



Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23767C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE OF CHESTERFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1880 CLARKSON ROAD CHESTERFIELD, MO 63017</b>		
(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
A4703	<p>19 CSR 30-86.047(5) Administrator - Licensed</p> <p>The operator shall designate an individual for administrator who is currently licensed as an administrator by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a licensed Administrator was present for the management of the facility. The census was 3.</p> <p>Review of a Change in Administrator form, dated 5/21/25, showed the Administrator's last day of employment was 5/21/25. The form was electronically submitted by the Senior Executive Director (SED).</p> <p>During an interview on 5/23/25 at 2:59 P.M., the concierge said the Administrator was not in the building on this day. She identified the SED as the Administrator.</p> <p>During an interview on 5/23/25 at 3:15 P.M., the SED said the Administrator vacated the position on 5/21/25. The Administrator was possibly last in the building on 5/16/25. She called in sick on 5/19, 5/20 and 5/21/25 but was still engaged with team members. He submitted a temporary emergency license (TEL) request on 5/22/25.</p> <p>Review of a database of current administrators, maintained by the Department of Health and Senior Services, dated 5/27/25, showed the SED was not a licensed administrator.</p> <p>During an interview on 5/29/25 at 10:32 AM, the previous Administrator said she submitted her 30 day notice on 5/18/25 to the Regional Director of</p>	A4703		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Senior Executive Director

(X6) DATE

6/19/2025

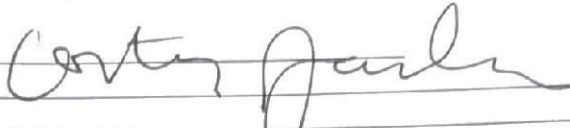
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A4703	<p>Continued From page 1</p> <p>Operations (RDO). The RDO accepted her notice effective immediately. She had last been in the facility on 5/16/25 and had no further contact with team members on 5/19 through 5/21/25, with the exception of Human Resources. Her final day was 5/18/25.</p> <p>Review of an email from the Missouri Board of Nursing Home Administrators, dated 5/29/25 at 12:37 P.M., showed the Administrator vacated her position on 5/20/25.</p> <p>During an interview on 5/29/25 at 1:43 P.M., the Director of Sales identified the SED as the Administrator.</p> <p>During an interview on 5/29/25 at 1:44 P.M., the SED said he was in charge at the facility at this time.</p> <p>MO00254690</p>	A4703		

## Sunrise Senior Living Plan of Correction Template

**Name of Community:** Sunrise of Chesterfield – AL2  
**Address:** 1880 Clarkson Road Chesterfield MO 63017  
**License number:** 051165  
**Inspection date(s):** 5/23/2025  
**Name and Title of Sunrise Representative Signing the Plan of Correction:**  
Cortez Jordan, Senior Executive Director  
**Signature of Sunrise Representative:**   
**Date of Submission:** 6/17/2025

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A4703  19 CSR 30-86.047(5)  Administrator - Licensed	6/17/2025	<p><b>A. With respect to the specific resident/situation cited:</b></p> <p>The licensed Administrator did have some health issues and therefore, had appointed (in writing and posted) an experienced Senior Executive Director to act on her behalf if she was unavailable. The licensed Administrator was readily available for consultation by telephone.</p> <p>A licensed Administrator will be present to manage the community.</p> <p>In the event of a brief or temporary absence, the Administrator will appoint a qualified individual to serve in their absence in accordance with Missouri Assisted Living Facilities Regulations.</p> <p>Such appointment will be posted and serve as a notification for Residents, Families/Responsible Parties, Team Members, and Health Care Providers.</p>
		<p><b>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</b></p> <p>The Leadership Team has reviewed the applicable regulations and confirmed an understanding of the regulation cited and the requirements to maintain compliance.</p>

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		<p>A licensed Administrator will be present to manage the community.</p> <p>In the event of a brief or temporary absence, the Administrator will appoint a qualified individual to serve in their absence in accordance with Missouri Assisted Living Facilities Regulations.</p> <p>Such appointment will be posted and serve as a notification for Residents, Families/Responsible Parties, Team Members, and Health Care Providers.</p>
		<p><b>C. With respect to what systemic measures have been put into place to address the stated concern:</b></p> <p>The Leadership Team will review the regulation related to Administrator presence on a quarterly basis to confirm compliance.</p>
		<p><b>D. With respect to how the plan of correction will be monitored:</b></p> <p>Compliance with the Administrator presence requirement will be reviewed and confirmed during the Quality Assurance and Performance Improvement (QAPI) process for the next three QAPI meetings.</p> <p>During the conclusion of each QAPI meeting, which is led by the Administrator/Executive Director, the QAPI committee will re-evaluate and initiate necessary action or extend review period.</p> <p>The Administrator/Executive Director is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing and resolving variances that may occur.</p>



Regulation	Target Date by Which Correction will be completed	Plan of Correction

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