

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265869	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER McCrite Plaza at Briarcliff Skilled Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Tullison Rd Kansas City, MO 64116	

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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. (continued on next page)

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
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to follow facility policy by not securing one resident's (Resident #1) controlled substance (substances with high probability for physical and/or psychological dependence), resulting in the loss of the controlled substance. The facility census was 44. On 12/2/25, the Administrator was notified of the past noncompliance incident which occurred on 10/27/2025. On 10/28/25, facility administration was notified of the incident, an investigation immediately began and corrective actions were implemented to include: Replacement of the medication and education of all licensed staff regarding signing in and securing delivery of narcotic medication. The noncompliance was corrected on 11/5/2025. Review of the facility's undated Medication Administration Policy showed all medications will be administered to every resident as ordered by a physician in a safe and sanitary manner. Review of the facility's undated Documenting Administration of Controlled Substance policy showed:-It is the responsibility of the Nurse and/or Certified Medication Technician (CMT) administering a controlled substance to follow the appropriate policy to ensure proper documentation and count of controlled substances;-Check in order to ensure the right resident, right drug, right dose, right route, and right time;-Pull the medication from the card and sign the medication out on the controlled drug record;-Take medication to the resident and administer the medication staying with the resident to ensure the resident takes the medication prior to leaving the room;-Immediately chart the medication was given in the Electronic Medical Record (EMR), chart appropriately, signing out on the controlled substance sheet alone does not meet the procedure of this medication pass;-It must be charted in the EMR to ensure there is proper and appropriate documentation in the EMR;-At the beginning and end of each shift the staff will complete the following: Count each number of medications on each card and liquids by milliliters for accuracy and sign off. Review of the facility's undated Controlled Medication Check In policy showed:-When the pharmacy delivers a controlled medication, the nurse accepting the medication will review delivery sheet for the list of controlled medications and verify quantity of medication on the card;-If medications are present and correct count, check mark next to medication, sign delivery sheet, copy delivery sheet and give one to pharmacy and one to medical records, write the count on the quantity received on the count sheet/date/and sign, put count sheet into the narcotic count binder, put medication directly into the locked box on the nurses med cart;-If the medication is not present, indicate that on the delivery sheet, sign the delivery sheet for other medications, copy delivery sheet and give one to the pharmacy and one to medical records, call pharmacy and inform them it wasn't delivered, note in the resident's chart it wasn't received;-It is the responsibility of the nurse on duty to ensure the procedure is followed, controlled medications are handled appropriately, and medications are accounted for;-If there is a discrepancy, please notify the Director of Nursing (DON) and/or Administrator immediately. 1. Review of Resident #1's electronic medical record on 12/2/25 showed:-The resident's diagnoses included: Fracture of right femur, osteoporosis (a medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium or vitamin D), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing a significant impairment in daily life), pain, reduced mobility, falls, obesity (abnormal or excessive fat accumulation that presents a risk to health), anemia (a condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen throughout the body). Review of the resident's admission Minimum Data Set (MDS, a federally mandated assessment completed by staff) dated 10/19/2025, showed:-The resident had adequate hearing, clear speech, makes self understood and understands others;-He/She scored 9 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly residents);-This score indicated moderately impaired cognition;-He/She received scheduled and as needed pain medication;-He/She reported frequent pain. Review of the resident's comprehensive care plan, dated 10/14/25, showed interventions related to high risk for falls, nutrition, pain related to right hip fracture with repair, and need for assistance with activities of daily living (ADLs). Review of the resident's pain care plan dated, 9/4/25 showed: -The resident received pain medication for chronic pain;-The staff were supposed to anticipate the resident's pain needs and respond to any complaints of pain. Review of the facility investigation on 12/2/2025, showed:-On 10/28/25, Registered Nurse (RN) A advised the DON Resident #1 had a missing card and narcotic count sheet for oxycodone (a highly addictive pain medication used to</p>		