

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  01/26/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to provide a safe and comfortable home like environment when the facility's heating system was not able to maintain comfortable temperatures for the residents. This deficient practice affected four (Resident #2, #3, #4, and #5) of five sampled residents. The facility census was 158. Review of the facility policy titled, Extreme Weather, dated 08/25/23, showed:-The purpose of the policy was to provide residents, visitors, and staff with comfortable and safe environment during extreme weather; -The facility responds to extreme weather in a prompt manner to protect the health and safety of residents; -During extreme cold weather, the facility will provide extra blankets to whom desire them, obtain additional clothing for residents with insufficient warm clothing, provide additional warm beverages for resident who desire them, and facility staff will assess residents for comfort and take additional measures to promote a comfortable environment as necessary;-The Maintenance Department maintains a log of Facility temperatures, if the temperature is above 81 degrees Fahrenheit or below 71 degrees, the Maintenance Department will document measures to remedy the situation. 1. Review of Resident #2's electronic medical record on 01/26/26 showed:-He/She was admitted to the facility on [DATE]. -Diagnoses included: Lymphedema (swelling, most often in an arm or leg, caused by a lymphatic system blockage), repeated falls, cognitive communication deficit (a difficulty with communication that's caused by an underlying issue with cognition), asthma (a chronic lung condition that causes inflammation and narrowing of the airways, leading to symptoms such as wheezing, coughing, and shortness of breath), depression (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing a significant impairment in daily life), atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), bilateral osteoarthritis of knee (a chronic degenerative joint disease that causes cartilage in the joints to break down over time). Review of the resident's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by staff), dated 01/05/26, showed:- The resident had adequate hearing, clear speech, made self understood and understood others; He/She scored 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly residents) , indicating the resident did not have a cognitive deficit. Review of the resident's comprehensive care plan, dated 01/23/26, showed:-Interventions related to increasing lung function related asthma, participates in activities of choice, activities of daily living (ADLs) related to bilateral knee arthritis, atrial fibrillation, risk for falls, depression, nutrition, pain related to arthritis, skin integrity, occasional bladder incontinence. During an interview on 01/26/26 at 01:33 P.M., the resident said: -It was very cold in the facility on Sunday, 01/25/26;-He/She was very cold in his/her room, he/she had to put on extra blankets and a coat;-The staff came to the resident's room Sunday evening and said he/she could move to a room on a different hall, where it was warmer and the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  265308	Facility ID:  265308  If continuation sheet Page 1 of 6

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  01/26/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>resident moved to a different room; -No one has come to speak to the resident about when he/she can move back to his/her original room;-It is still too cold in the facility;-He/She still had to wear a coat and blanket while out of his/her room. 2. Review of Resident #3's electronic medical record on 1/26/26 showed:-Diagnoses included: Multiple Sclerosis (a chronic autoimmune disease affecting the central nervous system that damages the myelin sheath protecting nerve cells, leading to a range of neurological symptoms like vision problems, numbness, weakness, balance issues and cognitive difficulties), dementia (a group of thinking and social symptoms that interferes with daily functioning), cognitive communication deficit (a difficulty with communication that's caused by an underlying issue with cognition), and bipolar disorder (a mental health condition characterized by periodic, intense emotional states affecting a person's mood, energy, and ability to function).Review of the resident's quarterly MDS, dated [DATE], showed the resident had adequate hearing, clear speech, was able to make self understood and understood others. He/She scored 12 on the BIMS, indicating moderately impaired cognition. Review of the resident's comprehensive care plan, dated 01/20/26, showed interventions related to choosing own activities, decreased mobility related to muscle weakness, ADL needs related to multiple sclerosis, dementia, risk for falls, bipolar disorder, depression, behaviors including anger/agitation towards staff/refusing cares at times, nutrition, epilepsy, multiple sclerosis, pain, skin integrity, incontinent of bowel and bladder. During an interview on 01/26/26 at 01:27 P.M., the resident said:-His/Her room was very cold on Sunday, 01/25/26. -Staff asked him/her to move rooms, but the resident didn't want to leave his/her belongings unattended; -He/She had to wear a coat, mittens and an extra blanket to keep warm while in his/her room; -The heating unit in his/her room was not working;-It was not coming on or blowing any air;-The resident did not know how long the heating unit has not been working.Observation of the resident's room on 01/26/26 at 01:27 P.M., showed:-The resident's room was very cool;- The resident was in bed wearing a coat and mittens;-The heating unit in the room was not blowing any air; -The control panel screen of the heating unit was blank;-The screen on the unit was blank when the on/off switch was flipped or the temperature buttons were pushed. 3. Review of Resident #4's Face Sheet on 01/26/26 showed: -Diagnoses included: polyneuropathy (occurs when multiple peripheral nerves become damaged), Diabetes Mellitus type 2, chronic respiratory failure (a condition where the lungs are unable to adequately exchange oxygen and carbon dioxide over a prolonged period), weakness, 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 MDS, dated [DATE] showed he/she had clear speech, was able to [NAME] self understood and understood others. He/She scored 14 on the BIMS, indicating intact cognition. Review of the resident's comprehensive care plan, dated 12/23/25, showed interventions related to choosing own activities, decreased mobility related to weakness, ADL needs, diabetes mellitus, risk for falls, enhanced barrier precautions related to wound care, depression, pain, alteration in mood and behaviors including anger/agitation towards staff/refusal of care, skin integrity, occasional bladder incontinence. During an interview on 01/26/26 at 03:22 P.M., the resident said:-It has gotten pretty cold inhis/her room;-Staff did not offer another room for the resident to move to temporarily or offered additional blankets;-He/She would have moved to at least sleep in a warmer room; -The heating unit in the room was working, but it didn't blow very warm air;-The maintenance staff checked on it this morning but didn't know what he/she did to it. Observation of the resident on 01/26/26 at 03:22 P.M. showed the resident was wearing a coat, gloves and blankets.4. Review of Resident #5's Face Sheet on 01/26/26 showed: -Diagnoses included: Congestive heart failure (CHF; a condition where the heart cannot pump blood effectively enough to meet the body's needs;</p> <p>(continued on next page)</p>		

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  01/26/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>causes include coronary artery disease, heart muscle damage/heart attack, high blood pressure, valve disease, myocarditis), alcohol-induced persisting dementia (a type of dementia caused when drinking an unsafe amount of alcohol damages the brain), tachycardia (a faster than normal heart rate ), seizures (a burst of uncontrolled electrical activity between brain cells (neurons, nerve cells) that causes temporary abnormalities in muscle tone or movements(stiffness, twitching or limpness), behaviors, sensations or states of awareness), major depressive disorder, generalized anxiety disorder (GAD, a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities).Review of the resident's quarterly BIMS, dated 01/01/26, showed the resident had clear speech, was able to make self understood and understood others. He/she scored 12 on the BIMS, indicating moderately impaired cognition. Review of the resident's comprehensive care plan, dated 01/13/26, showed interventions related to choosing own activities, court appointed guardian, increasing lung function related to CHF, ADL care related to dementia, risk for behaviors including yelling at staff/refusing medications/paranoia, risk for falls, depression, anxiety, nutrition, seizures, skin integrity. During an interview on 1/26/26 at 3:22 P.M., the resident said:-His/Her room was very cold overnight;-The heating unit feels like cool air; -He/She had to wear a sweater, coat and gloves to stay warm; -Staff members did not offer to move the resident to a warmer room or offer extra blankets;-He/She would have moved temporarily if he/she had been given the choice.During an interview on 01/26/26 at 01:01 P.M., Certified Medication Technician (CMT) A said:-He/She worked on Sunday, 1/25/26; -Something was wrong with the heating system and the building got very cold, especially the 200 hall; -The resident's in some of the rooms were offered to move to warmer rooms;-Two residents agreed to move and two residents decided to stay in their rooms; -CMT A was not involved in offering the residents to move rooms and doesn't know why all the residents affected by cold rooms were not offered to move rooms. During an interview on 01/26/26 at 1:53 P.M., the Maintenance Director, said:-One of the two boilers in the facility stopped working over the weekend;-While the technicians were in the facility working on the broken boiler, the other boiler stopped working;-The technicians were in the facility today, 01/26/26;-The first boiler was now working and they were working on the second; -The temperatures in the facility did get cool on Sunday 01/25/26 and today-The temperature in one of the resident rooms earlier this morning was 68 degrees Fahrenheit; -The Maintenance Director has been resetting the individual heating units in resident rooms this morning; -The temperatures in the building were now coming back to normal. During an interview on 01/26/26 at 03:55 P.M., the Director of Nursing (DON) said he/she expected the facility to be a comfortable temperature for the residents. The residents should be relocated to a warmer area if the rooms were too cold. During an interview on 1/26/26 at 3:40 P.M., the Administrator said:-He/She expected the facility to remain at a warm enough temperature, so the residents were comfortable;-It should be warm enough so residents don't have to wear mittens inside; -The temperature in the facility should remain between 71 and 81 degrees Fahrenheit;-If the noted temperature is colder than that range, the residents should be relocated to a warmer room and offered extra blankets;-Maintenance staff should try to find out why the building is too cold. Intake 2725600</p>		

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  01/26/2026
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide a discharge notice to the resident and his/her Durable Power of Attorney (DPOA) and follow appropriate discharge procedures and complete discharge documentation, for one resident (Resident #1) of five sampled residents. The census was 158. Review of the facility policy titled, Transfer and Discharge, dated 10/24/2022, showed: -The purpose of the policy is to ensure that residents are transferred and discharged from the Facility in compliance with state and federal laws and to provide complete, safe and appropriate discharge planning and necessary information to the continuing care provider; -The facility may transfer or discharge a resident for the following reasons: The discharge is necessary for the resident's welfare and resident's needs cannot be met in the facility; the discharge is appropriate because the resident's health has improved, the safety of individuals in the Facility is endangered by the resident's presence, the health of the individuals in the facility would otherwise be endangered by the resident's presence, and the resident has failed, after reasonable and appropriate notice, to pay for a stay at the Facility. -Residents are discharged based on physician order unless the resident signs themselves out against medical advice; -Facility staff will provide the resident with reasonable advanced notice of the discharge before it occurs; -Unless exigent circumstances exist, the notice should be provided 30 days prior to the proposed date of discharge; -Situations that may prevent 30 days' notice include: the resident poses a threat to the health or safety of other individuals at the Facility, the resident's health improves sufficiently to allow for more immediate transfer/discharge or the resident is experiencing urgent medical needs. -In cases in which 30 days' notice is not possible, the notice of transfer or discharge should be provided to the resident or resident's representative as soon as practicable; -Documentation related to the resident's discharge will be maintained in the resident's medical record; -Discharge planning begins with the pre-admission process by identifying and assessing the resident's living and social support network prior to admission; -Discharge planning continues throughout the stay; -Prior to discharge, Social Services Staff or designee will provide the resident or resident representative with reasonable notice that the resident is going to be discharged; -The Facility may use the Notice of Proposed Transfer/Discharge or another comparable form to provide the resident or his/her resident representative with advanced notice of the transfer or discharge. The notice will contain the following information: The reason the resident is being transferred/discharged, the effective date of the transfer/discharge, the name, complete address and telephone number to which the resident is being discharged, a statement the resident has the right to appeal the action to the state, contact information for the state entity which receives appeal hearing requests, and information on how to request an appeal, information on obtaining assistance in completing and submitting the appeal request, filing an appeal will allow a resident to remain in the Facility until the hearing is held unless a hearing official finds otherwise, the name, address, and telephone number of the State Long Term Care Ombudsman. -The notice must also be sent to any legally authorized representative of the resident and to at least one (1) family member; -The Facility will also send a copy of the Notice of Proposed Transfer/Discharge to the State Long Term Care Ombudsman for Facility-initiated discharges; -The copy of the Notice of Proposed Transfer/Discharge must be provided to the Ombudsman at the same time the Notice is provided to the resident/resident's representative; -When the Facility anticipates a resident's discharge to another nursing care facility, the Interdisciplinary Team (IDT), with the assistance of the resident and his/her resident representative, will develop a Discharge Summary and Post-Discharge Plan to assist the resident to adjust to</p> <p>(continued on next page)</p>		

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  01/26/2026
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>his or her new living environment. Appropriate IDT members will educate the resident or his/her resident representative regarding the Discharge Plan issues and will assist the resident with discharge plans. Review of the Performance Improvement Plan provided by the facility, dated 1/20/26, showed:-Identified Area for Assessed Improvement: Completion of Notices of Proposed Discharge;-Plan: Education given to social services for non-emergent discharge notices, such as home health, facility transfer;-Action Steps to Implement the Plan: Audits will be completed on all Identified Areas for Improvement;-Identified areas post audits will be updated and/or fixed;-Objective Measures to Evaluate Plan Effectiveness: Audits will be completed weekly to ensure compliance for four weeks and then monthly thereafter;-Any concerns will be taken to Quality Assurance and Performance Improvement (QAPI); -Person Responsible for Oversight: Social Services Designee, Medical Records, and/or Administrator/Regional Designee; -Date to Be Completed: Education to be completed by 1/30/26 and ongoing;-Audits for four weeks to be completed by 2/20/26 and then monthly thereafter;-There was no indication the facility administered a discharge notice to the resident or resident representative once the failure was identified. 1. Review of Resident #1's Face Sheet on 01/23/26 showed:-The resident was admitted to the facility on [DATE] and discharged from the facility to another skilled nursing facility on 12/29/25;-Diagnoses included: Fluid overload (a condition where excessive water and sodium accumulate in the body's tissues and bloodstream), atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), cognitive communication deficit (a difficulty with communication that's caused by an underlying issue with cognition), repeated falls, lack of coordination, dementia with behavioral disturbance (a group of thinking and social symptoms that interferes with daily functioning), heart disease (heart conditions that include diseased vessels, structural problems, and blood clots), urinary incontinence. Review of the resident's admission Minimum Data Set (MDS, a federally mandated assessment completed by staff) dated 11/03/25, showed:-The resident had adequate hearing, clear speech, made self-understood and understood others;-He/She scored 10 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly residents), indicating the resident had moderately impaired cognition;-He/She displayed no behaviors during the assessment behaviors. Review of the comprehensive care plan, dated 12/23/25, showed interventions related to increasing lung functioning related to smoking, Activities of Daily Living (ADLs), behaviors related to making inappropriate sexual comments to females, communication, cardiac status, edema/fluid overload, cognition related to dementia, risk for falls, mood problem related to new admit to long term care, nutrition, skin integrity, bladder incontinence.Review of the resident's Durable Power of Attorney, dated 05/20/24, showed the resident named his/her Family Member A as the Power of Attorney. The document outlines authority in areas including financial transactions, contractual agreements, medical matters, legal matters, and personal relationship and affairs. Review of the resident's Physician Order Sheet (POS), dated December 2025, showed no physician order to be discharged to a different skilled nursing facility. Review of the resident's progress notes showed:- On 10/28/25 at 12:28 P.M The resident was admitted to the facility from a local hospital;- On 12/17/25 at 07:22 P.M. The SSD Documented he/she spoke with a family member of the resident that was not the DPOA, to update on the progress of the resident's discharge form the facility; - On 12/24/25 at 04:49 P.M. The Admissions Director documented: The resident will discharge to another skilled facility within the company Monday and will be transported by an outside transportation service at 01:30 P.M. This facility will send all personal effects with the resident and family at time of discharge. He/she will discharge with all his/her all medications. Will send current documentation and discharge order; Review of the resident's electronic medical record showed the facility did not document a</p> <p>(continued on next page)</p>		

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  01/26/2026
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>discharge notice, discharge summary, discharge care plan, or physician orders to discharge resident from this facility and admit to receiving facility. During an interview on 1/21/26 at 1:59 P.M., Family Member A said:-The facility contacted the resident's grandchild, Family Member B, and said the resident was being discharged to a different facility because the resident was wandering and bothering other residents and the new facility could meet the resident's needs;-Family Member A was never notified of the discharge to a different facility, even though Family Member A was the resident's DPOA;-The facility never provided any documentation to the family of why the resident was discharged or any discharge planning paperwork;-He/She did not receive a discharge notice form the facility;-HE/She would not have chosen to discharge the resident to the receiving facility; -The family was never contacted by the receiving facility and has not received or signed any admission paperwork for that facility. During an interview on 1/26/26 at 3:55 P.M., the Director of Nursing (DON) said:-He/She expected the staff to notify the resident's DPOA/representative, get approval or give a 30-day notice for discharge;-Staff need to make sure the DPOA/representative is on board with the discharge/transfer with clear communication;-The accepting facility should be able to take care of the resident's needs. During an interview on 1/26/26 at 3:40 P.M., the Administrator said:-A discharge notice was not completed as the facility believed it was a transfer to another skilled nursing facility, not a discharge; -Social services was responsible for documentation of discharge planning and providing discharge notices to residents/resident representatives;-He/She expected staff to provide discharge notices as is required by regulation. Intake 2722479</p>		