



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
FACILITY INSPECTION REPORT

INTERNAL USE ONLY - EVENT ID **XNKQ11**

FACILITY NAME Cedarhurst Of Farmington		<input type="checkbox"/> RCF <input type="checkbox"/> RCF* <input type="checkbox"/> ALF <input checked="" type="checkbox"/> ALF** <input type="checkbox"/> ICF <input type="checkbox"/> SNF	
ADMINISTRATOR/MANAGER Alex Neff		CITY Farmington	COUNTY St. Francois
ADMINISTRATOR LICENSE NUMBER 7250	FACILITY NUMBER 32159	CAPACITY 84	EXCEPTIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HOLDS RESIDENT FUNDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DMH RESIDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LICENSE TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PROBATIONARY
		SECOND BUSINESS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		EXPIRATION DATE 7-12-2022	

INSPECTION <input checked="" type="checkbox"/> FULL <input type="checkbox"/> INTERIM	CENSUS 52	EXIT DATE 6-27-22	REVISIT #1	SURVEY EVENT ID	REVISIT #2
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VIOLATION OF REGULATIONS		CENSUS		EXIT DATE			CENSUS		EXIT DATE		
YES	NO	Corrected	Not Corrected	No of Class I II III			Corrected	Not Corrected	No of Class I II III		
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>											
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										

FACILITY REPRESENTATIVE SIGNATURE/TITLE <i>[Signature]</i>	FACILITY REPRESENTATIVE SIGNATURE/TITLE	FACILITY REPRESENTATIVE SIGNATURE/TITLE
DATE 6-27-22	DATE	DATE
SLTC TEAM LEADER	SLTC TEAM LEADER	SLTC TEAM LEADER
INSPECTOR <i>[Signature]</i>	INSPECTOR	INSPECTOR
INSPECTOR	INSPECTOR	INSPECTOR
INSPECTOR	INSPECTOR	INSPECTOR
INSPECTOR	INSPECTOR	INSPECTOR
DATE 6-27-22	DATE	DATE

LIST COMPLAINT NUMBERS INVESTIGATED AND COMMENTS.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
RESIDENT CARE SURVEY - RCF/ALF

INSTRUCTIONS: A facility representative will complete the following based on a census which includes residents who are currently out of the facility for any reason, but whose return is anticipated.

FACILITY NAME Cedarhurst Of Farmington		<input type="checkbox"/> RCFI <input type="checkbox"/> RCFII <input type="checkbox"/> ALFI <input checked="" type="checkbox"/> ALFII		FACILITY ID NUMBER 32159
ADDRESS (STREET, CITY) 200 Maple Valley Drive, Farmington, MO 63640				
CAPACITY 84	CENSUS 52	ADULT DAY CARE PARTICIPANTS 1	DMH PLACED RESIDENTS 0	
NO. OF RESIDENTS		CATEGORY		
11	1. Residents using canes <u>6</u> walkers <u>25</u> wheelchairs <u>14</u> (List number of each)			
11	2. Residents requiring staff assistance with transfer or ambulation - List names in comments or attach a list			
1	3. Residents who are blind <u>0</u> or deaf or require use of (hearing aids) <u>1</u> (List number of each)			
1	4. Residents with catheters			
11	5. Residents who are frequently to totally incontinent of bladder and/or bowel			
11	6. Residents with a mental illness diagnosis and/or a developmental disability			
11	7. Residents who receive a physician prescribed special diet (other than regular)			
11	8. Residents who have pressure sores/ulcers <u>1</u> or other skin issues <u>2</u> (List number of each)			
11	9. Residents who self-administer prescription or over-the-counter medication			
11	10. Residents who are diabetic and insulin dependent			
11	11. Residents who have experienced falls in the past 60 days			
11	12. Residents with a diagnosis of Alzheimer's disease or dementia			
11	13. Residents hospitalized during the last 45 days			
11	14. Residents experiencing a short period of incapacity (45 day timeframe) due to illness, injury or recuperation from surgery			
11	15. Residents who required infectious disease treatment within the last 30 days			
11	16. Residents receiving hospice			
11	17. New residents in the last 30 days			
11	18. Residents who reside above the first floor			
11	19. Residents who require the use of oxygen			
11	20. Residents who are an elopement risk			
11	21. Residents who require physical or chemical restraints			
11	22. Residents who have exhibited behaviors that present a reasonable likelihood of harm to themselves or others			
See Attached	23. Residents who are mentally incapable and/or require physical assistance or the use of an assistive device in order to negotiate a pathway to safety. List names in comments or attach a list.			
See Comments	24. ALF IIs only: Residents with a physical, cognitive, or other impairment who require more than minimal assistance in order to safely evacuate the facility. The following actions required of staff are considered to be more than minimal assistance: assistance to traverse down stairways, assistance to open a door, and assistance to propel a wheelchair. List names in comments or attach a list.			
COMMENTS #24 - Rosetta Pinkston Jim Baldwin Larry Sumner				
I AFFIRM THE ABOVE INFORMATION TO BE AN ACCURATE STATEMENT TO THE BEST OF MY KNOWLEDGE				
SIGNATURE OF FACILITY REPRESENTATIVE <i>[Signature]</i>			DATE 10/27/22	



Missouri Department of Health and Senior Services

Long Term Care Regulation – Region 2

1903 Northwood Dr., Ste. 4, Poplar Bluff MO 63901 Phone: 573-840-9580 FAX: 573-840-9586

RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

Paula F. Nickelson
Acting Director



Michael L. Parson
Governor

ELECTRONIC TRANSMISSION

June 30, 2022

Alex Neff, Administrator
Cedarhurst of Farmington
200 Maple Valley Drive
Farmington, MO 63640

Dear Mr. Neff:

This is to confirm the recent state inspection of Cedarhurst of Farmington completed on June 27, 2022. This inspection was conducted for the purpose of determining compliance with the requirements for licensure as an Assisted Living Facility.

The inspection revealed deficiencies that were discussed with you during this exit conference. These are listed on the enclosed statement of deficiencies with their corresponding regulation number and deficiency classification. **(Please Note, however that the facility's fire safety inspection will be or has been conducted by the Division of Fire Safety. The results of any fire safety inspection are not reflected in this letter.)**

Use the *attached plan of correction template* to type your plan of correction and the expected date of completion. A plan of correction must be entered for each item clearly identifying HOW, WHAT, WHEN, WHERE it was or will be corrected. The plan should also include provisions instituted to prevent reoccurrence.

Your plan of correction must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- 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; and

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- Your plan of correction must include dates by which corrective action will be completed.
- **Your Plan of Correction MUST NOT INCLUDE THE NAMES OF RESIDENTS. In addition your Plan of Correction should not include other resident specific information such as medical records.**

Sign, date, and return the *first page statement of deficiencies and the plan of correction attachment* to Sheri.Stone@health.mo.gov within ten (10) working days of receipt. Please make a copy of the completed forms for your records. Within ten (10) working days of the SLCR's receipt of your plan of correction, you will be notified in writing if it has been accepted or rejected.

A re-inspection will be conducted within 90 days of your exit conference to determine if the deficiencies have been corrected.

In accordance with Section 198.545, RSMo, you have one (1) opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request (separate from the plan of correction), along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to:

Cindy Rexroad
Regulatory Compliance Manager
Region 2
Department of Health & Senior Services
Section for Long Term Care Regulation
1903 Northwood Drive, Suite 4
Poplar Bluff, MO 63901

Health Quality Innovators
Attn: MO IDR
9830 Mayland Drive, Suite J
Richmond, VA 23233
Phone: 573-514-8501
Fax: 804-289-5324
Carmen.Woodward@hqi.solutions

This request must be sent during the same ten (10) working days you have for submitting a plan of correction for the cited deficiencies. The informal dispute resolution may be conducted by telephone, in writing or in a face-to-face meeting. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

You must keep copies of all inspection reports, statements of deficiencies and plans of correction available at your facility for public inspection. These findings are also available in our office in accordance with the Public Disclosure Act.

The SLCR, in hardship cases, may within its discretion and for good reason shown, grant exceptions to the Missouri Nursing Home Licensure Rules and Regulations. Exceptions cannot be granted to statutory requirements. Requests for exception shall be made in writing in accordance with the requirements found in 19 CSR 30-82.010 of the rules and regulations. Requests shall be mailed under separate cover letter to:

Exception Committee
Section for Long-Term Care
P.O. Box 570
Jefferson City, MO 65102-0570

Thank you and your staff for the time and courtesy extended to SLCR staff during the inspection. If you have any questions, please contact this office at 573-840-9580.

Sincerely,

Cindy Rexroad

Cindy Rexroad
Regulatory Compliance Manager

CR:JW:tp

Enclosure



Missouri Department of Health and Senior Services

Long Term Care Regulation – Region 2

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RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

Paula F. Nickelson
Acting Director



Michael L. Parson
Governor

ELECTRONIC TRANSMISSION or REGULAR MAIL

August 9, 2022

Alex Neff, Administrator
Cedarhurst of Farmington
200 Maple Valley Drive
Farmington, MO 63640

Dear Mr. Neff:

This is to acknowledge receipt of your plan of correction for the inspection completed on June 27, 2022. Your plan of correction was received in this office on July 28, 2022. This letter is to advise you that the plan has been reviewed and is considered acceptable as submitted.

An on-site revisit will not be conducted at this time because the inspection resulted in no Class I or II violations and less than 20 Class III deficiencies were cited. I trust the Class III deficiencies will be corrected as soon as possible. The results of this inspection will be forwarded to SLCR Central Office for appropriate action.

If you have any questions, please contact me at 573-840-9580.

Sincerely,

Cindy Rexroad

Cindy Rexroad
Regulatory Compliance Manager

CR:JW:tp

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Amb assist

Pat oesterlei (mc)

Anna wade (mc)

Rose Pinkston (al) walk to lunch only

Transfer assist

Gary Eller

Jim Baldwin

Ella Swanson

Frank Makler

Frances Dalton

Maxine Poston

Larry Sumner

Martha Giessing

RESIDENT ROSTER – Event ID # XNKQ11 Regulatory Auditor: Janice West

FACILITY: Cedarhurst Of Farmington Census: 52 Resident Name		IDENTIFIER	INTERVIEWED Y/N
David Freemyer			Y
James Medley			Y
Carmen Freemyer			Y
Carolyn Besore			Y
Glen Besore			Y

STAFF ROSTER

Event ID# XNKQ11

Regulatory Auditor:Janice West

FACILITY: Cedarhurst Of Farmington Census: 52 Staff Name	TITLE	IDENTIFIER	INTERVIEWED Y/N
Amanda Burrow	DON	DON	Y
Cassie Keith	CMT		Y
Rachel Lacey	L1MA		Y
Amber Lewis	Dietary		Y



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
STATE INSPECTION PACKET CHECKLIST

<input checked="" type="checkbox"/> FULL INSPECTION	REGION
<input type="checkbox"/> INTERIM INSPECTION	2

FACILITY NAME Cedarhurst Of Farmington	FACILITY NUMBER: (ASPEN STATE FAC ID NO) 32159	EVENT ID XNKQ11
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ADDRESS 200 Maple Valley Dr., Farmington, MO 63640	EXIT DATE 6/27/22
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INSTRUCTIONS - STATE LICENSED ONLY:
 LOCATE THE MAIN FOLDER TITLED "**STATE LICENSED ONLY**." LOCATE AND SAVE THE DOCUMENTS IN THE SUBFOLDER ASPEN STATE FAC ID NUMBER.

INSTRUCTIONS - CERTIFIED HOMES:
 LOCATE THE MAIN FOLDER TITLED "**CERTIFIED HOMES**." LOCATE THE ELECTRONIC SUBFOLDER BY ASPEN STATE FAC ID NUMBER. SAVE ALL DOCUMENTS BELOW IN THE SUBFOLDER TITLED "**1 - INTERIM**."

SAVE THE DOCUMENTS IN THE APPROPRIATE SUBFOLDER WITH THE DOCUMENT NUMBER IN THE TITLE AS INDICATED BELOW: (SAVE THIS FORM AS 1 - STATE CHECKLIST)

- 2 - Facility Inspection Report (DA-107)
- 3 - Letter confirming initial visit to facility
- 3a - Confirmation of mailing and receipt information or electronic verification (if applicable)
- 4 - Letter of acceptance and/or rejection of plan of correction (POC) (if applicable)
- 5 - Letter confirming revisit (if applicable)
- 6 - CMS 2567 containing a statement of compliance (Interim only, when federal deficiencies are cited)
- 7 - Resident Care Survey RCF/ALF (DA-111) or Resident Care Survey ICF/SNF (DA-112)
(Full inspection only)
- 8 - Resident identification list
- 9 - Staff identification list (if applicable)
- 10 - Resident Funds Bond Worksheet (Full inspection only)
- 11 - Supporting documentation - only include if listed as an exhibit in the POC
- Facility Construction Facts Sheet (Full inspection only - Required when SLCR conducts fire safety inspection). Obtain the copy on file in Content Manager from the previous full inspection and verify there are no changes/errors. (DO NOT SCAN FORM). **Contact ECU if information has changed or is incorrect.**
- 12 - Sprinkler / 13 - Fire Alarm / 14 - Electrical Certification / 15 - Local Fire Department Consultation
(Full inspection only - Required when SLCR conducts fire safety inspection)
- 16 - Statement of Deficiencies followed by corresponding Plan of Correction (if applicable)
- 17 - Amended SOD/POC due to IDR

COMMENTS:

SIGNATURE OF MANAGER/DESIGNEE Tracy Peters, RN Specialist/Supervisor	DATE 08/16/2022
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The following pages
were submitted with
the PLAN OF
CORRECTION as
supporting
documentation for
this plan.



Family Care Safety Registry (MO)

Policy & Procedures

Policy:

The community is responsible for maintaining each employee's confidential personnel file. It is Cedarhurst's policy to run the Family Care Safety Registry for all employees upon hire and the Employment Disqualification List quarterly thereafter.

Procedures:

- 1) Upon hire, the community will run the FCSR results
<https://webapp02.dhss.mo.gov/BSEES/Main.aspx?sk=SK701774798>
- 2) Quarterly, the community will check the Employment Disqualification List for all current employees and will print the page with the confirmation number
<https://health.mo.gov/safety/edl/>
- 3) All results will be kept in the employee's confidential personnel file at the community