STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32528	A. BUILDING: _____ B. WING _____	C 11/19/2025

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CLARENDALE CLAYTON	7651 CLAYTON ROAD CLAYTON, MO 63117

(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: Based on interview and record review, the facility failed to ensure the required two step tuberculosis (TB) test was completed prior to admission, for two of seven sampled residents (Residents #6 and #3) and failed to ensure an annual screening was completed, for three of seven sampled residents (Residents #2, #4 and #1). The census was 55. General requirements for TB testing for residents in Long Term Care Facilities, 19 CSR 20-20.100, reads as follows: -Long-term care facilities shall screen their residents for tuberculosis. Each facility shall be responsible for ensuring that all test results are completed and that documentation is maintained; -Within one month prior to or one week after admission, all residents new to long-term care are required to have the initial test of a two-step TB test; -If the resident's initial test is negative, the second test should be given one to three weeks later. The CDC (Centers for Disease Control) states TB tests should be read 48 to 72 hours after administration; -All long-term care facility residents shall have a documented annual evaluation to rule out signs and symptoms of TB disease; -All positive findings shall require a chest X-ray to rule out active pulmonary disease; -Individuals with a positive finding need not have repeat annual chest X-rays. They shall have a documented annual evaluation to rule out signs	A4724		

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A4724	Continued From page 1 and symptoms of tuberculosis disease. 1. Review of Resident #6's medical record, showed the following: -Admit date 10/31/24; -No initial two-step TB/PPD (purified protein derivative) upon admission. 2. Review of Resident #3's medical record, showed the following: -Admit date 10/31/25; -No initial two-step TB/PPD upon admission. 3. Review of Resident #2's medical record, showed the following: -Admit date 4/30/24; -A one-step TB/PPD test administered on 4/22/24 and read on 4/24/24, with an induration of 0 mm; -No second-step TB/PPD test administered within one to three weeks after 4/24/24; -No annual TB/PPD screening completed by 4/2025. 4. Review of Resident #4's medical record, showed the following: -Admit date 6/13/24; -A one-step TB/PPD test administered on 6/11/24 and read on 6/13/24, with an induration of 0 mm; -A second-step TB/PPD test administered on 6/27/25 and read on 6/29/25, with an induration of 0 mm; -No annual TB/PPD screening completed by 6/2025. 5. Review of Resident #1's medical record, showed the following: -Admit date 10/4/24; -A one-step TB/PPD test administered on 10/16/24 and read on 10/18/24, with an induration of 0 mm;	A4724		

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A4724	Continued From page 2 -No second-step TB/PPD test administered within one to three weeks after 10/18/24; -No annual TB/PPD screening completed by 10/2025. 6. During an interview on 11/19/25 at 11:57 A.M., the Administrator said they start the process on admission. They do the first step on their first day and then wait two weeks before doing the second one. Then they do the annual. She said she knew they were behind on conducting annuals and started in the memory care to begin to get caught up. She said she did not know a two step was needed again if a screening had been missed. She said she knew they were behind on annuals but did not know they needed to restart the process.	A4724		
A4748	19 CSR 30-86.047(28)(E) Premove-in Screening 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: (E) The premove-in screening shall be completed prior to admission with the participation of the prospective resident and be designed to determine if the individual is eligible for admission to the assisted living facility and shall be based on the admission restrictions listed at section (29) of this rule; II This regulation is not met as evidenced by: Based on interview and record review, the facility failed to complete a premove-in screening for prospective residents to determine if the individual was eligible for admission to the facility,	A4748		

Sherryl Hannah 12/19/2025

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A4748	Continued From page 3 for three of six sampled residents (Residents #2, #4, and #1). The census was 55. 1. Review of Resident #2's medical record, showed the following: -Admit date 4/30/24; -Diagnoses included anxiety, asthma, anemia and depression; -No documented pre-screening prior to the resident's admission date. 2. Review of Resident #4's medical record, showed the following: -Admit date 6/13/24; -Diagnoses included kidney disease, and mild cognitive impairment; -No documented pre-screening prior to the resident's admission date. 3. Review of Resident #1's medical record, showed the following: -Admit date 10/4/24; -Diagnoses included hallucinations, chronic kidney failure, bipolar disorder and depression; -No documented pre-screening prior to the resident's admission date. 4. During an interview on 11/19/25 at 11:00 A.M., the Director of Nursing said the prior Nurse used the facility's "health service evaluation" as the pre-screening tool not realizing the document did not ask the specifically required questions indicating the person qualified for assisted living. She said she did not complete a pre-screening on the residents who she knew did not have a pre-screening when she was first hired because she did not think she could backdate the document. She knew all residents required a pre-screening before moving into an assisted living facility.	A4748		

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A4748	Continued From page 4 5. During an interview on 11/19/25 at 12:49 P.M., the Administrator did not know the health service evaluation document did not ask the proper questions to qualify a person for assisted living. She said she knew the document was being used as a pre-screening tool though. She said she knew all residents required a pre-screening prior to admission.	A4748		
A4751	19 CSR 30-86.047(28)(F)(1)(C) Community Based Assessment-Significant Change 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: (F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule: 1. Time frame requirements for assessment shall be: C. Whenever a significant change has occurred in the resident ' s condition, which may require a change in services. II This regulation is not met as evidenced by: Based on interview and record review, the facility failed to complete a community based assessment (CBA) when a resident began voicing thoughts of suicide which required a change in services provided to the resident, for one of seven sampled residents (Resident #7). The census was 55. Review of Resident #7's face sheet, showed the facility admitted the resident on 12/27/24, with	A4751		

Sherryl Hannah 12/19/2025

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	32528	A. BUILDING: _____ B. WING _____	C 11/19/2025

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A4751	Continued From page 5 diagnoses which included bipolar disorder, Parkinson's disease and high blood pressure. Review of the resident's health and service evaluation (CBA) dated 1/3/23, showed the following: -Has current or history of occasional poor judgement. Needs protection and supervision because resident makes unsafe or inappropriate decisions. May have behavior management plan in place; -Has a current or history of occasional disruptive, aggressive, or socially inappropriate behavior, either verbally or physically improper; -Resident does not have current or history of depression or mood disorder; -The health and service evaluation was unsigned and undated. Review of the resident's progress note, showed the following: -On 1/26/25 at 6:52 A.M., staff sent a fax to the resident's physician regarding the resident's family member's report of recent depression and requested a sleep aide for the resident; -On 1/27/25 at 12:31 P.M., the resident's Physician's office called and gave a new order to start melatonin (used to treat short-term sleep problems) 3 milligrams at bedtime as needed and the Physician recommended the resident should see a Psychiatrist and go to the emergency room (ER) for further evaluation for severe depression; -On 1/27/25 at 1:15 P.M., the staff notified the resident's family member of the Physician's "wishes". The family member said the resident was about to start a ketamine (a disassociative anesthetic that has some hallucinogenic effects. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. It is referred to as a	A4751		

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A4751	Continued From page 6 "disassociative anesthetic" because it makes patients feel detached from their pain and environment.) treatment, which he/she had responded well to in the past and the family member would call the Physician, as the resident was not going to the ER; -On 1/31/25 at 1:29 P.M., a Personal Trainer found the resident on the 12 th floor, per the resident's family member. The Trainer found the resident in the 12th floor courtyard, in the rain and the resident "mentioned feeling suicidal". The staff called the resident's Physician and left a message with the Psychiatrist office. No signs and symptoms of suicidal ideations this shift; -On 1/31/25 at 2:38 P.M., follow up visit related to reports of suicidal ideation. The resident verbalized feeling depressed and said he/she was on the 12th floor terrace and having suicidal ideation on 1/30/25. The resident said he/she can no longer able to enjoy the things he/she did because "sons took all my money". He/she said he/she told his/her family members but that did not help. When asked how the staff could help, the resident said, "kill me, get me out of here." The resident was in bed, covered in blankets, during the assessment. Physically, the resident displayed a sad face, was noted taking deep breathes during the conversation while placing and rubbing his/her hand on his/her forehead. The resident denied having suicidal plan at that time. The Psychiatrist notified and said if the resident verbalized further suicidal ideation, then send to the ER. Call light in place; -On 2/1/25 at 8:30 A.M., the nurse "rounded" on the resident related to having suicidal ideation on 1/30. "Accucare" person left contact card in door stating he/she knocked on the door several times, with no answer. The nurse used the key fob to unlock the deadbolt. The resident was lying across the bed. The nurse asked the resident	A4751		

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A4751	Continued From page 7	A4751		

was he/she still feeling suicidal and the resident said, "no, I just want to die." The nurse asked what could he/she do or give help to the resident. The resident said, "nothing, I don't want to be here anymore, can you please just let me die?" The nurse offered to order the resident a breakfast tray and fluids, but he/she refused both. The resident denied having a suicidal plan at that time. Denied having any pain or discomfort. Director of Heath Services (DOHS) aware;
-2/2/25 at 6:00 A.M., late entry, resident remained in his/her room all night. Night staff made frequent rounds related to reports of suicidal ideations. The nurse checked on the resident, who was in bed sleeping quietly. No signs or symptoms of acute stress noted;
-On 2/7/25 at 3:18 P.M., staff received a new order from the Psychiatrist for Unisom sleep gels 50 milligrams at night, as needed;
-On 2/7/25 at 11:20 P.M., evening shift reported the resident was restless and they could not find the resident's Unisom or melatonin. The nurse contacted the resident's family member, who agreed to a one time dose of melatonin 5 milligrams the facility had on hand. Staff made the DOHS aware;
-On 2/8/25 at 12:49 A.M., the Physician called back and gave the order for the melatonin 5 milligrams;
-On 2/11/25 at 12:00 P.M., the resident's private Care Manager spoke with the nurse about concerns the resident had made several calls to the resident's family member this morning stating suicidal ideations, also stated he/she had a plan. The Care Manager was going to the facility. The resident's family member came to the facility to check on the resident, who was not in his/her room. Upon searching the community, the resident was standing on the 12th floor balcony, at the railing and in between two chairs. He/she

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A4751	Continued From page 8 said he/she was about to climb up and jump. Staff arrived and notified 911 and immediately assisted him/her to a seated position away from the railing. The family member notified the Care Manager to go to the facility to be transported with the resident. The resident would not verbalize and was transported to the hospital. Review of the resident's medical record, showed no updated CBA, which documented the resident's change in condition regarding his/her mental health and suicidal ideations. During an interview on 11/19/25 at 12:51 P.M., the Director of Nursing said a change of condition CBA should have been completed and it was probably an oversight on her part. During interviews on 11/18/25 at 3:19 P.M. and on 11/19/25 at 12:53 P.M., the Administrator said the resident previously lived in the independent apartments located in the facility and was moved over to the assisted living in 12/2024. She said she knew when a resident had a significant change of condition, a new CBA should be completed. She did not know the resident's was not completed.	A4751		
A4754	19 CSR 30-86.047(28)(G) Individual Service Plan - Develop 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: (G) Develops an individualized service plan (ISP), which means the planning document prepared by an assisted living facility which outlines a resident	A4754		

Sherryl Hannah 12/19/2025

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A4754	Continued From page 9 ' s needs and preferences, services to be provided, and goals expected by the resident or the resident ' s legal representative in partnership with the facility; II This regulation is not met as evidenced by: Based on interview and record review, the facility failed to develop individualized service plans (ISP), which included resident needs and services to be provided by staff, for three of seven sampled residents (Residents #2, #12 and #1). The census was 55. 1. Review of Resident #2's medical record, showed the facility admitted the resident on 4/30/25, with diagnoses which included anxiety, anemia, asthma and depression. Review of the resident's ISP dated 6/5/25, showed the following: -Need: Bathing. The resident required hands on assistance with showers. The resident required transferring to and from the shower, cleaning hard to reach places and rinsing. The resident used a Hospice Shower Aide to assist with showers on Tuesdays and Thursdays. The resident was often resistant to shower assistance, so four showers a week are offered to promote overall hygiene; -Need: Emergency and evacuation: the resident required minimal assistance. The resident required verbal cueing to evacuate in emergency. The resident was able to evacuate the building with three verbal prompts or less as demonstrated during monthly drills; -Need: Respiratory assisting devices: The resident had an albuterol nebulizer (breathing treatment) available as needed up to four times a day for shortness of breath. The resident required assistance with set up for administration of the	A4754		

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A4754	Continued From page 10	A4754		

nebulizer and the nebulizer was kept at bedside;
-Need: Fall history. The resident had a history of falls. The resident had a fall on 7/5/25, 9/12/25 and 9/13/25. The staff were required to educate and encourage the resident to use the call/bell pendant. The staff were required to encourage the resident to use his/her assistive device and grab bars in the bathroom. The staff were required to encourage the resident to attend activities, ensure he/she had adequate lighting in his/her apartment, ensure the resident wore shoes which included tread on the sole, keep the environment free of clutter, keep personal items close at hand, train the resident on proper transferring and utilize a raised toilet seat and shower chair.

Review of the resident's individual evacuation plan dated 8/14/25, showed the resident required physical assistance of one person to start or complete an evacuation. The resident required assistance from two people with stairs.

Review of the resident's occurrence note dated 10/20/25, showed the resident had a fall on 10/20/25 at 11:30 A.M. The resident was found on the floor. First aide was not required. There were no injuries. The resident was added to a "rounds list."

Review of the resident's occurrence note dated 10/31/25, showed the resident had a fall. The resident slid out of his/her bed onto the floor. The resident was found on the floor near the bed.

Observation on 11/18/25 at 1:25 P.M., showed the resident had an oxygen concentrator at the foot of his/her bed and a cannula plugged in directly to the concentrator. The resident laid in bed with the cannula on. There was a floor mat

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A4754	Continued From page 11 by the bed and the bed was positioned in the lowest setting. During an interview on 11/18/25 at 1:15 P.M., the Hospice Nurse said she visited the resident twice a week and sometimes more depending on the resident's needs. She said the resident had a skin tear on his/her left lower extremity which was "U" shaped. She said the wound was healing well because in June it measured 6x5x0 centimeters (cm) and now it measures 3.2x3.0 cm. She said she did the wound dressing changes and there had not been a time when she was not present at the facility and could not do the wound dressing change. She thought if there was ever a time she was not present and the wound dressing needed change, the facility's Nurse could handle it. She said the resident had been refusing bathes lately and when he/she refused, the hospice bath aide would offer a bed-bath instead of a shower. She said the resident usually agreed to a bed bath. Review of the resident's ISP dated 6/5/25, showed the following: -The ISP did not address the resident's required individualized evacuation plan; -The ISP did not address the resident's most recent falls and new interventions specifically related to the falls; -The ISP did not address the resident's use of a concentrator and cannula; -The ISP did not address the resident's use of a floor mat and requirement of a lowered bed; -The ISP did not address the resident's most current skin issues; -The ISP did not address the alternative offer of a bed-bath if the resident refused. 2. Review of Resident #12's medical record, showed the facility admitted the resident on	A4754		

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A4754	Continued From page 12 9/10/25, with diagnoses which included seizures, epilepsy, cerebral infraction without residual deficits (silent stroke), muscle weakness, repeated falls, insomnia, and chronic kidney disease. Review of the resident's ISP dated 10/10/25, showed the following: -Need: Judgement. The resident had frequent poor judgment issues. The resident was often resistant to oversight. He/she required assistance with decision making and the staff were required to call the resident's family member with any decision making; -Orientation: The resident had mild impairment of orientation. The resident was alert and oriented x4. The family reported intermittent confusion in correlation with history of focal seizures. The staff were required to provide redirection and monitoring with confusion. Observation on 11/18/25 at 8:10 A.M., during the morning medication pass, showed the resident was adamant someone was in his/her room watching him/her and taking his/her belongings. He/she told the staff member he/she would tell the people, "stay right there motherfucker, I'm going to kill you." The resident kept repeating he/she would kill the people in his/her room if they tried to come in again. He/she explained to the staff member what a "kill-shot" was and how he/she needed a gun to shoot the people in the chest that were watching him/her. He/she explained repeatedly the chest was the "kill-shot." The resident remained upset during the morning medication pass as he/she explained this situation to the staff member. During an interview an interview on 11/18/25 at 8:24 A.M., Quality of Life Specialist (Medication	A4754		

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	32528	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARENDALE CLAYTON	7651 CLAYTON ROAD CLAYTON, MO 63117

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A4754	Continued From page 13 Technician) A said the resident was like this a lot and had these stories of people coming into his/her home and taking his/her belongings. He/she said there was not much that would calm the resident down other than listening to him/her explain these stories. Review of the resident's ISP dated 10/10/25, showed no indication of this habit of telling stories of wanting to kill people in his/her home when they take his/her belongings. The ISP did not address interventions to calm the resident down during these episodes. 3. Review of Resident #1's medical record, showed the facility admitted the resident on 10/4/24, with diagnoses which included hallucinations, bipolar disorder, chronic kidney disease and depression. Review of the resident's ISP dated 11/16/25, showed the: -Need: Anxiety. The resident had a current or history of occasional anxiety. The resident had a diagnosis of anxiety but did not currently take medication for the anxiety. The staff were required to provide assistance with the resident's anxiety; -The ISP did not address how the staff should assist the resident when he/she became anxious. 4. During an interview on 11/19/25 at 12:35 P.M., the Director of Nursing said the Nurses were responsible for creating and maintaining the residents' ISPs. She said Resident #2 still had skin issues and hospice treated the skin issue. She said the skin issue should be addressed on the resident's ISP. She said when a resident had a fall, the date of the fall and new interventions should be added to the ISP.	A4754		

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A4754	Continued From page 14 5. During an interview on 11/19/25 at 12:42 P.M., the Administrator said all resident needs, falls and interventions for falls, behaviors, skin issues and equipment the resident may use should be addressed on the ISPs.	A4754		
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: Based on interview and record review, the facility failed to review a resident's individualized service plan (ISP) with the resident or legal representative when a resident began voicing thoughts of suicide which required a change in services provided to the resident, for one of seven sampled residents (Resident #7). The census was 55. Review of Resident #7's face sheet, showed the facility admitted the resident on 12/27/24, with diagnoses which included bipolar disorder, Parkinson's disease and high blood pressure. Review of the resident's ISP dated 12/27/24, showed the following: -No behaviors;	A4755		

Therryl Hannah 12/19/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A4755	Continued From page 15 -No judgements issues; -Occasional mood and depression issues. Resident has current or history of occasional depression or mood disorder. Review of the resident's progress note, showed the following: -On 1/26/25 at 6:52 A.M., staff sent a fax to the resident's physician regarding the resident's family member's report of recent depression and requested a sleep aide for the resident; -On 1/27/25 at 12:31 P.M., the resident's Physician's office called and gave a new order to start melatonin (used to treat short-term sleep problems) 3 milligrams at bedtime as needed and the Physician recommended the resident should see a Psychiatrist and go to the emergency room (ER) for further evaluation for severe depression; -On 1/27/25 at 1:15 P.M., the staff notified the resident's family member of the Physician's "wishes". The family member said the resident was about to start a ketamine (a disassociative anesthetic that has some hallucinogenic effects. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. It is referred to as a "disassociative anesthetic" because it makes patients feel detached from their pain and environment.) treatment, which he/she had responded well to in the past and the family member would call the Physician, as the resident was not going to the ER; -On 1/31/25 at 1:29 P.M., a Personal Trainer found the resident on the 12th floor, per the resident's family member. The Trainer found the resident in the 12th floor courtyard, in the rain and the resident "mentioned feeling suicidal". The staff called the resident's Physician and left a message with the Psychiatrist office. No signs and symptoms of suicidal ideations this shift;	A4755		

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A4755	Continued From page 16 -On 1/31/25 at 2:38 P.M., follow up visit related to reports of suicidal ideation. The resident verbalized feeling depressed and said he/she was on the 12th floor terrace and having suicidal ideation on 1/30/25. The resident said he/she can no longer able to enjoy the things he/she did because "sons took all my money". He/she said he/she told his/her family members but that did not help. When asked how the staff could help, the resident said, "kill me, get me out of here." The resident was in bed, covered in blankets, during the assessment. Physically, the resident displayed a sad face, was noted taking deep breathes during the conversation while placing and rubbing his/her hand on his/her forehead. The resident denied having suicidal plan at that time. The Psychiatrist notified and said if the resident verbalized further suicidal ideation, then send to the ER. Call light in place; -On 2/1/25 at 8:30 A.M., the nurse "rounded" on the resident related to having suicidal ideation on 1/30. "Accucare" person left contact card in door stating he/she knocked on the door several times, with no answer. The nurse used the key fob to unlock the deadbolt. The resident was lying across the bed. The nurse asked the resident was he/she still feeling suicidal and the resident said, "no, I just want to die." The nurse asked what could he/she do or give help to the resident. The resident said, "nothing, I don't want to be here anymore, can you please just let me die?" The nurse offered to order the resident a breakfast tray and fluids, but he/she refused both. The resident denied having a suicidal plan at that time. Denied having any pain or discomfort. Director of Heath Services (DOHS) aware; -2/2/25 at 6:00 A.M., late entry, resident remained in his/her room all night. Night staff made frequent rounds related to reports of suicidal ideations. The nurse checked on the resident,	A4755		

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A4755	Continued From page 17 who was in bed sleeping quietly. No signs or symptoms of acute stress noted; -On 2/7/25 at 3:18 P.M., staff received a new order from the Psychiatrist for Unisom sleep gels 50 milligrams at night, as needed; -On 2/7/25 at 11:20 P.M., evening shift reported the resident was restless and they could not find the resident's Unisom or melatonin. The nurse contacted the resident's family member, who agreed to a one time dose of melatonin 5 milligrams the facility had on hand. Staff made the DOHS aware; -On 2/8/25 at 12:49 A.M., the Physician called back and gave the order for the melatonin 5 milligrams; -On 2/11/25 at 12:00 P.M., the resident's private Care Manager spoke with the nurse about concerns the resident had made several calls to the resident's family member this morning stating suicidal ideations, also stated he/she had a plan. The Care Manager was going to the facility. The resident's family member came to the facility to check on the resident, who was not in his/her room. Upon searching the community, the resident was standing on the 12th floor balcony, at the railing and in between two chairs. He/she said he/she was about to climb up and jump. Staff arrived and notified 911 and immediately assisted him/her to a seated position away from the railing. The family member notified the Care Manager to go to the facility to be transported with the resident. The resident would not verbalize and was transported to the hospital. Review of the resident's medical record, showed no updated ISP, which documented the resident's change in condition regarding his/her mental health and suicidal ideations. During an interview on 11/18/25 at 3:22 P.M., the	A4755		

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A4755	Continued From page 18 Director of Nursing said the resident's ISP should have shown the resident needed more frequent monitoring due to his/her suicidal ideations. During an interview on 11/18/25 at 3:19 P.M., the Administrator said the nurses complete the ISPs and the resident's ISP should have addressed the resident required more frequent rounds when he/she was first found on the 12th floor balcony.	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	A4797		

Therryl Hannah 12/19/2025

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A4797	Continued From page 19 This regulation is not met as evidenced by: Class II Based on observation, interview and record review, the facility failed ensure a Quality Life Specialist (Level One Medication Aide (LIMA)) completed a safe and effective medication pass when he/she administered a medication which had been discontinued four days prior, to a resident, when the LIMA allowed a resident to administer medication to another resident, when the LIMA left a resident's room without ensuring the resident consumed his/her medication first, when the LIMA did not hold the inner canthus of a resident after administering eye drops and did not wash his/her hands and properly handle medication, for five of nine observed residents during the morning medication pass. The census was 55. Review of the facility's "Self-administration of medications for assisted living residents" dated 1/22/15, showed the following: -Policy: -To ensure any/all residents that self-administer medications have a Physician or other licensed healthcare provider's order to self-administer medications and can show evidence of medication administration accuracy and safe storage of the medication prescribed; -Procedure: -Any/all residents who desire to self-administer medications must have a written order from a Physician, Nurse Practitioner or Physician Assistant or other licensed healthcare provider upon admission. Review of the facility's "Medication Administration" policy dated 4/29/23, showed the	A4797		

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A4797	Continued From page 20	A4797		

following:
-Policy:
-To accurately prepare, administer and document all medication administration;
-Procedures:
-All residents will be assessed for safe self-administration is assessed to be un-safe. All medications will be administered as prescribed by the resident's Physician/Healthcare Provider and only by person lawfully authorized to do so;
-The following process should be followed for mediation administration for narcotic and non-narcotic:
-Provided assistance with solid doses of oral medication:
-Wash hands;
-Prepare any necessary items: water, juice, cups and spoons;
-Obtain the medication observation record;
-Obtain the mediation from storage;
-Verified the medication label;
-Take the medication to the resident and tell them the medications you are providing;
-Open the container in the presence of the resident;
-Give the resident his/her medication, providing the type of assistance needed and with an appropriate liquid;
-Observe the resident swallow the medication;
-Record the assistance was provided;
-You must observe the resident taking the medication when providing assistance with medication;
-Assistance with eye drops or optic ointments:
-Some residents may need assistance with eye drops or ointments. Allow each resident to do as much as possible for him/herself. You may assist a resident with eye drops or ointments in

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A4797	Continued From page 21	A4797		

the following manner, using this step-by-step process:

-Wash hands;

-Verify the medications label with the medication observation record before providing the medication to the resident;

-Assist the resident to a comfortable position, either sitting or lying down;

-If crusting or discharge is present, the eye, the eye should be cleaned with a clean, warm washcloth. Use a clean area of the cloth for each eye. When cleansing the eye, wipe from the inner eye to the outer eye;

-Ask the resident to look upward;

-Approach the eye from the side and drop medication into center of lower lid. Do not touch the eye with the dropper. Do not drop directly onto the cornea;

-Instruct the resident to close eyes slowly, but not to squeeze or rub them;

-After at least 30 seconds, instruct the resident to open eye;

-Allow resident to wipe off excess solution with a cotton ball or tissue;

-Wash hands. Record that assistance was provided.

1. Review of Resident's #11's medical record, showed the facility admitted the resident on 11/9/21, with diagnoses which included diabetes, high blood pressure, anxiety, depression and Parkinson's disease.

Observation on 11/18/25 at 8:15 A.M., showed LIMA A retrieved the resident's clear pill packet out of the medication cart and looked for the medication on the resident's medication administration record (MAR). LIMA A then tore the clear pill packet open and poured the medications into the medication cup. The clear pill packet

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A4797	Continued From page 22 contained the following medications in it; -Carbidopa and levodopa (used to treat Parkinson's disease), 25-100 milligram (mg); -Aspirin (used a blood thinner), 81 mg; -Bupropion (used to treat anxiety), 300 mg; -Desvenlafaxine (used to treat major depressive disorder), 100 mg; -Hydrochlorothiazide (used to treat high blood pressure), 12.5 mg; -Metformin (used to treat diabetes), 500 mg; -B-12; -Montelukast (used to treat allergies), 10 mg. Observation on 11/18/25 at 8:21 A.M., showed LIMA A handed the resident his/her medication and went into the resident's bedroom to make his/her bed. LIMA A did not observe the resident consume the medication. The resident consumed all of the medication in the medication cup. Review of the resident's POS dated 11/2025, showed the resident's order for Montelukast was discontinued on 11/14/25. 2. Review of Resident #10's medical record, showed the facility admitted the resident on 9/30/24, with diagnoses which included high blood pressure, neurocognitive disorder with Lewy bodies and Parkinson's disease. Review of the resident's POS dated 11/2025, showed the following: -Simvastatin (used to treat high cholesterol), 20 mg. Give one tablet by mouth in the morning; -Rivastigmine (used to treat moderate dementia), 3 mg. Give one capsule by mouth two times per day; -Carvedilol (used to treat high blood pressure), 12.5 mg. Give one tablet by mouth two times per day;	A4797		

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A4797	Continued From page 23 -Carbidopa and levodopa, 25-100 mg. Give one and one-half two times per day; -Tamsulosin (used as a muscle relaxer), 0.4 mg. Give one capsule by mouth two times per day; -Finasteride (used to treat hair loss), 5 mg. Give one tablet by mouth every six hours. Observation on 11/18/25 at 7:49 A.M., showed LIMA A gave the resident's medication to Resident #9. Then Resident #9 gave Resident #10 his/her medication. 3. Review of Resident #9's medical record, showed the facility admitted the resident on 9/30/24, with diagnoses which included high blood pressure and urinary tract infection. Observation on 11/18/25 at 7:45 A.M., showed LIMA A handed the resident's medication to him/her and the resident put the medication on the kitchen counter and told LIMA A he/she would take the medication after breakfast. LIMA A did not instruct the resident to take the medication right then and left the resident's apartment without ensuring the resident consumed the medication. Review of the resident's POS dated 11/2025, showed no order to self-administer medication. 4. Review of Resident #12's medical record, showed the facility admitted the resident on 9/10/25, with diagnoses which included seizures, epilepsy, cerebral infraction without residual deficits (silent stroke), muscle weakness, repeated falls, insomnia, and chronic kidney disease. Observation on 11/18/25 at 7:55 A.M., showed LIMA A handed the resident his/her medication.	A4797		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A4797	Continued From page 24 The resident looked in the medication cup and said he/she could not take the calcium pill because it was too big. LIMA A took the pill out of the medication cup and left the apartment to go cut the pill in half. LIMA A left the rest of the medication with the resident without ensuring he/she consumed the medication first. Review of the resident's POS dated 11/2025, showed no order to self-administer medication. 5. Review of Resident #8's medical record, showed the facility admitted the resident on 12/31/23, with diagnoses which included depression, vitamin deficiency and hyperlipidemia (too many lipids in the blood). Review of the resident's POS dated 11/2025, showed the resident had an order for refresh relief drops (used to treat dry eyes), 0.5-0.9%. Instill one drop into each eye two times daily. Observation on 11/18/25 at 7:20 A.M., showed LIMA A gave the resident a tissue and the resident tilted his/her head back while LIMA A administered one drop in each eye. The eye drops streamed down both of the resident's cheeks and he/she dabbed his/her cheeks with the tissue provided by LIMA A. LIMA A did not hold the resident's inner canthus for either eye drop or did not instruct the resident to do so. 6. Observation on 11/18/25 at 7:25 A.M., showed LIMA A exited a resident's room and closed the door with his/her hand. LIMA A walked to the medication room and unlocked the door with his/her right bare hand. LIMA A unlocked the medication cabinets on the medication cart with his/her right bare hand. LIMA A organized medication with his/her bare hands and prepped	A4797		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CLARENDALE CLAYTON	7651 CLAYTON ROAD CLAYTON, MO 63117

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A4797	Continued From page 25	A4797		

a resident's medication. LIMA A dropped Calcium (used to help bone health), 250 mg on the medication cart. With his/her unwashed right bare hand, LIMA A picked up the medication and put it in the medication cup.

7. During an interview on 11/18/25 at 1:02 P.M., LIMA A said the management never told him/her to hold the inner canthus after administering eye drops and he/she did not know to do this either. He/she said Resident #9 "usually" gave Resident #10's medication and Resident #9 "normally" took the medication after breakfast. LIMA A said he/she would come back to the resident's room after breakfast to make sure Resident #9 took his/her medication. LIMA A said he/she would not have known if the resident dropped medication and perhaps forgot to tell him/her about it. LIMA A said management has told him/her to watch the residents consume the medication. He/she did not know why he/she did not watch the residents consume the medication during the morning medication pass for Residents #11, #9 and #12.

8. During an interview on 11/19/25 at 12:22 P.M., the Director of Nursing said the Medication Technicians are responsible for ordering medication. She said the staff press a button on the computer and the medication is delivered every Tuesday. She said the pharmacy delivered medication automatically every Tuesday but if a resident got a new mediation, the pharmacy would deliver it within the same day unless it is late at night, then the medication will come in the morning. If the medication was not delivered then there would be an emergency kit which has commonly used medications. She said if a medication was discontinued, the staff would remove the medication from the clear plastic pack and destroy the medication with a Nurse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32528	A. BUILDING: _____ B. WING _____	C 11/19/2025

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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
A4797	Continued From page 26 She said it was never okay to leave medication with a resident without a self-administer order. She said the staff should have watched the residents take their medication before leaving the room. She said it was never okay for a resident to give another resident medication and said only facility staff could administer medication to the resident. She did not know to hold the inner canthus after administering eye drops. She said staff should not touch pills with their bare hands. 9. During an interview on 11/19/25 at 12:34 P.M., the Administrator said the staff should have watched the residents consume all of the medications. She said it was not okay to touch a medication with bare hands. She said she knew to hold the inner canthus after administering eye drops and the staff should have done this. She said discontinued medications should be removed from the resident's clear pill packet and destroyed with a Nurse. She said it was not okay to give a resident a discontinued medication.	A4797		
A6012	19 CSR 30-87.020(12) Floor Surfaces All floors in the facility shall be clean and shall be maintained in good repair. Floors and floor coverings of all food-preparation, food-storage and utensil-washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic. Nothing in this section shall prohibit the use of antislip floor covering in areas where necessary for safety reasons. III This regulation is not met as evidenced by:	A6012		

Sherryl Hannah 12/19/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32528	A. BUILDING: _____ B. WING _____	C 11/19/2025

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A6012	Continued From page 27 Based on observation and interview, the facility failed to ensure the floors in the kitchen were kept clean and free of grease buildup, during one of one day of observation. The census was 55. During an observation on 11/18/25 between 7:00 A.M. and 3:12 P.M., of the kitchen showed the following: -On the floor behind the cook line and in front of the stove, an area of built up grease covered the floor approximately 5 feet wide and 7 feet in length; -In the walk in refrigerator, food debris and visible dirt particles under the shelving units on both sides of the walk in; -In the walk in freezer, food debris and visible dirt particles under the shelving units and approximately 11 quarter size black spots on the floor in the center of the freezer. During an interview on 11/19/25 at 11:27 A.M., the Administrator said the kitchen staff are responsible for cleaning the kitchen. She said there is a utility dishwasher employee that assists with cleaning the kitchen. She said the standard would be for cleaning to be done when closing out the kitchen and before they leave. She said they have a daily, weekly, and monthly schedule for cleaning and she expected the floors to be free of dirt and grease build up. She was not aware the kitchen floors were not clean.	A6012		
A7003	19 CSR 30-87.030(3) Clean Clothing, Hair Restraints The outer clothing of all employees shall be clean and employees shall use effective hair restraints to prevent the contamination of food or food-contact surfaces. III	A7003		

Sherryl Hannah 12/19/2025

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A7003	Continued From page 28 This regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the proper use of hairnets when two employees did not wear hairnets during preparation and service of food, for one of one observed meal preparation and service. The census was 55. Observation on 11/18/25 between 7:07 A.M. and 7:23 A.M., showed Dining Server C and Dining Server D sliced cantaloupe, strawberries, grapes and pineapple, and placed into serving dishes for the residents. Dining Server C's hair was approximately 12 inches long. Dining Server D's hair was also approximately 12 inches long. Neither employee wore a hair restraint. During an interview on 11/19/25 at 11:28 A.M., the Administrator said if the staff are plating the food they would have to have a hair net. If they're plating it and carrying it to the table, she did not necessarily think it was needed. She said there was no company policy that she was aware of regarding hair nets. She said she could understand if staff is carrying a plate of food, hair could fall into the plate, so she said she understood why the dining staff should wear a hairnet even while serving.	A7003		
A7017	19 CSR 30-87.030(15) Food-Stored Above the Floor, Protected Containers of food shall be stored above the floor in a manner that protects the food from splash and other contamination and that permits easy cleaning of the storage area, except that metal pressurized beverage containers, and cased food packaged in cans, glass or other waterproof	A7017		

Therryl Hannah 12/19/2025

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A7017	Continued From page 29 containers need not be elevated when the food container is not exposed to floor moisture; and containers may be stored on dollies, racks or pallets, provided the equipment is easily movable. III This regulation is not met as evidenced by: Based on observation, interview, and record review, facility staff failed to store food in a manner that protects the food from splash and other contamination. The census was 55. Observation on 11/18/25 between 7:00 A.M. and 3:10 P.M., of the walk-in freezer, showed one case of corn on the cob on the floor. During an interview on 11/19/25 at 11:58 A.M., the Administrator said food should be stored off the floor. She said there had been a food delivery the day before but the food should not have been placed on the floor.	A7017		
A7066	19 CSR 30-87.030(64) Grills/Griddles/Microwaves/Other-Clean Daily The food-contact surfaces of grills, griddles and similar cooking devices and the cavities and door seals of microwave ovens shall be cleaned at least once a day, except that this shall not apply to hot oil-cooking equipment and hot oil-filtering systems. The food-contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulated soil. III This regulation is not met as evidenced by: Based on observation and interview, the facility failed to clean the food-contact surfaces of the gas range six top burners, the back and sides of the fryer, and inside the convection ovens. The	A7066		

Therryl Hannah 12/19/2025

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A7066	Continued From page 30 food-contact surfaces of the grill had encrusted black and brown grease deposits. This had the potential to affect all residents. The census was 55. Observation on 11/18/25 between 7:04 A.M. and 3:05 P.M., of the main kitchen, showed the following: -On the approximate 6 feet by 3 feet, gas range stove top, covered with black charred remains of food. The entire surface of the grill covered with the charred food. Along the outer edge of the grill, a line of thick brown grease; -On the fryer, the brown streaks of grease extended from the edge of the cooking surface to the base of the unit. Grease and food build up on the inside edges of the back and side splashes around the fry baskets; -On the convection stove, streaks of brown grease extended out of the base of the door onto the front of the unit. During an interview on 11/19/25 at 11:58 A.M., the Administrator said she expected there to be a build up of grease. She said they schedule cleaning of the equipment with a vendor but she expected staff to be cleaning the kitchen daily. She expected the stove tops, ovens and fryers to be clean.	A7066		
A8004	19 CSR 30-88.010(4) Resident Rights-Admission/Annual Review Each resident admitted to the facility, or his or her next of kin, legally authorized representative or designee, shall be fully informed of the individual's rights and responsibilities as a resident. These rights shall be reviewed annually with each resident, and/or his or her next of kin,	A8004		

Therryl Hannah 12/19/2025

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A8004	Continued From page 31 legally authorized representative or designee, either in a group session or individually. II/III This regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff completed an annual review of the residents' rights, for five of seven sampled residents (Residents #5, #2, #4, #1, and #6). The census was 55. 1. Review of Resident #5's medical record, showed the following: -Admit date 10/20/22; -An annual review of the resident's rights dated 10/7/24; -No annual review of the resident's rights for 10/2025. 2. Review of Resident #2's medical record, showed the following: -Admit date 4/30/24; -An annual review of the resident's rights dated 3/26/24; -No annual review of the resident's rights dated 3/26/25. 3. Review of Resident #4's medical record, showed the following: -Admit date 6/13/24; -An annual review of the resident's rights dated 5/20/24; -No annual review of the resident's rights for 5/2025. 4. Review of Resident #1's medical record, showed the following: -Admit date 10/4/24; -No initial review of the resident's rights for 10/2024; -No annual review of the resident's rights for	A8004		

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A8004	Continued From page 32 10/2025. 5. Review of Resident #6's medical record, showed the following: -Admit date 10/31/24; -An annual review of the resident's rights dated 10/27/24; -No annual review of the resident's rights for 10/2025. 6. During an interview on 11/19/25 at 12:43 P.M., the Administrator said she was aware the residents' rights were required to be reviewed with each resident or their representative annually. She said the person who reviewed the resident's care plan with the family should have reviewed the resident's rights with the resident and/or family.	A8004		
A8010	19 CSR 30-88.010(10) Advance Directive Requirements Prior to or upon admission and at least annually after that, each resident or his or her next of kin, legally authorized representatives or designees shall be informed of facility policies regarding provision of emergency and life-sustaining care, of an individual's right to make treatment decisions for himself or herself and of state laws related to advance directives for health-care decision making. The annual discussion may be handled either on a group or on an individual basis. Residents' next of kin, legally authorized representatives or designees shall be informed, upon request, regarding state laws related to advance directives for health-care decision making as well as the facility's policies regarding the provision of emergency or life-sustaining medical care or treatment. If a resident has a	A8010		

Therryl Hannah 12/19/2025

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A8010	Continued From page 33 written advance health-care directive, a copy shall be placed in the resident's medical record and reviewed annually with the resident unless, in the interval, he or she has been determined incapacitated, in accordance with section 475.075 or 404.825, RSMo. Residents' next of kin, legally authorized representatives or designees shall be contacted annually to assure their accessibility and understanding of the facility policies regarding emergency and life-sustaining care. II/III This regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff completed an annual review of the residents' advanced directives, for four of seven sampled residents (Residents #5, #2, #4, and #1). The census was 55. 1. Review of Resident #5's medical record, showed the following: -Admit date 10/20/22; -An annual review of the resident's advanced directives dated 10/16/24; -No annual review of the resident's advanced directives for 10/2025. 2. Review of Resident #2's medical record, showed the following: -Admit date 4/30/24; -An annual review of the resident's advanced directives dated 4/12/24; -No annual review of the resident's advanced directives dated 4/12/25. 3. Review of Resident #4's medical record, showed the following: -Admit date 6/13/24; -No initial review of the resident's advanced directives;	A8010		

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A8010	Continued From page 34 -No annual review of resident's advanced directives for 6/2025. 4. Review of Resident #1's medical record, showed the following: -Admit date 10/4/24; -No initial review of the resident's advanced directives for 10/2024; -No annual review of the resident's advanced directives for 10/2025. 5. During an interview on 11/19/25 at 11:58 A.M., the Administrator said she was aware the residents' advanced directives were required to be reviewed with each resident or their representative annually. She said the person who reviewed the resident's care plan with the family should have reviewed the resident's advanced directives with the resident and/or family.	A8010		

PLAN OF CORRECTION

Provider/Supplier Name:	Clarendale Clayton
Street Address, City, Zip:	7651 Clayton Road
Date of Survey:	11/18/2025

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A4724	Residents #1-4 and #6 received two-step TB on 11/28/25 dates to meet regulation. Clinical team reviewed each residents to identify missing TB upon admission and incomplete annual screening. Residents identified who had missing TB upon admission or annual screening were given a 2 step TB test. Admission checklist updated to reflect two-step TB requirement; re-educated nursing team on restarting two-step requirements when annual is missed. Educated nursing team that TB Assessment form to be used for annual screening. Director of Health Services will be responsible for ensuring TB Screenings and Tests are completed and documented. To assist with compliance, ED or Administrator will audit new admission logs for 30 days and monthly for 6 months. All resident 2 step TB will be completed by 12/20/25, Will be uploaded into EMR system for each resident and kept in a binder in DOHS office.	12/22/25

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.

PLAN OF CORRECTION

Provider/Supplier Name:	Clarendale Clayton
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A4748	Completed pre-screenings for Residents #1, #2 and #4. All current residents have been reviewed and pre-screenings were completed for all residents and the residents who have moved in prior to survey missing the pre-screening forms were notated as "completed after move-in" as instructed by Surveyor. DOHS self-educated that Pre-Screenings are to be completed before move in by state surveyors and CBA can be used before move in but cannot replace the Pre-screen form. Each pre-screen will be reviewed and signed off by the Administrator or the ED. Weekly new admission audits for 30 days, then monthly for 3 months by the DOHS. All residents already admitted were completed 11/20/25 and new admissions were completed at time of pre-screening and assessment by DOHS/ADOHS	11/20/25

PLAN OF CORRECTION

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A4751	Administrator and DOHS educated themselves on CSR 30-86.075(28)(F)(1)C) to complete a CBA when a significant change has occurred in the resident's condition requiring a change in service. Audit all residents who experienced a significant change in condition within the past 6 months (pull psych reports) to ensure CBA was completed if necessary We will implement a manual Significant Change Log maintained by the DOHS and reviewed weekly at risk meeting. Changes will be made to the CBA and ISP as needed Weekly auditing at risk meeting. Monitored Monthly during monthly summaries, monthly MD visits, QAPI reports and Monthly ABT usage reports and Psych medication reports by DOHS	1/30/2026

PLAN OF CORRECTION

Provider/Supplier Name:	Clarendale Clayton
Street Address, City, Zip:	7651 Clayton Road
Date of Survey:	11/18/2025

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A4754	Updated ISPs for Residents #2, #12, #1 with individualized interventions. Performed whole house ISP audit focused on behavior interventions, fall interventions, IEPs, medical equipment needs and skin care DOHS will be responsible for activation and closing out each care plan Monitored Monthly during monthly summaries, monthly MD visits, QAPI reports and Monthly ABT usage reports and Psych medication reports. To assist with compliance, the ED or Administrator will audit three ISPs monthly for three months	3/30/2026

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A4755	Resident #7 was no longer in the community; at time of survey therefore, no direct corrective action is required for this individual. An audit performed for all residents who had a significant change in condition within the past 6 months to ensure their ISP was reviewed and updated accordingly We will implement a manual Significant Change Log maintained by the DOHS. ISP and CBA will be updated as needed by the clinical team. Weekly review at risk meeting for 30 days, then monthly for 3 months	3/30/26

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A4797	Corrective actions: Resident #11: MAR corrected; Montelukast removed from strip pack due to the Pharmacy sending out new strip packs. Residents #9 and #10: Documented coaching to LIMA; reinforced no resident-to-resident med handling and must observe resident ingesting meds before leaving apartment or handling other tasks. Coaching with L1MA on 11-17-25 over Resident #11 and rights of medication administration. Eye drops: Correct technique taught to LIMAs on Dec 10th at Clinical team meeting along with retraining of glove use and use of use of med cups; random spot checks began 11/20 Proper handwashing in-service 12/19/25. L1MA classes on rights of medication administration 1/13/25 and 1/15/25 Identification: Direct observation audit of med pass per LIMA Systemic changes: Medications are sent 7 days at a time. This is fixed weekly by the pharmacy. Medication Aides will be reeducated on remembering to check medication strips for current medications orders and how to remove discontinued medications. Eye drop produced was covered at clinical team meeting/in-service 12/10/25 Monitoring: Direct observation audit of med pass per LIMA; Weekly discontinued-med audit Completion: Re-training/Test- 1/13/25-1/15/25 Clinical team meeting- 12/10/25	

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A6012	On 11/20 kitchen team cleaned cook line/stove area; removed grease from walkway in hot-line, cleaned walk-in cooler/freezer floors and under shelving A visual inspection of all food prep areas was performed by Administrator Daily/weekly/monthly cleaning checklists to be completed by Director of Food and beverage and/or designee; Professional cleaning performed on December 18 Bi-annual professional degreasing scheduled with a professional cleaning company	12/18/25

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A7003	Hair restraints provided on 11/19/2025 to kitchen team; staff re-educated on use of hairnets Signage has been posted to remind kitchen team of hairnet use Daily pre-service checks by Director of Food and Beverage; Administrator/Executive Director random spot checks	11/22/25

PLAN OF CORRECTION

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A7017	Corrective actions: Removed food from freezer floor Identification: Walk-in cooler and freezer storage audit Systemic changes: Educated Director of Food and Beverage director on regulation that food must be stored a minimum 6 inches from the ground. Purchased a dunnage rack to use during delivery days Monitoring: Daily checks by FB director for 30 days, then twice a week during delivery days for 2 months	11/18/25

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A7066	Corrective actions: Cleaned cooking equipment; removed grease buildup Identification: Inspected all cooking equipment Systemic changes: Daily end-shift cleaning tasks; weekly deep clean schedule. Hired a cleaning company to deep clean kitchen in December Monitoring: Daily sign-off by Director of FB or designee; Administrator/ED signs off twice weekly for 3 months	11/20/25

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A8004	Residents #1, #2, #4, #5, #6 have had residents rights reviewed and signed off. All residents will have resident rights reviewed annually and documented in service plan Service Plan will have resident Rights added to the care plan and will be reviewed at Admission, Change of Condition and every 6 months. Audit will be completed by 12/20/25, DOHS will finish obtaining all documents by 1/31/2026.	1/31/26

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Street Address, City, Zip:	7651 Clayton Road
Date of Survey:	11/18/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	**32528**

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A8010	Residents #1, #2, #4, and #5 Advance Directive discussions and documentation completed. Performed an audit for annual advance directive reviews for all residents For Advance Directives the ISP will be updated with the desires of the resident and updated at each Care Plan meeting and the ISP will be reviewed and signed by resident or POA. Monitoring: At admission, Every 6 Months, and change of condition by DOHS Audit will be completed by 12/20/25, DOHS will finish obtaining all documents by 1/31/26.	1/31/26