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 |
|---|---|---|---|
| | 28426 | A. BUILDING: _____ B. WING _____ | 08/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADVANCE ASSISTED LIVING | 252 PAYTON PLACE ADVANCE, MO 63730 |

| (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 |
|---|---|---|---|---|
| A9023 | 19 CSR 30-88.020(14) Resident Fund Bond Requirements<br><br>The bond required by section 198.096, RSMo, for operators holding personal funds of residents shall be in a form approved by the department and shall provide that residents who allege that they have been wrongfully deprived of moneys held in trust may bring an action for recovery directly against the surety. The bond shall be in an amount equal to at least one and one-half (1 1/2) times the average monthly balance of the residents ' personal funds, including residents ' petty cash, or the average total of the monthly balances for the preceding twelve (12) months. The average monthly balance(s) or the average total of the monthly balance(s) shall be rounded to the nearest one thousand dollars ($1,000). One (1) bond may be used to cover the residents ' funds in more than one (1) facility operated by the same operator, if the facility is a multilicensed facility on the same premises. If not on the same premises, then one (1) bond may be used if the bond specifies the amount of coverage provided for each individual facility and the coverage for each facility is a minimum of one thousand dollars ($1,000). II/III<br><br>This regulation is not met as evidenced by:<br>Class III<br><br>Based on interview and record review, the facility failed to maintain the surety bond (a purchased bond for security of residents' personal funds) amount for at least one and one half times the average monthly balance of the residents' personal funds for the last 12 consecutive months from December, 2024 through July, 2025. This had the potential to affect all residents for whom the facility holds personal funds. The facility census was 38. | A9023 | 1. We will keep a closer eye on reconciliation monthy and any issues will be addressed immediatley. 9-3-25<br>2. We will not let residents accumulate too much money. 9-3-25<br>3. I contacted Western Surety Co. and got bond increased to $40,000.00. Copy attached. 9-3-25<br>4. This did not affect residents any way at all. 9-3-25<br>5. Monthly reconcilliation will be compared to bond amount. 9-3-25<br>6. Any resident with a large amount of money has since spent money or family did. 9-3-25 | |

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Debbie Newman TITLE Owner (X6) DATE 9-3-25

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| A9023 | Continued From page 1<br><br>Review of the residents' personal funds account for the last 12 consecutive months from December, 2024 through July, 2025 showed:<br>- The facility's approved bond amount equaled $35,000;<br>- The average monthly balance for the residents' personal funds equaled $23,690.37;<br>- An average monthly balance of $23,690.37 rounded to the nearest thousand equaled $24,000, at one and one half times will equal the required bond amount of at least $36,000.<br><br>Review of the facility's approved bond, dated 07/13/21, showed the amount for $35,000.<br><br>During a telephone interview on 08/29/2025 at 2:17 P.M., the Administrator said he/she will have the bond increased next week. | A9023 | | |