

Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Activity Director Training Program

CUTOFF: When Superseded or Outdated

DESCRIPTION: Documentation and correspondence related to activity director training

programs. Training program information must be submitted to the section

for review and approval.

NOTES:

DISPOSITION ACTION: Destroy

RETENTION: Years: 0 Months: 0 Days: 0

RETENTION: Years: 10 Months: 0 Days: 0

RETENTION: Years: 10 Months: 0 Days: 0

SERIES: 23296 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010

TITLE: Aging in Place Project Closes

CUTOFF: End of Calendar Year in which Project Closes

DESCRIPTION: All documents, including letters of intent, evaluations and classifications

submitted by a facility, to apply for the Aging in Place pilot project, created

by RSMo 198.531.

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NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23299 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010

TITLE: Alzheimer's Demonstration Project Closes

DESCRIPTION: All documents, including letters of intent, evaluations and classifications

submitted by a facility, to apply for the Alzheimer's Demonstration pilot

project, created by RSMo 198.086.

DISPOSITION ACTION: Destroy

SERIES: 23298 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Alzheimer's Disclosure **CUTOFF:** When Superseded or Outdated

DESCRIPTION: Form to disclose how a facility's unit is suitable for person's with

Alzheimer's or other dementia. Long term care facilities which offer to provide or provides care for persons with Alzheimer's disease by means of an Alzheimer's special care unit or Alzheimer's special care program are required to provide an informational document that is developed by or approved by the section. This document is submitted to SLCR in conjunction with the facility's application for relicensure as required by

RSMo 198.515.

DISPOSITION ACTION: Destroy

SERIES: 23300 APPROVAL DATE: 9/8/2010 **SERIES STATUS:** Approved

TITLE: Application Packet and Notice of Licensure to Operate a Long Term Care

Facility or Adult Day Care Facility

NOTES:

DESCRIPTION: Long term care and adult day care facilities are required to submit an application for initial or ongoing licensure as a skilled, intermediate, residential, assisted living, or adult day care facility per 192.2205 and 198.018 RSMo. The application is used to determine eligibility and financial capacity to operate the facility. Records include, but are not limited to, correspondence, applications, financial reports, original nursing home surety bonds, approved bond letters, original bond riders, power of attorney documents, bond renewal and cancellation notices, supporting documents, and Central Office authorization for licensure documents. Records also include the application results indicating the issuance of a license to operate a facility, a copy of the license that is issued, consent agreements for probationary licenses, temporary operator information. and license revocation or denial documentation.

NOTES: Records of bonds that are no longer in effect will be kept for 5 years from the

receipt of the cancellation notice. For facilities that are closed, all bond records will

be destroyed 5 years from the facility closure date.

CUTOFF: Date facility was last licensed or denied

licensure

RETENTION: Years: 5 Months: 0 Days: 0

RETENTION: Years: 0 Months: 0 Days: 0

DISPOSITION ACTION: Destroy

SERIES: 8930 APPROVAL DATE: 1/6/2021 **SERIES STATUS:** Approved



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Certified Nurse Aide (CNA) Certification

CUTOFF: End of Calendar Year

DESCRIPTION: Certified Nursing Assistant (CNA) test requests and order forms, test documents, challenge documents to dispute a decision on certification decision, certifying agency listing, work verification to determine if person is ineligible for employment as a CNA. The section maintains additional information related to agencies authorized to certify nurse aides as certified nurse aides, certification decisions and eligibility of nursing assistants (CNAs). Testing agencies request CNA tests from the section. Persons working in long term care as nurse aides are required by both federal and state regulation to become certified as a CNA in order to

RETENTION: Years: 5 Months: 0 Days: 0

NOTES:

NOTES:

SERIES: 23294

DISPOSITION ACTION: Destroy

SERIES: 23293 **SERIES STATUS:** Approved APPROVAL DATE: 9/8/2010

TITLE: Certified Nurse Aide (CNA) Registry **CUTOFF:** End of Calendar Year in which Certified

Nursing Aide is Licensed

APPROVAL DATE:

RETENTION: Years: 100 Months: 0 Days: 0

DESCRIPTION: Registry listing Certified Nursing Aides (CNA). This registry is maintained

by the section. It is used to track all individuals who are certified as a

CNA. Record series kept per 42CFR, 483.156(d).

continue employment in the long term care facility.

DISPOSITION ACTION: Destroy

SERIES STATUS: Approved

9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Community-Based Assessment Form

CUTOFF: When Superseded or Outdated

DESCRIPTION: Sample form submitted by Assisted Living Facilities (ALF) requiring approval by the section, including correspondence related to the approval process. The community based assessment form is used by assisted living facilities to screen potential placements and to develop a plan of care to meet the needs of admitted residents. The section is required by statute to approve the form used by facilities so that the assessment is conducted using a uniform tool. Retained per RSMo 198.006(7) and

RETENTION: Years: 0 Months: 0 Days: 0

198.073 4(5).

NOTES:

DISPOSITION ACTION: Destroy

CUTOFF: Close of Complaint

SERIES: 23297

SERIES STATUS: Approved

APPROVAL DATE:

9/8/2010

TITLE: Complaint Investigation Supporting Documentation

DESCRIPTION: Documents are created by section staff during the course of complaint investigations of long term care and adult daycare facilities. Records include, but are not limited to investigation notes and copies of facility records used to investigate the complaint and to determine compliance with federal and/or state requirements. These notes are used to determine whether or not a facility is in compliance with applicable rules and regulations and to create any statement of deficiencies that result from the investigation.

RETENTION: Years: 1 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23289

SERIES STATUS: Approved

APPROVAL DATE:

9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

RETENTION: Years: 7 Months: 0 Days: 0

Division: Regulation & Licensure

Sub-Section:

TITLE: Complaint Investigations

CUTOFF: End of calendar year of complaint exit date

DESCRIPTION: Documents created by staff during the course of complaint investigations

of long-term care, intermediate care, and adult daycare facilities. Records

may include, but are not limited to investigative summaries.

correspondence, any resulting statements of deficiencies and plans of correction, correspondence related to the informal dispute resolution (IDR) process, resident and staff rosters, and all documentation related to the employee disqualification list (EDL) referral process. Records are used to document the outcome of the investigation and reflect the official results.

Records created pursuant to 198.052 and 198.545 RSMo.

NOTES:

DISPOSITION ACTION: HIPAA-Compliant Destruction

CUTOFF: Last Date Facility was Licensed

RETENTION: Years: 5 Months: 0 Days: 0

SERIES: 8938 SERIES STATUS: Approved APPROVAL DATE: 7/20/2021

TITLE: Construction/Remodeling Drawings & Correspondence

DESCRIPTION: Documents include architectural/engineering blueprints for long term care

facilities that are reviewed for construction, physical plant and fire safety compliance by the section. Section correspondence communicates the

result of the blueprint review and on-site inspections conducted throughout the construction process. These drawings and/or blueprints are required to assure compliance with the construction, fire safety, and

physical plant requirements prior to the construction, remodeling and

licensure of a long term care facility.

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23301 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Exception Documentation

CUTOFF: End of Calendar Year in which Exception was

Approved or Denied

RETENTION: Years: 4 Months: 0 Days: 0

DESCRIPTION: Records contain exception requests submitted by long term care facilities,

correspondence, supporting documentation and final written approval or denial of the request. Documentation is used to track denial and approval

of exception requests.

NOTES:

DISPOSITION ACTION: Destroy

SERIES STATUS: Approved

APPROVAL DATE:

9/8/2010

TITLE: Facilities Never Licensed

CUTOFF: Date of Withdrawal, or Denial of Licensure

Request

RETENTION: Years: 2 Months: 0 Days: 0

SERIES: 8934

DESCRIPTION: Records include, but are not limited to the application, correspondence, construction/remodeling plans, and supporting documentation for the application submitted by potential long term care or adult daycare providers to gain licensure but for which the applicant decides to withdraw from the licensure process or the applicant's request for initial licensure is

denied. These facilities never achieved licensed status.

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 8940 SERIES STATUS: Approved **APPROVAL DATE:** 9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

RETENTION: Years: 5 Months: 0 Days: 0

Division: Regulation & Licensure

Sub-Section:

TITLE: Health Education Forms **CUTOFF:** End of Calendar Year

DESCRIPTION: Certifying agency agreements used to determine if an individual is eligible

to be certified as a Certified Nurse Aide (CNA) or Certified Medication Technician (CMT), training agency applications and related

correspondence to determine if training curriculum is approved, waiver and related correspondence, CNA/CMT examiner agreements and ineligible facility documents. Agencies, facilities and examiners that test and/or certify CNAs and CMTs submit documentation for eligibility approval. The section determines eligibility, approves or denies the requests, issues waivers related to this process and notifies facilities when

they become ineligible to conduct nurse aide training.

NOTES:

DISPOSITION ACTION: Destroy

CUTOFF: Date of Survey Exit

RETENTION: Years: 1 Months: 0 Days: 0

SERIES: 23292 APPROVAL DATE: 9/8/2010 **SERIES STATUS:** Approved

TITLE: Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Surveys and

Medical Reviews - Supporting Documentation

DESCRIPTION: Documents created by section staff during the course of the certification

survey including, but not limited to supporting notes and copies of facility records used to determine compliance for these surveys. These notes are taken by the surveyor to record their observations, interviews, and record reviews. They may also include copies of facility records. The notes /records are then used to determine whether or not a facility is in compliance with applicable rules and regulations. They are used to then create any statement of deficiencies that results from the process. The statement of deficiencies, as noted in Series #8945, becomes the final official document of the results of the certification survey. The Federal Center for Medicare and Medicaid Services contracts with the section to

conduct the certification surveys of ICF/MR facilities.

NOTES:

DISPOSITION ACTION: Destroy

APPROVAL DATE: 9/8/2010 **SERIES:** 23290 **SERIES STATUS:** Approved



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Medical Review Forms CUTOFF: End of Calendar Year

DESCRIPTION: Pre-admission DA-124 A, B, and C forms used to determine if someone is

eligible for admission to a certified Medicaid bed, level of care forms used to determine if resident continues to require care of this level, applications and general medical correspondence. The DA-124 forms are prepared primarily by hospital staff and long term care facility staff who then submit these forms to the section for a determination about whether or not the individual is eligible for admission to a long term care facility Medicaid bed. This screening process is required by the Federal Centers for

RETENTION: Years: 3 Months: 0 Days: 0

Medicare and Medicaid Services.

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23291 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010

TITLE: Medicare/Medicaid Certification Survey Records - Intermediate Care Facilities

for Individuals with Intellectual Disabilities (ICF/IID)

CUTOFF: End of calendar year of survey exit date

DESCRIPTION: Records created by staff during the course of federal certification surveys

of ICF/IID facilities. The Federal Center for Medicare and Medicaid Services contracts with the section to conduct the certification surveys of ICF/IID facilities that participate in the Title XVIII (Medicare) and Title XIX (Medicaid) program. Records include, but are not limited to, statements of deficiencies and plans of correction, correspondence, sample selections, staff and resident rosters, resident condition and census information, Life Safety Code books, Life Safety Code crucial data extractions, facility descriptions, construction fact sheets, and legal notices related to the certification process, and documentation of the medical review process. Records created pursuant to 42 CFR 483.1 - 483.480 and 198.045 RSMo.

RETENTION: Years: 7 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: HIPAA-Compliant Destruction

SERIES: 8945 SERIES STATUS: Approved APPROVAL DATE: 7/20/2021



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Medicare/Medicaid Certification Survey Records - Long Term Care Facilities

CUTOFF: End of calendar year of survey exit date

DESCRIPTION: Records created by staff during the course of federal certification surveys of long-term care facilities. The Federal Center for Medicare and Medicaid Services contracts with the Section to conduct the certification surveys of long-term care facilities that participate in the Title XVIII (Medicare) and Title XIX (Medicaid) program. Records include, but are not limited to, statements of deficiencies and plans of correction, correspondence, facility inspection reports, Medicare/Medicaid applications, sample selections, staff and resident rosters, resident condition and census information, quality indicator reports, Life Safety Code books, Life Safety Code crucial data extracts, construction fact sheets, facility descriptions, resident funds bond worksheets, legal notices, penalty information, and letters related to any informal dispute resolution (IDR) process. Records created pursuant to 42 CFR 483.1 - 483.480 and 198.045 RSMo.

RETENTION: Years: 7 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: HIPAA-Compliant Destruction

7/20/2021 **SERIES:** 8926 **SERIES STATUS:** Approved **APPROVAL DATE:**

TITLE: Notice of Change **CUTOFF:** Date Facility was Last Ceritified, or Licensed

DESCRIPTION: Long term care and adult day care facilities requests for changes related to their facility. Records can include, but are not limited to changes regarding licensure status, addresses, ownership, administrators, directors of nursing, bed status, or certification status. Section staff use this information to approve some changes and in other cases record the change of information for the facility.

RETENTION: Years: 5 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 8935 **SERIES STATUS:** Approved APPROVAL DATE: 9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Notice of Fire CUTOFF: End of Calendar Year

DESCRIPTION: Correspondence concerning fires in long term care and adult day care facilities. Facilities are required by regulation to report all fires to the

section and this information is used by SLCR to assist in determining if any potential facility failure occurred that resulted in the fire. Records retained per 19CSR 30-85.022 (2)(F) and 19CSR 30-86.022 (2)(C).

RETENTION: Years: 4 Months: 0 Days: 0

RETENTION: Years: 4 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23303 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010

TITLE: Safety Certification Records CUTOFF: End of Calendar Year

DESCRIPTION: Documentation of electrical wiring certification, sprinkler certification, fire

alarm certification and fire department consultation. Qualified private individuals or companies inspect the electrical, sprinkler and fire alarm systems as required by regulation. Copies of these outside certifications are submitted to the section and are used to assure that the facility's electrical, sprinkler and/or fire alarm systems are certified as being in safe

working order and meeting all applicable codes and regulations. Certifications are performed at least annually except electrical

certifications which are required biannually.

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23302 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Second Business Requests

CUTOFF: End of Calendar Year in which Request was

Approved or Denied

DESCRIPTION: Correspondence and supporting documentation regarding the request for approval to operate a second business in a long term care facility. including recommendations and approval and/or denial letters. This request may include supporting documentation to show why the approval for a second business should be granted. Long term care facilities are required to request permission to operate any second business within their licensed premises that is unrelated to the long term care facility. Section for Long Term Care Regulation (SLCR) staff reviews the requests, obtains recommendations related to the request from the appropriate regional office, and finally provides a written approval or denial of the request. The documentation is necessary to track denial and approval of the second business request. Requests must be renewed every two

RETENTION: Years: 4 Months: 0 Days: 0

vears.

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23295

SERIES STATUS: Approved

APPROVAL DATE:

9/8/2010

TITLE: State Inspection Packets

DESCRIPTION: Documents created by staff during the course of inspecting long-term care, intermediate care, and adult daycare facilities. Records include, but are not limited to, statements of deficiencies and plans of correction, correspondence, facility inspection reports, sample selections, staff and resident rosters, resident condition and census information, resident funds bond worksheets, construction fact sheets, facility descriptions, legal notices, penalty information, official correspondence, and letters related to any informal dispute resolution (IDR) process. These documents reflect

the final and official results of the inspection. Records created pursuant to

192.2210, 198.022, and 198.026 RSMo.

CUTOFF: End of calendar year of inspection exit date **RETENTION:** Years: 7 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 8933 **SERIES STATUS:** Approved APPROVAL DATE:

7/20/2021



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: State Inspection Packets Supporting Documentation

CUTOFF: Date of Inspection Exit

RETENTION: Years: 1 Months: 0 Days: 0

DESCRIPTION: Documents are created by section staff during the course of the

inspection. Records include, but are not limited to supporting inspection notes, informal dispute resolution (IDR) notes, and copies of facility records used to determine compliance for state inspections. The notes are then used to determine whether or not a facility is in compliance with applicable rules and regulations and to create any statement of

deficiencies that results from the process.

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23288 APPROVAL DATE: SERIES STATUS: Approved 9/8/2010

TITLE: Title XVII (Medicare) and Title XIX (Medicaid) Certification Survey Supporting

Notes and Documentation

CUTOFF: Date of Survey Exit

DESCRIPTION: Records created by section staff during the course of the Federal

Certification surveys of long term care facilities. Records include, but are not limited to supporting notes, informal dispute resolution (IDR) notes, and copies of facility records used to determine compliance for certification surveys. These records are used to create statements of deficiencies that result from the survey process and used to determine whether or not a facility is in compliance with applicable rules and regulations. The statement of deficiencies, as noted in Series #8929, becomes the final official document of the results of the certification survey. The Federal Center for Medicare and Medicaid Services contracts with the section to conduct the certification surveys of long term care facilities that participate in the Title XVII (Medicare) and Title XIX

RETENTION: Years: 1 Months: 0 Days: 0

(Medicaid) program.

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23287 **SERIES STATUS:** Approved APPROVAL DATE: 9/8/2010



Department: Department of Health & Senior Services

Section: Section for Long Term Care Regulation

Division: Regulation & Licensure

Sub-Section:

TITLE: Title XVIII (Medicare) and Title XIX (Medicaid) Application for Initial

Certification

DESCRIPTION: Original application for initial certification for participation in the Title XVII

(Medicare) and Title XIX (Medicaid) program. The application is submitted by the facility applying to participate in the Medicare or

Medicaid program. The application is required by the Centers for Medicare and Medicaid Services and the State of Missouri for consideration to be certified for participation in these programs. This information may be needed for reference during the period of time that a long-term care facility continues to participate in either the Medicare or Medicaid program.

RETENTION: Years: 5 Months: 0 Days: 0

CUTOFF: Date Facility was Last Certified

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 8929 SERIES STATUS: Approved APPROVAL DATE: 9/8/2010