

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to prevent misappropriation of controlled substances for three sampled residents (Resident #1, #2, #3) when Registered Nurse (RN) A repeatedly signed out duplicate doses of narcotics out of five sampled residents. The facility census was 100 residents.</p> <p>On 5/7/25 the Administrator was notified of the situation and RN A was suspended immediately pending investigation. Upon completion of the investigation, RN A was terminated for violating facility policy on 5/1/25, 5/4/25 and 5/6/25. Training was completed immediately for 100% of all nurses and Certified Medication Technicians (CMT)s on abuse and neglect, medication administration and controlled substances prior to being allowed to work and/or pass medications. The deficiency was corrected on 5/7/25.</p> <p>Review of the facility Abuse, Neglect, and Exploitation policy dated 2022 showed:</p> <ul style="list-style-type: none"> <li>-It is the policy of the facility to provide protections for the health, welfare and the rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.</li> <li>-Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.</li> <li>-The facility will develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property.</li> <li>-New employees will be educated on abuse, neglect, exploitation and misappropriation of resident property during initial orientation.</li> <li>-Existing staff will receive annual education through planned in-services and as needed.</li> <li>-Training topics will include: <ul style="list-style-type: none"> <li>--Prohibiting and preventing all forms of abuse, neglect, misappropriation of resident property, and exploitation.</li> </ul> </li> </ul> <p>Review of the facility Controlled Substance Administration and Accountability policy dated 2022 showed:</p> <ul style="list-style-type: none"> <li>-It is the policy of the facility to promote safe, high quality patient care, compliant with state</li> </ul> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 265802	If continuation sheet Page 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and federal regulations regarding monitoring the use of controlled substances.</p> <p>-The facility will have safeguards in place in order to prevent loss, diversion, or accidental exposure.</p> <p>-All controlled substances are accounted for when obtained from a non-automated medication cart or cabinet are recorded on the designated usage form.</p> <p>-Written documentation must be clearly legible with all applicable information provided.</p> <p>-The controlled drug record (or other specified form) serves the dual purpose of recording both narcotic disposition and patient administration.</p> <p>-The controlled drug record is a permanent medical record document and in conjunction with the medication administration record (MAR) is the source of documenting any patient-specific narcotic dispensed from the pharmacy.</p> <p>-The charge nurse or other designee conducts a daily visual audit of the required documentation of controlled substances.</p> <p>-Inventory verification for areas without automated dispensing systems, two licensed nurses account for all controlled substances and access keys at the end of each shift.</p> <p>1. Review of the undated facility Internal Investigation showed:</p> <p>-On 5/7/25 Licensed Practical Nurse (LPN) A reported to Director of Nursing (DON) there was a medication error.</p> <p>-There was a discrepancy between the amount of hydrocodone (narcotic medication) pills in the bubble pack versus how many were recorded on the narcotic sheet.</p> <p>-Upon review, it was confirmed that one pill had been removed from the bubble pack, but it was not properly recorded on the controlled substance verification sheet or with the MAR.</p> <p>-Both staff who were present at the most recent reconciliation were drug tested.</p> <p>-RN A had already left the facility but was suspended pending investigation and sent for a urine drug screen (UDS).</p> <p>-RN A reported giving medications outside of time parameters to multiple residents.</p> <p>-RN A would give medications at the beginning of his/her shift although it did not trigger on the MAR and again about an hour before the end of his/her shift.</p> <p>-RN A did not chart administration of the narcotics in the resident's MAR.</p> <p>-The nurses verified during medication count, one nurse would count the pills and the other confirmed the number on the reconciliation sheet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-That practice was not in compliance with the facility policy as both nurses need to visually count and reconcile because the person counting pills could easily say an inaccurate number to comply with the reconciliation sheet.</p> <p>-The facility determined RN A either negligently or willfully committed several repeat medication errors and/or inaccurate medication counts, and was terminated from employment and his/her license reported to the board.</p> <p>-The facility reimbursed medication inventory for all residents and no resident went without prescribed medication.</p> <p>Review of Resident #1's admission Record showed the resident was admitted on [DATE] with diagnosis including hypertensive heart disease with heart failure (a condition where the heart is damaged due to prolonged high blood pressure) and chronic respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in your body).</p> <p>Review of the residents Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 4/11/25 showed the resident was moderately cognitively impaired.</p> <p>Review of the resident's Medication Review Report dated 5/28/25 showed Hydrocodone 5 - 325 milligram (mg), give one tablet three times a day for pain.</p> <p>Review of photocopy of the resident's bubble pack card containing Hydrocodone 5 - 325 mg dispensed 4/19/25 showed:</p> <p>-Card contained 45 tablets when dispensed on 4/19/25.</p> <p>-There were 28 pills in pack card when the copy was obtained on 5/7/25.</p> <p>Review of the resident's Controlled Drug Record dated 4/29/25 through 5/3/25 showed:</p> <p>-On 5/1/25 RN A signed out an additional Hydrocodone at 8:00 P.M.</p> <p>-Three prior doses for 5/1/25 were signed out by other nurses.</p> <p>-No other discrepancies noted on controlled drug record.</p> <p>Review of the resident's Controlled Drug Record dated 5/3/25 through 5/7/25 showed:</p> <p>-On 5/4/25 RN A signed out an additional Hydrocodone at 8:00 P.M.</p> <p>-Three prior doses for 5/4/25 were signed out by other nurses.</p> <p>-On 5/6/25 RN A signed out an additional Hydrocodone at 8:00 P.M.</p> <p>-Three prior doses for 5/6/25 were signed out by other nurses.</p> <p>-On 5/7/25 at 7:00 A.M. RN A signed out a dose for Hydrocodone, count was 31 tablets at that time.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 5/7/25 at 1:00 P.M. LPN A signed out a dose of Hydrocodone, count was 30 tablets at that time.</p> <p>Review of the resident's MAR dated 5/1/25 through 5/31/25 showed:</p> <p>-5/1/25 at 7:00 P.M. Hydrocodone was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>-5/4/25 at 7:00 P.M. Hydrocodone was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>-5/6/25 at 7:00 P.M. Hydrocodone was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>-No documentation noted for 5/1/25, 5/4/25 and 5/6/25 by RN A.</p> <p>Review of the resident's progress notes dated 5/8/25 at 9:03 A.M. showed the family and physician were notified of the medication discrepancy.</p> <p>*NOTE: no progress notes by RN A for additional hydrocodone doses for 5/1/25, 5/4/25 and 5/6/25 related to additional doses of narcotics and/or controlled medications administered and/or other form of accountability for the disposition of the medication.</p> <p>2. Review of Resident #2's admission Record showed the resident was admitted on [DATE] with diagnosis including age-related cognitive deficit (declines in cognitive abilities like memory, reasoning, and judgment that are more significant than what's typically expected with normal aging) and pain in right hip.</p> <p>Review of the residents Quarterly MDS dated [DATE] showed the resident was moderately cognitively impaired.</p> <p>Review of the resident's Medication Review Report dated 5/28/25 showed:</p> <p>-Hydrocodone 5 - 325 mg, give one tablet by mouth every six hours as needed for pain related to periprosthetic fracture around other internal prosthetic joint.</p> <p>-Hydrocodone 5 - 325 mg, give one tablet orally two times a day for pain related to periprosthetic fracture around other internal prosthetic joint.</p> <p>-Pregabalin 50 mg, give one capsule by mouth two times a day for nerve pain.</p> <p>Review of the resident's Controlled Drug Record for Hydrocodone dated 5/1/25 through 5/7/25 showed:</p> <p>-On 5/1/25 RN A signed out an additional Hydrocodone at 8:00 P.M.</p> <p>-On 5/4/25 RN A signed out an additional Hydrocodone at 8:00 P.M.</p> <p>-Two prior doses for 5/4/25 were signed out by other nurses.</p> <p>-On 5/6/25 RN A signed out an additional Hydrocodone at 8:00 P.M.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Two prior doses for 5/6/25 were signed out by other nurses.</p> <p>Review of the resident's Controlled Drug Record for Pregabalin dated 5/1/25 through 5/7/25 showed:</p> <p>-On 5/4/25 RN A signed out an additional Pregabalin at 8:00 P.M.</p> <p>-Two prior doses for 5/4/25 were signed out by other nurses.</p> <p>Review of the resident's MAR dated 5/1/25 through 5/31/25 showed:</p> <p>-5/1/25 at 7:00 P.M. Hydrocodone was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>-5/4/25 at 7:00 P.M. Hydrocodone and Pregabalin was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>-5/6/25 at 7:00 P.M. Hydrocodone was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>- No documentation noted for 5/1/25, 5/4/25 and 5/6/25 by RN A.</p> <p>Review of the resident's progress notes dated 5/8/25 at 8:51 A.M. showed the family and physician were notified of the medication discrepancy.</p> <p>*NOTE: no progress notes by RN A for additional hydrocodone doses for 5/1/25, 5/4/25 and 5/6/25 related to additional doses of narcotics and/or controlled medications administered and/or other form of accountability for the disposition of the medication.</p> <p>3. Review of Resident #3's admission Record showed the resident was admitted on [DATE] with diagnosis including dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgement, and impulses) and chronic pain.</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed the resident was mildly cognitively impaired.</p> <p>Review of the resident's Medication Review Report dated 5/28/25 showed an order for Clonazepam 1 mg, give one tablet by mouth three times a day for anxiety.</p> <p>Review of the resident's Controlled Drug Record dated 4/25/25 through 5/5/25 showed:</p> <p>-On 5/1/25 RN A signed out an additional Clonazepam at 8:00 P.M.</p> <p>-Three prior doses for 5/1/25 were signed out by other nurses.</p> <p>Review of the resident's Controlled Drug Record dated 5/5/25 through 5/7/25 showed:</p> <p>-On 5/6/25 RN A signed out an additional Clonazepam at 8:00 P.M.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Three prior doses for 5/6/25 were signed out by other nurses.</p> <p>Review of the resident's MAR dated 5/1/25 through 5/31/25 showed:</p> <p>-5/1/25 at 7:00 P.M. Clonazepam was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>-5/6/25 at 7:00 P.M. Clonazepam was administered by the same nurse that signed the controlled drug record for that dose.</p> <p>-No documentation noted for 5/1/25 and 5/6/25 by RN A.</p> <p>Review of the resident's progress notes dated 5/8/25 at 9:02 A.M. showed the family and physician were notified of the medication discrepancy.</p> <p>*NOTE: no progress notes by RN A for additional Clonazepam doses for 5/1/25 and 5/6/25 related to additional doses of narcotics and/or controlled medications administered and/or other form of accountability for the disposition of the medication.</p> <p>During an interview on 5/28/25 at 11:20 A.M. the DON said:</p> <p>-He/She was informed of a discrepancy with the count for controlled substances on 5/7/25 at 1:00 P.M. by LPN A.</p> <p>-Upon investigation he/she noted RN A was signing off controlled medications at about the same time as the previous nurse at 8:00 P.M.</p> <p>-RN A never confirmed or denied he/she was taking the medications, but did apologize alleging he/she goofed up.</p> <p>During an interview on 5/28/25 at 11:49 A.M. LPN A said:</p> <p>-He/She counted controlled medications with RN A one time and there were no concerns noted at that time.</p> <p>-He/She did not notice any unusual behaviors.</p> <p>-He/She was the Clinical Coordinator.</p> <p>-He/She did an audit of medications about once per month to ensure there were no expired medications or any other needs related to medications.</p> <p>-He/She audits controlled medications looking for patters of administration, if anything is given outside of timeframes, if a medication not being used or anything suspicious.</p> <p>-The nurses are expected to review medications on the medication carts.</p> <p>-The DON assists with controlled substance audits.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/28/25 at 12:07 P.M. LPN B said:</p> <ul style="list-style-type: none"> <li>-He/She counted with RN A two to three times.</li> <li>-He/She counted with RN A on 5/7/25 and the count was correct.</li> <li>-He/She was counting the number of pills in the cards from the pharmacy.</li> <li>-RN A was confirming the numbers on the resident-specific controlled drug record for each medication.</li> <li>-There were no numbers that did not match on 5/7/25.</li> <li>-He/She left at approximately 10:30 A.M. on 5/7/25.</li> <li>-He/She did not have anyone to count with and left the keys with the DON.</li> <li>-Upon returning he/she counted the controlled substances with LPN A due to the discrepancy.</li> <li>-When the discrepancy was confirmed about both nurses, it was then reported to the DON.</li> </ul> <p>During an interview on 5/28/25 at 2:44 P.M. LPN A said:</p> <ul style="list-style-type: none"> <li>-He/She counted with LPN B when he/she returned from his/her lunch break.</li> <li>-The count was off and that was when they reported to the DON.</li> <li>-Resident #1 was the only resident with the count discrepancy.</li> <li>-Once the DON was notified there were additional discrepancies noted related to times when RN A had signed out medications.</li> <li>-He/She and LPN B both submitted to urine drug screens and were both negative as far as he/she was aware.</li> </ul> <p>During an interview on 5/28/25 at 3:06 P.M. RN A said:</p> <ul style="list-style-type: none"> <li>-He/She started working at the facility mid April.</li> <li>-He/She was no longer employed at the facility.</li> <li>-He/She denied knowing why he/she was no longer working at the facility.</li> <li>-The facility had questions about some medication errors, which was a simple mistake documentation wise.</li> <li>-There were medications due at 7:00 P.M. that were sometimes given.</li> <li>-When he/she came in, he/she would start medication pass.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-There were a couple of medications that were given, but he/she administered the medications as well.</p> <p>-He/She was unable to recall what resident or medication was administered.</p> <p>-It looked like the second week of May was when the medication error occurred.</p> <p>-When counting controlled substances, the total amount of cards were counted, each medication was counted in each card.</p> <p>-There was a sign off sheet in the front of the narcotic book where the nurses signed to confirm count was done at shift change.</p> <p>-Scheduled controlled substances were to be signed in the controlled substance record and on the MAR on the computer.</p> <p>-When passing medications he/she would look at the time in the administration record, administer as assess the resident.</p> <p>-If an as needed (PRN) controlled substance, it should be documented when and why the medication was given in the controlled substance record and the MAR in the computer.</p> <p>-Most of the medications in question were scheduled.</p> <p>-He/She was not sure if the PRN medications were included in the progress notes.</p> <p>-He/She did not chart in the progress notes for any of the residents' (Resident #1, #2, #3, #4 and #5) progress notes.</p> <p>-He/She did not know how he/she would give controlled medications an hour apart.</p> <p>-The residents got the medication and it was a screw up on his/her part.</p> <p>-He/She was not aware of overdosing residents.</p> <p>-He/She did not confirm utilizing the five rights of medication administration.</p> <p>-He/she said he/she made some errors.</p> <p>During an interview on 5/28/25 at 3:50 P.M. the DON said:</p> <p>-He/She expects the nurse to count controlled substances at the beginning and at the end of each shift.</p> <p>-While counting the nurses should stand side by side so that both nurses can observed the medications in the card and the controlled substance record.</p> <p>-The DON, Clinic Coordinator or other delegated nurse are responsible for auditing controlled medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265802	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Armour Oaks Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Wornall Road Kansas City, MO 64114	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-When passing medications, staff passing medications are expected to triple check the orders and sign the controlled substance record and MAR as they go.</p> <p>-The MAR should match the controlled substance record.</p> <p>-Staff are expected to follow the five rights of medication administration.</p> <p>During an interview on 6/3/25 at 11:06 A.M. law enforcement confirmed a report was filed and the investigation remained open at that time.</p> <p>During an interview on 6/4/25 at 10:17 A.M. the Administrator said:</p> <p>-He/She was informed of the controlled substance discrepancy on 5/7/25 once it was discovered by the DON.</p> <p>-The DON handled the investigation and he/she completed the summary of the investigation.</p> <p>-All new hire background checks are review by him/her.</p> <p>-He/She did note RN A had some prior incidents however it had been more than 20 years without additional reports or concerns.</p> <p>-During orientation all staff are educated on abuse and neglect, and all nurses and medication technicians are educated on medication administration, storage and controlled substances.</p> <p>-He/She expected RN A to follow the policies and procedures for controlled substances and medication administration.</p> <p>During an interview on 6/4/25 at 11:40 A.M. the physician said:</p> <p>-He/She was aware of the discrepancy with the controlled substances on 5/7/25.</p> <p>-Resident's #1, #2, and #3 would not be able to recall if they had gotten too much or not enough pain medication related to their diagnosis of dementia.</p> <p>-There have been no reports of residents receiving too much medication by the staff or by any residents.</p> <p>-He/She felt the medication was not administered a second time as there were no reports of any unusual behaviors or complications with any of the residents.</p> <p>MO00253947</p>