

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/27/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0622  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33409</p> <p>Based on interview and record review, the facility failed to ensure discharge/transfer documentation was completed to include reasons for the discharge/transfer, discharge plan and notification of the resident's responsible party, for one sampled resident (Resident #1), who was discharged to another facility, out of five sampled residents. The facility census was 147 residents.</p> <p>Review of the Facility's Transfer and Discharges/Notice of Proposed Discharge Policy revised on 6/27/24 showed:</p> <p>-Transfer and discharge will be handled appropriately to ensure proper notification and assistance to resident and families in accordance with federal and state specific regulations.</p> <p>-Procedure:</p> <p>--The transfer or discharge is necessary for the resident welfare and the resident needs cannot be met in their current placement in the facility.</p> <p>--When the health and safety of individuals in the facility is endangered due to clinical or behavioral status of the resident.</p> <p>-In an event that the resident requires transfer or discharge due to one of the above stated reason documentation's will be in the medical record to include: the basis for the transfer. The specific resident need that cannot be met, facility attempts to meet the resident needs and the services available at the receiving facility to meet the needs.</p> <p>-Documentation from the resident physician is needed when: the transfer or discharge is necessary due to the resident's welfare and needs being unable to be met in the facility.</p> <p>-A discharge summary must be completed.</p> <p>-Facility staff (nursing) were to explain transfer and reason to the resident and or representative and give a copy of signed transfer or discharge notice to the resident and or representative or person responsible of care. (If there is an emergency transfer, a Notice of Transfer or discharge form may be completed later, but within 24 hours.</p> <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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's Face Sheet showed the resident admitted to the facility on [DATE] with diagnosis of:</p> <ul style="list-style-type: none"> <li>-Schizoaffective disorder, bipolar type (is a mental illness that can affect your thoughts, mood and behavior, include may have several days of extreme highs (mania), and you can have severe lows (depression)Dementia with agitation.</li> <li>-Had a Durable Power of Attorney for Healthcare Decision (DPOA, is a legal document that allows someone to make medical decisions for another person if they are unable to do so themselves) and listed the resident's family member as responsible party.</li> </ul> <p>Review of the resident's Quarterly Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 8/12/24 showed:</p> <ul style="list-style-type: none"> <li>-The resident was severe cognitive impairment.</li> <li>-His/her vision was highly impaired.</li> <li>-No behaviors documented during assessment review.</li> </ul> <p>Review of the resident's care plan dated 8/20/24 showed:</p> <ul style="list-style-type: none"> <li>-The resident requires 24-hour care and supervision.</li> <li>-He/she and DPOA plan to remain in long term care with no plans for discharge.</li> <li>-The resident has a cognitive impairment.</li> </ul> <p>Review of the facility's typed summary of allegation of Resident-to-Resident altercation dated 9/5/24 was completed by Administrator showed the conclusion of the resident's altercation was witness by facility staff, as result of the resident's actions, he/she has been accepted to transfer to another facility as a better fit for his/her diagnosis and behaviors.</p> <p>Review of the resident's Social Services Progress Notes dated 9/9/24 (no time) showed:</p> <ul style="list-style-type: none"> <li>-Several nursing homes were sent medical records to find placement for the resident.</li> <li>-A nursing care facility accepted the resident and would pick the resident up.</li> </ul> <p>-NOTE: There was no documentation related to why the facility could not meet the needs of the resident, what attempts were made to meet the needs of the resident or notification of the residents DPOA.</p> <p>Review of the resident's physician's order dated 9/9/24 showed the resident may discharge the resident to another facility care center.</p> <p>Review of resident's nursing note dated 9/9/24 at 3:00 P.M. showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident left the facility with all belongings and medication via receiving facility transportation. This nurse attempted to contact the receiving facility with a resident report and was unable to reach a nurse at the other facility.</p> <p>-Note: There was no documented reason for transfer to another facility or nurse had notified DPOA.</p> <p>Review of the resident's medical record on 9/10/24 showed:</p> <p>-There was no documentation that the resident or Family member/DPOA had agreed to transfer and was informed of the resident or responsible party right to appeal the resident's transfer to another facility.</p> <p>During an interview on 9/10/24 at 1:15 P.M., Social Services Designee (SSD) said:</p> <p>-He/she had talked with the resident's family member/DPOA on 9/5/24 related to altercation. Later that day the resident was sent to hospital for evaluation and treatment related to his/her behavioral changes. The resident had returned back to the facility the same day.</p> <p>-He/she had been working on finding new placement for the resident that would be a better fit the resident needs and behaviors.</p> <p>-He/she had sent out request for alternate placement to five different facilities.</p> <p>-He/she verbally notified the resident's DPOA of the proposed plan to transfer the resident to a new facility. The DPOA verbally had agreed with the plan to find a facility in the metro city area.</p> <p>-He/she had received a call that another facility would accept the resident.</p> <p>-He/she had not documented any communication with the resident's DPOA related to the proposed transfer or reason/cause for transfer of the resident to another facility.</p> <p>-He/she was not aware of the facility process for documentation requirements of facility-initiated transfer/discharges to another facility.</p> <p>-He/she said on 9/9/24, the facility Social Services Worker (SSW) had completed the arrangements for the resident's transfer to the new facility for that afternoon.</p> <p>-The SSW would have been responsible for contacting the resident's DPOA related to the residents proposed transfer to another facility on 9/9/24.</p> <p>During an interview on 9/10/24 1:25 P. M., SSW said:</p> <p>-On 9/9/24, he/she had contact the DPOA about transferring the resident to another facility.</p> <p>-He/she asked the DPOA if he/she wanted to transport the resident to the new facility.</p> <p>-The receiving facility called and said they were ready for the resident to transfer there and were on way to the facility to pick up the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The SSD and SSW had sent out referrals to several facilities and only one facility agreed to admit the resident.</p> <p>-He/she had been working on finding new placement for the resident that would be a better fit for the resident needs and behaviors.</p> <p>-The resident had one altercation with another resident.</p> <p>-He/she had sent out requests to five different facilities for the resident for placement that could met the needs of the resident.</p> <p>During an interview on 9/10/24 at 1:26 P.M., Administrator said:</p> <p>-The resident was transfer to another facility that could handle residents with behaviors and mental health diagnoses.</p> <p>-He/she was not aware of the facility needing to provide written notice to resident or family member for a transfer to another facility.</p> <p>During a telephone interview on 9/11/24 at 8:30 A.M., Family member/DPOA said:</p> <p>-The resident had a physical confrontation with another resident in the facility on 9/5/24.</p> <p>-The facility said they sent the resident to the hospital after the physical event.</p> <p>-When the resident returned the next day the facility they had put the resident in a different room.</p> <p>-He/she called the facility again on 9/9/24.</p> <p>-He/She spoke with SSW and was told he/she had 15 minutes to pick the resident up because the resident could no longer remain in the facility. The staff had found another facility that would accept him/her.</p> <p>-He/she did not want the resident to be transferred but the facility transferred the resident to another facility without his/her consent.</p> <p>-No one at the facility had informed him/her that they were planning to discharge the resident beforehand and did not discuss any alternatives to discharge with him/her.</p> <p>-He/she was very upset because he/she did not want the resident to remain at the new facility and felt facility did not follow correct protocol for discharging the resident.</p> <p>During an interview on 9/11/24 at 3:15 P.M., Administrator said:</p> <p>-The facility did not provide a 30-day notice, transfer/discharge or an emergency notice of discharge to the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0622  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>-He/she not aware of the facility having a process in place to provide written letter of transfer/discharge notification related to when resident transfer to another facility.</p> <p>-He/she would expect SSD or SSW to document that the facility had provide written notification to resident or DPOA to include reason for transfer, and to include the name of the facility the resident would be transfer to.</p> <p>During an interview on 9/11/24 at 3:47 P.M., SSW said:</p> <p>-He/she had a verbal agreement from both parties for the transfer to another facility.</p> <p>-He/she did not have written detail documentation in the resident medical record related to reason for transfer.</p> <p>During an interview on 9/11/24 at 4:12 P.M., Registered Nurse (RN) A said:</p> <p>-On 9/9/24 during the nursing report it was noted the resident may be transferring to another facility. Later that morning he/she received notice that the resident was leaving the facility on 9/9/24.</p> <p>-He/she was aware of the resident may transfer to another facility due to an altercation with another resident.</p> <p>-He/she obtained physician order and noted the resident will be transfer with medication and transported by other facility staff.</p> <p>-SSD and SSW would be responsible for arraignment and notification of family member and receiving facility.</p> <p>During an interview on 9/11/24 at 4:23 P.M., Administrator, Director of Nursing (DON) said he/she would expect facility staff to documented in the resident's medical record the proposed transfer/discharge planning, reason for discharge and notification of any responsible parties.</p> <p>Complaint# MO 00241863</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33409</p> <p>Based on interview and record review, the facility failed to ensure an emergency discharge letter was provided to the resident's and/or the resident's representatives with Durable [NAME] of Attorney (DPOA) (a person who has the legal authority and responsibility to make decisions for another person) including the right to appeal the discharge and Ombudsman (a person who investigates, reports on, and helps settle complaints) contact information upon discharge for one sampled resident (Resident #1) out of 5 sampled residents. The facility census of 147 residents.</p> <p>Review of the Facility's Transfer and Discharges/Notice of Proposed Discharge Policy revised on 6/27/24 showed:</p> <p>-Transfer and discharge will be handled appropriately to ensure proper notification and assistance to resident and families in accordance with federal and state specific regulations.</p> <p>-Procedure:</p> <p>--The transfer or discharge is necessary for the resident welfare and the resident needs cannot be met in their current placement in the facility.</p> <p>--When the health and safety of individuals in the facility is endangered due to clinical or behavioral status of the resident.</p> <p>-In an event that the resident requires transfer or discharge due to one of the above stated reasons, documentation would be in the medical record to include: the basis for the transfer. The specific resident need that cannot be met, facility attempts to meet the resident needs and the services available at the receiving facility to meet the needs.</p> <p>-Documentation from the resident physician is needed when: the transfer or discharge is necessary due to the resident's welfare and needs being unable to be met in the facility.</p> <p>-A discharge summary must be completed.</p> <p>-Facility staff (nursing) were to explain transfer and reason to the resident and or representative and give a copy of signed transfer or discharge notice to the resident and or representative or person responsible of care. (If there is an emergency transfer, a Notice of Transfer or discharge form may be completed later, but within 24 hours.</p> <p>1. Review of Resident #1's Admission Face sheet showed the resident admitted to the facility on [DATE] with diagnosis of:</p> <p>-Schizoaffective disorder, bipolar type (is a mental illness that can affect your thoughts, mood and behavior, include may have several days of extreme highs (mania), and you can have severe lows (depression) Dementia with agitation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Had a Durable Power of Attorney for Healthcare Decision (DPOA, is a legal document that allows someone to make medical decisions for another person if they are unable to do so themselves) and listed the resident's family member as responsible party.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 8/12/24 showed the resident was severely cognitively impaired.</p> <p>Review of the resident's care plan dated 8/20/24 showed:</p> <p>-The resident was cognitively impaired.</p> <p>-The resident and DPOA had no plans to return to community.</p> <p>-The resident and DPOA had no plans for discharging from the facility.</p> <p>Review of the resident's Resident-to-Resident altercation dated 9/5/24 showed:</p> <p>-The conclusion of the resident's altercation was witness by facility staff, as result of Resident #1 actions, he/she has been accepted to transfer to another facility as a better fit for his/her diagnosis and behaviors.</p> <p>-NOTE: There was no documentation related to written notification of proposed plan of transfer letter with right to appeal provided to DPOA or resident.</p> <p>Review of the resident's Electronic Medical Record (EMR) dated 9/5/24 to 9/8/24 showed:</p> <p>-No documentation related to communication with resident's DPOA related to proposed transfer and reason for transfer to another facility.</p> <p>-No documentation of the resident's rights to appeal was provided to the resident or DPOA.</p> <p>-No documentation or copy of letter of notice of transfer provided to the resident or DPOA.</p> <p>Review of resident's nursing note dated 9/9/24 at 3:00 P.M. showed:</p> <p>-The resident left the facility with all belongings and medication via receiving facility transportation.</p> <p>-There was no documentation showing a notice or transfer and right to appeal the discharge was sent with the resident.</p> <p>Review of the resident's nursing notes on 9/10/24 showed:</p> <p>-Had no documentation of communication with family member related to a potential planning of a transfer/discharge to another facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Had no documentation by nursing staff that the resident's physician was notified, or an order was obtained to transfer the resident to another facility.</p> <p>-NOTE: There was no documentation related to the reason for transfer to another facility.</p> <p>Review of the resident's medical record on 9/10/24 showed there was no documentation of a written notification letter of proposed transfer/discharge.</p> <p>During an interview on 9/10/24 at 12:45 P.M., DPOA said:</p> <p>-He/she had not received any written notification or letter related to the resident rights and acknowledgement of proposed transfer.</p> <p>-He/she had not been offered the right to appeal the discharge.</p> <p>During an interview on 9/10/24 at 1:15 P.M., Social Services Designee (SSD) said:</p> <p>-He/she was not aware of the facility process for providing a written letter for emergency or 30-day notice for any proposed transfer, to the resident or resident's family member.</p> <p>-He/she was not aware of a facility written emergency transfer/discharge notice letter.</p> <p>During an interview on 9/10/24 1:25 P.M., Social Service Worker, (SSW) said:</p> <p>-He/she does not provide written notification of proposed transfer or discharge letters or the emergency or 30-day notice letters.</p> <p>-The business office would provide those notification.</p> <p>During an interview on 9/10/24 at 1:26 P.M., Administrator said:</p> <p>-The resident was transfer to another facility that could handle residents with behaviors and mental health diagnosis.</p> <p>-He/she was not aware of the facility providing any written notice to resident or family member for a transfer to another facility.</p> <p>During an interview on 9/11/24 at 3:15 P.M., Administrator said:</p> <p>-The facility did not provide a 30-day notice, written proposal for transfer/discharge or an emergency notice of discharge to the resident.</p> <p>-He/she not aware of the facility having a process in place to provide written letter of transfer/discharge notification related to when resident transfer to another facility.</p> <p>-The medical record had no documentation that the facility staff had reviewed the resident rights for transfer and right to appeal the transfer.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265845	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7900 Lee's Summit Road Kansas City, MO 64139	
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 0623  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an interview on 9/11/24 at 3:41 P.M., Business Office Manager (BOM) said:</p> <ul style="list-style-type: none"><li>-The facility normally only issued a 30-day notice for non-payment. The form did include who to contact for an appeals or any reference agency.</li><li>-The BOM did not provide written notification of transfer/discharge to the resident.</li><li>-SSD and SSW would make the arrangement for the resident's facility transfer and they would document details in the social services notes.</li><li>-He/she sends list of discharge residents monthly to Ombudsman office.</li><li>-He/she did not contact Ombudsman of the resident proposed plan transfer to another facility.</li></ul> <p>During an interview on 9/11/24 at 4:23 P.M., Administrator and Director of Nursing said the resident and DPOA were not provided written documentation on the resident rights process for appealing the transfer/discharge.</p> <p>Complaint# MO 00241863</p>		