refused the pureed food.

During an interview on 07/08/24 at 12:58 P.M., Resident #2's DPOA said:
-While Resident #2 was on a physician prescribed diet for mechanical soft, he/she signed a shared risk agreement for pleasure feedings;
-He/She was not aware of any physician's

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WEXFORD PLACE ASSISTED LIVING AND MEMORY S	6460 NORTH COSBY AVENUE KANSAS CITY, MO 64151

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A5201	Continued From page 5	A5201		

statement deeming Resident #2 incapacitated, therefore the DPOA was not officially invoked.

During an interview on 07/08/24 at 9:46 A.M. the Health Services Director said:
-When a prescribed diet came in, he/she was responsible for updating the computer, advising dietary services, and updating the white board in memory support kitchen;
-He/She expected all physician ordered diets to be followed;
-The memory support team would tell the kitchen how many special diet plates they needed for that meal, and the special diet plates were plated in the kitchen;
-Salad was not considered mechanical soft;
-Resident #1 and Resident #2 both had shared risk agreements signed due to not being compliant with their ordered diets, but this did not excuse the facility from offering and serving the ordered diet to the residents first.

During an interview on 07/08/24 at 9:45 A.M. the Executive Director said:
-He expected special diets to be followed as ordered;
-When a resident with a special diet wanted normal food, a shared risk agreement was put into place;
-If a resident's special diet changed, he would expect to see the shared risk agreement updated, as the current agreement would be irrelevant.

MO238442

PLAN OF CORRECTION

Provider/Supplier Name:	Wexford Place Assisted Living and Memory Care
Street Address, City, Zip:	6460 N. Cosby Ave Kansas City, MO 64151
Date of Survey:	7/8/24

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
A5201	**Regulatory Insufficiency #1**: Each resident shall be serviced food prepared and served under safe, sanitary conditions that is prepared consistent with the preference of the resident and in accordance with attending physician orders. The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III 1. **The Program will correct the regulatory insufficiency by:** The HSD/ designee will ensure that specialty diets are being followed as ordered by physician and the specialty diet orders will be indicated in plan of care for associates to follow. 2. **The following measures will be taken to ensure the problem does not recur:** The HSD/ designee will train any associates that prepare and deliver food to follow any special diet orders and the specialty diet food will be prepared and delivered in accordance to the physician order. 3. **The Program plans to monitor performance to ensure compliance by:** Bi Annual review of Service plan will be performed by HSD/designee to ensure diets are reviewed according to physician orders. HSD, or its designee, will monitor meal delivery of special diets 1x/week for 4 weeks starting week of 7/22/2024, 1x/month for 2 months, then quarterly thereafter. 4. **The regulatory insufficiency will be corrected by:** 7/31/24	7/31/24

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
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{A5201}	19 CSR 30-86.052(1) Food Prep & Services, As Ordered Each resident shall be served food prepared and served under safe, sanitary conditions that is prepared consistent with the preferences of the resident and in accordance with attending physician ' s orders. The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, *preferences, medical needs and physical abilities* of the residents. II/III This regulation is not met as evidenced by: Class III This deficiency is uncorrected. For previous examples, refer to the Statement of Deficiencies dated 07/08/24. Based on observation, interview, and record review the facility failed to prepare and serve food in accordance with attending physician's orders for 4 of 5 sampled residents (Resident #1, #2, #3, #4). This had the potential to affect all residents on special diets. The facility census was 79. The facility did not provide a policy regarding physician prescribed special diets. Review of the facility's August menu showed the regular diet menu for lunch on 08/22/24 included pulled pork on a bun, baked potato with sour cream and chives, buttered corn, soup and salad, and a cookie ice cream sandwich. 1. Review of Resident #1's facesheet showed: -He/She was admitted to the facility on 01/17/23; -Diagnoses included dementia (A group of	{A5201}		

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{A5201}	Continued From page 1 thinking and social symptoms that interferes with daily functioning), depression, and gastro-esophageal reflux disease (GERD) (digestive disease in which stomach acid or bile irritates the food pipe lining). Review of the resident's physician's order sheet (POS) dated 08/27/24 showed an order dated 03/27/24 for a regular diet, finger food texture, regular/thin consistency liquids. Review of the resident's individual service plan (ISP) dated 02/01/23, showed: -The resident was on a regular diet; -A revision dated 08/27/24 showed he/she was on a regular diet with finger foods; -The resident was independent with eating and drinking but occasionally needed assistance, and/or cueing due to impaired cognition. Observation of lunch on 08/22/24 at 12:10 P.M. showed: -Resident #1 was served pulled pork with no bun, corn, and a baked potato cut into bite sized pieces; -A spoon and fork were on the plate, but the resident was not using them; -The resident was sitting at the table not eating, and placed his/her fingers in his/her pulled pork and left them there for approximately 2 minutes until a staff member noticed and removed them. - The resident was not provided with finger foods or assistance or cueing from staff. 2. Review of Resident #2's face-sheet showed: -He/She was admitted to the facility on 05/21/22; -Diagnoses included Parkinson's disease (disorder of the central nervous system that affects movement, often including tremors), and mild cognitive impairment.	{A5201}		

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{A5201}	Continued From page 2 Review of the resident's POS dated 08/27/24, showed an order dated 03/27/24 for a regular diet, finger food texture, regular/thin consistency liquids. Review of the resident's ISP dated 04/06/23, showed: -Resident #2 consumed a regular diet; -The resident was independent with eating and drinking; -A revision dated 08/27/24 showed the resident consumed a regular diet with finger foods, and was independent with eating and drinking with occasional cueing due to poor cognition. Observation of lunch on 08/22/24 at 12:10 P.M. showed: -Resident #2 was served pulled pork on a bun cut in half, mashed potato with pulled pork on top, and a side of waffle fries; -No vegetable was on the resident's plate; -The resident was using his/her silverware to consume the meal. - The staff did not provide occasional cueing. 3. Review of Resident #3's face-sheet showed: -He/She was admitted to the facility on 12/01/23; -Diagnoses included Alzheimer's (a progressive disease that destroys memory and other important mental functions), ataxia (poor coordination) following a cerebral infarction (stroke), and convulsions (sudden, violent, irregular movement of a limb or of the body, caused by involuntary contraction of muscles). Review of the resident's POS dated 08/27/24 showed an order dated 03/27/24 for a regular diet, finger food texture, regular/thin consistency liquids.	{A5201}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A5201}	Continued From page 3 Review of the resident's ISP dated 12/11/23 showed: -Resident #3 consumed a regular diet independently; -A revision dated 08/27/24 showed the resident consumed a regular diet with finger foods independently. Observation of lunch on 08/22/24 at 12:10 P.M. showed: -Resident #3 was served pulled pork on a bun, and potato chips; -No vegetable was served to the resident; -The resident was consuming his/her meal. 4. Review of Resident #4's face-sheet showed: -He/She was admitted to the facility on 04/17/24; -Diagnoses included senile degeneration, GERD, depression, anxiety, and dysphagia (difficulty swallowing). Review of the resident's POS dated 08/27/24 showed an order dated 05/03/24 for a mechanical soft diet, nectar/mildly thick liquids, no bread, and cut into bite sized pieces. Review of the resident's undated ISP showed: -A revision dated 08/27/24 showed the resident consumed a mechanical soft diet with nectar thickened liquids, but the resident and family had signed a shared risk agreement stating the resident was able to refuse the mechanical soft diet and request to replace it with a regular diet; -The resident was independent with eating and drinking. Observation of lunch on 08/22/24 at 12:10 P.M. showed: -Resident #4 was served a baked potato with the	{A5201}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A5201}	Continued From page 4 skin intact, and pulled pork on top, nothing was cut into bite size pieces; -The resident was not served a vegetable. During an interview on 08/22/24 at 12:20 P.M. Care Partner A said: -Resident #1 occasionally fed himself/herself but usually staff helped feed the resident normal foods; -Resident #2 usually fed himself/herself; -Resident #3 was on a finger food diet but had not been feeding himself/herself, therefore staff usually help; -The finger food alternative for lunch on 08/22/24 was pulled pork on a bun and french fries; -He/She did not know why the three residents with finger food diets each had something different served to them from the others; During an interview on 08/22/24 at 12:26 P.M Medication Partner A said the finger food alternative for lunch on 08/22/24 was pulled pork on a bun and potato chips. During an observation of lunch on 08/22/24 at 12:25 P.M. showed: -Care Partner A plated food for the residents on the Sage memory care unit. -The dry erase board in the Sage memory care unit kitchen showed Resident #1 and #2 were on finger food diets; -Medication Partner A plated food for the residents on the Paprika memory care unit; -The dry erase board in the Paprika memory care unit kitchen showed Resident #3 and #4 on mechanical soft diets. During an observation and interview on 08/22/24 at 12:35 P.M. Cook A said: -The finger food alternative for lunch on 08/22/24	{A5201}		

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{A5201}	Continued From page 5 was pulled pork sandwich, waffle fries, and carrots; -He/She walked away, checked the menu book in the kitchen, then placed a pan of green beans in the oven; -The vegetable alternative was actually green beans not carrots, and he/she forgot to start the green beans. Review of in-servicing completed with staff regarding special diets showed: -Medication Partner A completed the training on 07/25/24; -Care Partner A completed the training on 07/30/24; -The training was not completed with any dietary staff. During an interview on 08/30/24 at 2:15 P.M. the Assistant Executive Director said he/she expected all residents on special diets to be served meals according to their ordered diets. MO238442	{A5201}		

PLAN OF CORRECTION

Provider/Supplier Name:	Wexford Place Assisted Living and Memory Care
Street Address, City, Zip:	6460 N. Cosby Ave Kansas City, Mo 64152
Date of Survey:	7/8/24 (Original) 8/30/24 (Re-survey)

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
A5201	**Regulatory Insufficiency #1**: Each resident shall be serviced food prepared and served under safe, sanitary conditions that is prepared consistent with the preference of the resident and in accordance with attending physician orders. The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III 1. **The Program will correct the regulatory insufficiency by:** The HSD/ designee will ensure that specialty diets are being followed as ordered by physician and the specialty diet orders will be indicated in plan of care for associates to follow. 2. **The following measures will be taken to ensure the problem does not recur:** The HSD/Dietary Manger/designee will train any associates that prepare and deliver food to follow any special diet orders and the specialty diet food will be prepared and delivered in accordance to the physician order. UPDATE: We have in-serviced any associate(s) that prepare and deliver food to follow any special diet orders and the specialty diet food will be prepared and delivered in accordance to the physician order. Associates that do not comply with this protocol will be issued progressive disciplinary action. 3. **The Program plans to monitor performance to ensure compliance by:** Bi Annual review of Service plan will be performed by HSD/designee to ensure diets are reviewed according to physician orders. HSD, or its designee, will monitor meal delivery of special diets 1x/week for 4 weeks	9/30/24

	starting week of 9/30/2024, 1x/month for 2 months, then quarterly thereafter. **4. The regulatory insufficiency will be corrected by:** 9/30/24	

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.