

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER New Mark Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11221 North Nashua Drive Kansas City, MO 64155	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to provide an appropriate discharge when staff failed to provide written notice of discharge that included the date and location the resident would be discharge to, statement of appeal rights and the name, address, or telephone number of the Office of the State Long Term Care Ombudsman (advocates for the residents in nursing facilities) to one sampled resident (Resident #1). The facility's census was 161.</p> <p>Review of facility policy regarding Transfer and Discharge, revised 10/24/22, showed:</p> <ul style="list-style-type: none"> - The facility may not transfer or discharge a resident while the appeal to the notice of transfer/discharge is pending, unless it is documented that failure to transfer or discharge the resident would endanger the health or safety of the resident or other individuals; - In cases in which 30 days' notice is not possible, the notice of transfer or discharge should be provided to the resident or resident representative as soon as practicable; - Documentation of written or telephone acknowledgement of the resident's transfer by the resident's representative may occur after the transfer in an emergency; - Documentation relating to resident's transfer/discharge will be maintained in the resident's medical record; - The Notice of Proposed Transfer/Discharge must be completed by the facility and sent to any legally authorized representative of the resident and to at least (1) family member; - Before the facility transfers a resident to a hospital the facility will provide written information to the resident or his/her resident representative which covers the bed hold policy and it's duration; - In an emergency transfer/discharge to a hospital the facility will: notify the attending physician, notify the receiving facility that the transfer is being made, notify the resident's representative; - Prior to discharging the resident, the facility will prepare a Discharge Summary and will document the summary in the resident's medical record; <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
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The medical record will contain written documentation from the resident's attending physician that the resident is transferred/discharged because it is necessary for the resident's welfare and resident's needs cannot be met in the facility;</p> <p>- Documentation and education provided to a resident or his/her resident representative in preparation for transfer/discharge will provide in a language that he/she understands;</p> <p>Review of Resident #1's admission Record, dated 5/2/25, showed:</p> <p>-admitted from acute care hospital on 4/8/25;</p> <p>- Resident has a DPOA invoked;</p> <p>- Diagnoses: Congestive heart failure, neurocognitive disorder with Lewy bodies (a neurodegenerative disorder characterized by progressive cognitive impairment, visual hallucinations, and motor symptoms like Parkinsons), repeated falls, difficulty in walking, unsteadiness on feet, restlessness and agitation, dementia, and acute kidney failure;</p> <p>Review of Resident's Care Plan, revised 4/22/25, showed:</p> <p>- Resident is on Hospice;</p> <p>- Resident is at risk for elopement and door seeking, hospice services to evaluate and adjust medications as needed;</p> <p>- Resident has trauma from working as a police officer and homicide detective. Evaluate recommendations of psychiatric/behavioral health professions and implement as appropriate;</p> <p>- Resident has a behavior problem related to Lewy Body Dementia having vivid hallucinations and delusions. Administer medications as ordered and monitor/document side effects. Psychiatry to evaluate and treat;</p> <p>Review of the residents progress notes in the Electronic Medical Record showed:</p> <p>- Progress Note: 4/23/25 Family member notified that EMS was at the facility to transfer resident to hospital facility;</p> <p>- Progress Note: 4/23/25 Resident transferred to hospital facility and family member notified;</p> <p>- Progress Note: 4/23/25 Bed hold policy sent with resident to ER;</p> <p>- No copy of bed hold policy found during review of electronic records;</p> <p>- Progress Note: 4/24/25 Behavior committee met on 4/24 to review that on 4/23 resident was very agitated, staff tried to use de-escalation techniques, which were not successful. Resident punched a staff member in the mouth, exit seeking, having strong delusions. Resident was transported to a hospital facility with family and provider involved and Hospice aware;</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Progress Note: 4/29/25 Social Services department notified family member through Carefeed that resident was discharged from the facility;</p> <p>- No record of resident/representative involvement in the development of a discharge plan which would address the discharge needs of the resident;</p> <p>During an interview on 5/2/25 at 10:35 A.M., the Social Services Director said:</p> <p>- He/she had little involvement with the transfer of the resident from the facility.</p> <p>- This was a facility initiated unplanned transfer and the day after the transfer is when she was notified that it had occurred;</p> <p>- As far as she could remember no one had ever had a planned transfer to this hospital, it was only used for evaluation purposes and treatments;</p> <p>- Social services would not have handled this transfer but instead the Admissions department would have completed it;</p> <p>- Carefeed is a corporate communication system utilizing automated emails and phones calls to send out announcements or contact families with routine information. If Social Services was tasked to contact a family member about a transfer they would never use Carefeed because it's too informal and not reliable that information actually reaches the recipient;</p> <p>- The requirement for notifying a resident of a planned discharge is 72 hours advance notice and for a facility initiated non-emergency transfer, facility staff are required to provide 30 days advance notice to the resident and family;</p> <p>During an interview on 5/2/25 at 11:00 A.M., the DON (Director of Nursing) said:</p> <p>- On 4/23/25 he called 911 to have the resident transferred for medical health evaluation after the resident struck a staff member;</p> <p>- After the resident transferred to the hospital facility, the DON met with the Unit Manager, other team members and the Administrator and it was decided that the resident would not be accepted back to the facility because of the resident's aggression, exit seeking on an unlocked unit, and due to the resident refusing medications and treatments;</p> <p>- The initial call to the family of the resident was made by LPN A but the DON does not know who contacted the residents DPOA once the decision was made to not accept the resident back to the facility;</p> <p>During an interview on 5/2/25 at 11:45 A.M., LPN A said he/she told the family member that resident was being sent to the hospital for a medical evaluation due to behaviors. The family was given a choice on which hospital to send the resident for evaluation. LPN A did not know that the resident would not be accepted back at the facility.</p> <p>During an interview on 5/2/25 at 12:57 P.M. the facility Admissions Coordinator said:</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - At the time of transfer on 4/23/25 the facility was in the process of looking for alternate locations because of the resident's hallucinations and behaviors. Initially we just wanted the resident evaluated but looking at all the factors the resident needed a secure unit designed for him/her; - I think that the Charge Nurse LPN A notified the family of the transfer decision; - The goal of the transfer was to evaluate the resident and every family has the opportunity to appeal the decision but I do not know who told the family about their rights to appeal; - There was no conversation that she knew of with the hospital facility on agreeing to take on the resident full time; <p>On 5/6/25 Review of record review of documents supplied by the facility on 5/6/25 showed:</p> <ul style="list-style-type: none"> - Notice of Proposed Discharge/Transfer, dated 4/23/25 signed by the Social Services Director. - Proposed discharge date [DATE] to a hospital facility and that notification was provided to the resident and family via phone call and document given to resident. - Reason for discharge is listed as necessary for resident's welfare and the facility cannot meet individual's needs; - Bed Hold Policy for resident, signed by the Social Services Director, dated 4/23/25, provided to resident and family verbally and copy provided at the time of transfer (no persons name listed); <p>During an interview on 5/6/25 at 3:00 P.M., Hospital Employee A said:</p> <ul style="list-style-type: none"> - Resident #1 was not accepted back by the facility and remains in the hospital. - The hospital is not equipped to provide long-term care for patients. - The facility staff did not inform the hospital staff they would not be accepting Resident #1 back to the facility until after the resident had been transferred to the hospital. - The hospital is not an appropriate level of care as they are unable to provide long-term care. - Hospital staff did not agree to accept the resident on a long term basis and had only intended to provide evaluative care. <p>MO00252657</p>		