| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175219 | A. Building<br>B. Wing | 06/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kaw River Care and Rehab | 750 Blake Street<br>Edwardsville, KS 66111 |

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 0774<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Help the resident with transportation to and from laboratory services outside of the facility.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, observations, and record review, the facility failed to assist Resident (R) 1 in getting transportation set up to take R1 to her radiology appointment. Findings included:- R1's Electronic Medical Record (EMR) documented diagnoses of atherosclerotic heart disease of native coronary artery without angina (chest pain) pectoris, seizures, anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder due to known physiological condition, cardiac pacemaker, rheumatoid arthritis (chronic inflammatory disease that affected joints and other organ systems), reduced mobility, muscle weakness, heart failure, difficulty in walking, unsteadiness on feet, and need for assistance with personal care. R1's Modified Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R1 had impaired upper and lower bilateral extremities. R1 used a walker and a manual wheelchair (WC). R1 required substantial to maximal assistance with toileting hygiene, showering/bathing, upper body dressing, lower body dressing, putting on and taking off footwear, and personal hygiene. R1's Chronic Pain Care Plan dated 10/05/2022 documented that R1's pain was aggravated by some movements, depending on the day and the area in pain. R1's Activities of Daily Living (ADL) Self Care Plan, dated 05/30/2025, directed that staff R1 required one staff member's assistance with transfers. Review of the facility Transportation Calendar June documented that R1 had an appointment scheduled on 06/04/26 and another appointment on 06/02/26. Review of R1's After Visit Summary dated 06/04/2026 documented that R1's physician set up an appointment for Heart Perf Stress Test for 06/05/2026 at 08:30 AM. The review of R1's EMR lacked progress notes for R1's appointment on 06/04/2026 or for R1's upcoming appointment on 06/05/2026. On 06/23/2026 at 11:25 AM, observation revealed a posted announcement right outside R1's room that read: Appointments before 8 AM, residents to schedule their own transportation per [Administrative Staff A].Unless scheduled with [CNA M] two weeks prior to the appointment dateThank you. On 06/23/2026 at 01:03 PM, R1 stated that the doctors are the ones who make her appointments and that she has to take the appointments when they are made for her. R1 further stated that after each appointment, she makes sure to get two After Visit Summaries, one for the facility and one for herself. R1 stated that all of her upcoming appointments were listed on the first two pages of the summary. R1 stated that she was informed that the staff would not be taking her to her appointment because she had made it at the last minute. R1 stated it was a stress test and felt that her readings would not be true due to the stress of having to set up her own transportation for that appointment. On 06/23/2026 at 12:10 PM, Certified Nurse Aide (CNA) M stated that recently, a sign was posted throughout the building so that the facility would not single out a resident known to make her own appointments. CNA M confirmed that the resident known to do this was R1. CNA M revealed that she was told about R1's appointment on 06/05/2026, and CNA M informed R1 that she would need to find her own transportation to that appointment. CNA M stated the reason she could not give R1 a ride to that appointment was due to the time her day care opened, and that CNA M would not make it in time to take R1 to her appointment. CNA M stated that was why Administrative Staff A made the sign and placed it in the hallways. CNA M stated she was a single parent and could not make accommodations<br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 0774<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | for the residents who had appointments before 08:00 AM. On 06/23/2026 at 01:52 PM, Maintenance U stated the course to become a transportation driver took one to one and a half days to complete and be able to drive the facility vehicle. Maintenance U stated he had only really trained roughly two people in the last year to be a transportation driver. Maintenance U further stated it would not be complicated at all for any of the administrative staff to be trained to do transportation. On 06/23/2026 at 01:45 PM, Administrative Staff A stated that R1 was known to make her own appointments, and that was why R1 needed to set up her own transportation. Administrative Staff A revealed that if the physician set up the appointment, the facility should handle the transportation. Administrative Staff A further revealed that there were only two staff drivers, and one of the drivers was an as needed (PRN) employee and required a few days' notice to drive the facility van. Administrative Staff stated that no administrative staff had been trained to be a backup driver related to the office jobs that had important things to do and would not have time to complete the training. Administrative Staff A stated that some administrative members could be trained to assist with last-minute appointment situations, but no one had been trained for that. The facility's Transportation policy, last approved in October of 2025, documented that the community would help arrange transportation for residents as needed. Social services or a person designated by the community would help the resident, as needed, to obtain transportation. The policy further documented the resident would assume full responsibility for paying for any transportation to or from the facility. The facility's Transportation to Diagnostic Services policy, last approved in October of 2025, documented the community would assist residents in arranging transportation to/from diagnostic appointments when necessary. The policy further stated that should it become necessary for the facility to provide transportation, the social service designee would be responsible for arranging the transportation per community protocol. |