

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  12/31/2025
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)		
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  (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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow their policy and ensure an alleged allegation of sexual abuse of Resident #1 was reported to law enforcement and the state survey agency within two hours. The facility census was 161. Review of the facility policy titled, Abuse Prevention and Prohibition Program, dated 10/24/2022, showed:-The purpose of this policy is to ensure the Facility establishes, operationalizes, and maintains an Abuse Prevention and Prohibition Program designed to screen and train employees, protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, misappropriation of property, and crime in accordance with federal and state requirements; -Each resident has the right to be free from abuse;-The Facility has zero-tolerance for abuse of resident's;-Staff must not permit anyone to engage in sexual abuse of a resident; -The Facility is committed to protecting residents from abuse by anyone, including other residents;-The Administrator is responsible for coordinating and implementing the Facility's abuse prevention policies, procedures, training programs, and systems; -Reporting/Response: Facility staff are mandated reporters and will report reasonable suspicion of a crime against a resident when it is objectively reasonable physical abuse resulting in physical harm or pain or mental suffering; -The facility will not impede or inhibit a facility member's reporting duties, nor will facility staff be reprimanded or disciplined for reporting abuse;-The Administrator or his/her designee, as Abuse Coordinator: In order to facilitate reporting, ensure confidentiality, and promote order at the facility, the Administrator or his/her designee, shall be the individual who report known or suspected instances of abuse of residents at the facility to the proper authorities;-Facility staff will report known or suspected instances of abuse to the Administrator or his/her designee;-The facility will report known or suspected instances of physical abuse, including sexual abuse, and criminal acts to the proper authorities by telephone or through a confidential internet reporting tool as required by state and federal regulations;-Immediately, but no later than 2 hours after forming the suspicion, if the alleged violation involves abuse or results in serious bodily injury to the state survey agency, adult protective services, law enforcement and the Ombudsman;-No later than 24 hours after forming the suspicion, if the alleged violation does not involve abuse and does not result in serious bodily injury to the state survey agency, adult protective services, law enforcement and the Ombudsman;-Reporting requirements are based on real clock time, not business hours;-The administrator will provide the state survey agency, law enforcement and the Ombudsman with a copy of the investigation report within five days of the incident;-Failure to file a report within the required time frames may result in disciplinary action; -Special Considerations for Reporting Suspected Incidents of Criminal Sexual Abuse: Anyone who suspects that criminal sexual abuse has been committed against a resident must immediately report this information to the Administrator and Director of Nursing Services;-The facility will treat allegations as criminal sexual abuse wherein the facility determines that the resident does not have decision making capacity to consent to sexual act;-The Director of Nursing Services or designee will immediately report this information to the Attending Physician;-The Administrator then acts to ensure the following steps are taken: the proper authorities and individuals are notified immediately or within two hours, including but not limited to law enforcement/resident's representative/state survey agency/adult protective services;-A licensed nurse assesses the resident (victim) for possibly injuries;-The resident is provided with the medical treatment and emotional support necessary to prevent further deterioration of his/her health and wellbeing;-The area where the alleged incident occurred is not disturbed or accessed by anyone before law enforcement arrives;-The facility will reassess the resident following the abuse incident to determine if the resident's medical, nursing, physical, mental or psychosocial needs or preferences have changed as a result of the incident of abuse or initiate or update the care plans as indicated. 1. Review of Resident #1's electronic medical record on 12/31/25 showed: -Diagnoses included: Senile degeneration of the brain (a general term for a group of neurological disorders that cause a decline in cognitive function), dementia with agitation (a group of thinking and social symptoms that interferes with daily functioning), polyneuropathy (occurs when multiple peripheral nerves become damaged. Symptoms include problems with sensation, coordination, or other body functions), pain, urinary incontinence, anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), and 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)</p>		

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F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Respond appropriately to all alleged violations.  (continued on next page)

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow their policy and ensure an alleged allegation of sexual abuse of Resident #1 was investigated. The facility census was 161. Review of the facility policy titled, Abuse Prevention and Prohibition Program, dated 10/24/2022, showed:-Each resident has the right to be free from abuse; -The Facility has zero-tolerance for abuse, staff must not permit anyone to engage in sexual abuse;-The Facility is committed to protecting residents from abuse by anyone, including other residents, -The Administrator is responsible for coordinating and implementing the Facility's abuse prevention policies, procedures, training programs, and systems. -Investigation: The Facility promptly and thoroughly investigates reports of resident abuse, mistreatment, neglect, injuries of an unknown source or criminal acts;-If the Administrator receives a report of an incident or suspected incident of resident abuse, mistreatment, neglect, injuries of an unknown source or crime, the Administrator or designee may appoint a member of the facility's management team to investigate the alleged incident;-The investigator reviews all relevant documentation, reviews resident's medical record to determine events preceding the alleged incident, interviews person making the incident report, interviews any witnesses to the alleged incident, interviews resident (as medically appropriate), interviews staff members who have had contact with the resident during the period of the alleged incident;-Witness reports must be given in writing and signed and dated;-While the investigation is underway, accused individuals who are not facility staff may not have any unsupervised access to the resident; -The Administrator will provide initial and follow-up written reports of the results of all abuse investigations and consequent actions to the appropriate agencies; -Anyone who suspects that criminal sexual abuse has been committed against a resident must immediately report this information to the Administrator and Director of Nursing Services;-The facility will treat allegations as criminal sexual abuse wherein the facility determines that the resident does not have decision making capacity to consent to sexual act;-The Director of Nursing Services or designee will immediately report this information to the Attending Physician;-The Administrator then acts to ensure the proper authorities and individuals are notified immediately or within two hours, including but not limited to law enforcement/resident's representative/state survey agency/adult protective services;-A licensed nurse assesses the resident (victim) for possibly injuries;-The resident is provided with the medical treatment and emotional support necessary to prevent further deterioration of his/her health and wellbeing;-The area where the alleged incident occurred is not disturbed or accessed by anyone before law enforcement arrives;-The facility will reassess the resident following the abuse incident to determine if the resident's medical, nursing, physical, mental or psychosocial needs or preferences have changed as a result of the incident of abuse or initiate or update the care plans as indicated. The facility did not provide an investigation of the allegations of sexual abuse involving Resident #1 on 11/29/25. 1. Review of Resident #1's electronic medical record on 12/31/25 showed: -Diagnoses included: Senile degeneration of the brain (a general term for a group of neurological disorders that cause a decline in cognitive function), dementia with agitation (a group of thinking and social symptoms that interferes with daily functioning), pain, urinary incontinence, anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), and 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).Review of the resident's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by staff), dated 10/30/25, showed:-The resident had moderate difficulty hearing, clear speech, sometimes makes self-understood and rarely/never understands others;-He/She scored zero on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly residents), indicating the resident had severely impaired cognition;-The resident received hospice services. Review of the resident's comprehensive care plan, dated 11/25/25, showed the resident had interventions in place for his/her Activities of Daily Living (ADLs) including bathing/dressing/personal hygiene, and communication. Review of Resident #2's electronic medical records on 12/31/25 showed:-Diagnoses included: Edema (swelling from excess fluid trapped in body tissues), atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), weakness, cognitive communication deficit (a difficulty with communication that's caused by an underlying issue with cognition), falls, dementia with other behavioral disturbance (a group of thinking and social symptoms that interferes with daily functioning), urinary incontinence. Review of the admission MDS, dated [DATE] showed:-The</p>		