STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on interview, record review, and review of the facility's policy, the facility failed to develop comprehensive care plans which reflected residents' current status for two of 33 sampled residents (Resident (R) 74 and R10). R74 was receiving hospice services; however, there was no care plan developed to reflect hospice services. Additionally, R10 had the diagnosis of and receiving treatment for diabetes mellitus; however, the resident's care plan did not reflect the diabetes mellitus treatment. These failures placed the residents at risk of having unmet care needs. The facility census was 93. Findings include: Review of the facility's policy titled Care Planning, dated 10/24/22, revealed The purpose is to ensure that a comprehensive person-centered care plan is developed for each resident based on their individual assessed needs .The care plan serves as a course of action where the resident (resident's family and/or guardian), resident's attending physician, and the facility's Interdisciplinary Team (IDT) work to help the resident move toward resident-specific goals that address the resident's medical, nursing, mental and psychosocial needs . A licensed nurse will initiate the care plan, and the plan will be updated as indicated for change in condition, onset of new problems, resolution of current problems, and as deemed appropriate by clinical assessment and judgement on an as needed basis . 1. Review of the facility's undated policy titled Hospice Program, revealed Coordinated care plans for residents receiving hospice services will include the most recent hospice plan of care as well as the care and services provided by our facility in order to maintain the resident's highest practicable physical, mental and psychosocial well-being . Review of R74's Admission Record, located under the Profile tab of the Electronic Medical Record (EMR) revealed R74 was admitted to the facility on [DATE] with diagnoses which included stroke affecting the right dominant side, diabetes, and schizophrenia. Review of R74's physician Orders located under the Orders tab of the EMR revealed R74 started receiving hospice services on 11/01/24. Review of R74's Care Plan located under the Care Plan tab of the EMR revealed a care plan was not developed to reflect the resident receiving hospice services. (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
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/13/25 at 8:31 A.M., the Minimum Data Set Coordinator (MDSC) stated He [R74] should have had a care plan for Hospice. I do not know why this was not completed. I was not the MDSC at the time [when the resident started receiving hospice services]. During an interview on 03/14/25 at 6:00 P.M., the Director of Nursing (DON) stated The hospice care plan should have been completed when the resident started on hospice. 2. Review of R10's undated Admission Record, located in the electronic medical record (EMR) under the Profile tab revealed R10 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus. Review of R10's Medication Administration Record (MAR), dated 03/29/2024 and located under the Orders tab of the EMR revealed R10 had physician orders for finger stick blood sugars completed four times a day, before each meal and at bedtime. Review of R10's Comprehensive Care Plan, located in the resident's EMR under the Care Plan tab revealed no documented evidence a care plan was developed for the resident's diabetes mellitus diagnoses to include a focus, measurable goals, or interventions. During an interview on 03/14/25 at 3:45 PM, the Minimum Data Set Coordinator (MDSC) stated a resident with a diagnosis of diabetes, receiving blood sugar checks, and taking insulin should have diabetes on her care plan. The MDSC confirmed R10's care plan was not developed to include the resident's diabetic care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on interview, record review, and review of the facility's policy, the facility failed to notify the physician timely when a resident had a change of condition, failed to start an antibiotic that was ordered by the resident's physician, and failed to obtain a physician ordered urinalysis (UA) timely for one resident (Resident (R) 63) of 33 sampled residents. These failures resulted in R63's hospitalization due to sepsis (a life-threatening emergency that happens when your body's response to an infection damages vital organs and, often, causes death) related to a urinary tract infection (UTI). The facility census was 93. The facility's Administrator and Director of Clinical and Reimbursement Services were informed on 03/13/25 at 3:23 P.M. of an Immediate Jeopardy, which began on 03/08/25. The Immediate Jeopardy was removed on 03/14/25, as confirmed by surveyor onsite verification. Findings include: Review of the facility's policy titled, Change of Condition Notification dated October 24, 2022, revealed To ensure residents, family, legal representatives, and physicians are informed of changes in the resident's condition in a timely manner. Definition: An acute change of condition (ACOC) is a sudden, clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional domains. Clinically important means a deviation that, without intervention, may result in complications or death. The Facility will promptly inform the resident, consult with the resident's Attending Physician, and notify the resident's legal representative when the resident endures a significant change in their condition caused by, but not limited to: . B. A significant change in the resident's physical, cognitive, behavioral, or functional status. Procedure: III. Notifying the Attending Physician: A. The Attending Physician will be notified timely with a resident's change in condition. B. Notification to the Attending Physician will include a summary of the condition change and an assessment of the resident's vital signs and system review focusing on the condition and/or signs and symptoms for which the notification is required. Review of R63's undated Admission Record located under the Profile tab of the electronic medical record (EMR) revealed R63 was admitted to the facility on [DATE] with diagnoses which included pneumonia, urinary tract infection (UTI), and retention of urine. R63 was emergently discharged from the facility to the hospital on 03/10/25. Review of R63's admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 02/27/25, located under the MDS tab of the EMR documented the facility assessed R63 to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. The MDS indicated R63 had a diagnosis of pneumonia and UTI within the last 30 days; and had an indwelling catheter. Review of R63's Baseline Care Plan, located under the Assessments tab of the EMR and initiated on 02/25/25 revealed R63 was at risk for complications with the urinary tract. The interventions on 02/25/25 included: Observe for signs and symptoms of UTI such as burning, dysuria, increased frequency, odor, hematuria, etc.Encourage fluids. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administer medications as ordered. Notify primary physician if any changes in condition. Review of R63's Vital Signs located in the resident's EMR under the Vitals tab were as follows: 03/07/25 at 10:38 A.M. Blood Pressure (BP) 100/53, pulse 67, this was the resident's baseline. 03/07/25 at 6:54 P.M. BP 109/56. 03/07/25 at 8:17 P.M. BP 94/64, pulse 86. 03/08/25 at 9:53 A.M. BP 94/60, Pulse 89. 03/08/25 at 5:56 P.M. BP 96/48, Pulse 83. 03/08/25 at 6:38 P.M. BP 81/57. 03/09/25 at 9:11 A.M. BP 88/47, Pulse 54. 03/09/25 at 3:47 P.M. BP 70/50. 03/09/25 at 5:47 P.M. BP 85/50, Pulse 73. 03/09/25 at 8:54 P.M. BP 116/62, Pulse 90. 03/10/25 at 8:38 A.M. BP 121/63, Pulse 81. Review of R63's Physicians Orders, located under the Orders tab of the EMR revealed an order dated 03/09/25 at 12:16 AM, to replace catheter and get UA [urinary analysis]. Review of R63's Progress Notes located under the Prog [progress] Notes tab of the EMR, revealed a Nursing Note, dated 03/09/25 at 1:10 P.M., which documented .the resident's Foley was changed to obtain a urine sample to rule out infection. The resident's urine was dark amber colored. Family was in the facility and requested an order for an antibiotic. New order for cipro [antibiotic] was received. family notified. continue with plan of care . Further review of R63's Physicians Orders, located under the Orders tab of the EMR revealed an order, dated 03/09/25 at 3:49 P.M., for Cipro HCl (ciprofloxacin hydrochloride, an antibiotic) oral tablet 250 milligrams (MG) give one tablet by mouth two times a day for infection until 03/17/25. The medication was not started on 03/09/25 due to the staff not having access to the pyxis (the electronic safe for emergency medications requiring password to access), then the resident was sent to the emergency roiagnom on the morning of 03/10/25. Review of R63's Skilled Nursing Note, dated 03/09/25 at 11:10 P.M. and located under the Assessments tab of the EMR revealed under section A Vital Signs from 03/09/25 at 8:41 P.M. revealed the resident's pulse was 90, BP 116/62; she was alert and oriented. However, not to time or place. New order for cipro for UTI. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Further review of R63's Skilled Nursing Note, dated 03/10/25 at 12:03 A.M. and located under the Assessments tab of the EMR revealed the resident's blood pressure was 116/62 on 03/09/25 at 8:41 P.M. and her pulse was 90. She was alert and oriented with impaired decision making and was confused. Bladder function was unchanged and Foley catheter care was provided. Review of R63's Lab Results, provided by the facility showed a UA sample was collected on 03/10/25 at 5:25 AM; over 24 hours after it was ordered by the resident's physician on 03/09/25 at 12:16 AM. The results showed the urine was yellow and clarity was turbid [cloudy], and positive for blood and leukocytes. The white blood cells (WBCs) were elevated. The results indicated a culture and sensitivity (C&S) would be completed. Review of R63's Nurse Practitioner Progress Notes, Care at Home Provider Visit provided by the facility dated 3/10/25 revealed under Assessment/Plan: History of UTIs: Dark amber urine in Foley. UA was not sent until early this morning and results not available yet . [He/She] was ordered to start Cipro 500 mg BID yesterday, but it had not been received from the pharmacy yet . Resident's family member came into facility after I had seen her and when she learned that UA results and Cipro had not been started, asked for resident to be sent to be sent to emergency room (ER), which she was. Review of R63's Progress Notes, dated 03/10/25 at 11:54 A.M. and located under the Prog Notes tab of the EMR revealed a Discharge Summary documented Resident condition declining since lab and UA obtained. [Family Member (FM) 1] here, concerned with resident's condition and wants her sent to ER [emergency room] for eval/tx [evaluation/treatment]. [Advanced Practice Registered Nurse (APRN) 1], in [the] building and received verbal order to send. EMS [emergency medical services] here at 11:15 A.M. to transport resident. [FM1] will meet resident at hospital. During an interview on 03/12/25 at 11:50 A.M., the emergency room (ER) Nurse stated when R63 arrived at the ER, she had minimal urine output and had fluid in her lungs. R63 was started on three intravenous (IV) antibiotics and IV blood pressure medication to raise her blood pressure. The ER nurse stated R63 was admitted to the hospital with a diagnosis of sepsis, pleural effusions, and UTI. During an interview on 03/12/25 at 12:37 P.M., FM1 stated R63 was alert and oriented when visited on 03/07/25. FM1 stated that on 03/08/25, R63 was disoriented when she visited and R63 had said crazy things to family members later that day. FM1 stated on 03/09/25, R63 was more lethargic, and nurses were replacing the Foley catheter when she visited the resident. FM1 also indicated the nurse stated they had not gotten any physician orders for urine lab test or for any antibiotics and they were still waiting for a call back from the physician. FM1 stated she arrived at the facility on 03/10/25 at 10:45 AM and found R63 was unresponsive, with brown, dry secretions around her mouth. FM1 stated she demanded R63 be sent to the ER. During an interview on 03/12/25 at 5:23 P.M., Licensed Practical Nurse (LPN) 2 stated on 03/08/25, R63 could not keep her eyes open, had slurred speech, increased confusion, hallucinations, and slightly dark urine. LPN2 also stated the nurse aides reported to her that R63 was not drinking fluids, so she intervened by giving her sips of water through a straw. LPN2 indicated she did not notify APRN1 of R63's condition on 03/08/25; however, she did notify APRN1 on 03/09/25 of R63's amber colored urine, and to request an antibiotic per FM1's request. LPN2 also indicated she did not inform APRN1 of R63's low blood pressure of 70/50 on 03/09/25. LPN2 stated she did not administer the antibiotic because she did not have access to the medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 03/12/25 at 4:57 P.M., LPN1 stated on 03/10/25, FM1 informed her she wanted R63 to be sent to the hospital due to her decline in level of consciousness (LOC). LPN1 also stated an ARNP was in the building and was notified of FM1's request. During an interview on 03/12/25 at 6:03 P.M., LPN3 stated she was assigned to R63 on the nights of 03/08/25 and 03/09/25. LPN3 stated R63's mental status was about the same, and her blood pressure was within normal range on both evenings. LPN3 indicated R63's urine was light tea colored and cloudy on 03/08/25. LPN3 also indicated she did not feel the need to contact the doctor for a change in the condition. LPN3 said there was an order for a UA on 03/09/25 which was collected on the early morning of 03/10/25 and picked up on 03/10/25. LPN3 stated she did not administer the antibiotic, because she did not have access to the medication. During an interview on 03/12/25 at 6:41 P.M., the Director of Nursing (DON) stated a drastic change in blood pressure or mental status would indicate a change of condition. The DON also stated she expected the nursing staff to inform the physician, obtain orders, and document change in condition in the progress notes. The DON further stated R63's physician should have been notified of R63's change of condition on 03/08/25. During an interview on 03/12/25 at 8:10 P.M., APRN1 confirmed she received a call on 03/08/25 at 2:38 P.M. about R63's confusion and hallucinations, but was not informed of R63's BP or urine. ARNP1 indicated she received another call FM1 requested an antibiotic for R63 on 03/09/25 at 3:03 P.M. and she ordered Cipro. APRN1 stated she was not informed of R63's low blood pressure or that a urine sample had not yet been collected. APRN1 also indicated that she should have been informed of the low BPs and decreased fluid intake, and she would have sent R63 to the hospital. APRN1 stated she was not aware R63's urine was not sent to the lab until 03/10/25. APRN1 stated she expected the ordered antibiotic to be started immediately. APRN1 also stated if she had been informed of the resident's low BP, she would have sent the resident to the hospital immediately to rule out sepsis. During an interview on 03/12/25 at 7:29 PM, Medical Doctor (MD) 1 stated he was not contacted by the nursing staff at the facility about R63; however, one of the APRN's were contacted. MD1 also stated he expected the nursing staff to inform him of a resident's change in condition which included low BPs and mental status changes, to rule out sepsis. He stated if he had been notified of the low BP, he would have sent the resident to the hospital immediately to rule out sepsis. NOTE: At the time of the survey, the violation was determined to be at the immediate and serious jeopardy level J. Based on interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to address and lower the violation at the time. At the time of exit, the severity of the deficiency was lowered to the D level. MO00250844

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on observation, interview, record review, and facility policy review, the facility failed to ensure respiratory care equipment was properly maintained; and failed to ensure respiratory care was provided per physician orders for three of four residents review for respiratory care (Resident (R) 15, R53, and R41) out of 33 sampled residents. These failures placed the residents at risk for increased risk of respiratory infections and oxygen saturations not being maintained. The facility census was 93. Findings include: Review of the facility's policy titled Oxygen Administration, dated 10/24/22, revealed A physician's order is required to initiate oxygen therapy, except in an emergency situation. The order shall include the oxygen flow rate; method of administration; continuous or prn; titration instructions; and indication for use .All oxygen tubing, humidifiers, mask, and cannulas used to deliver oxygen will be changed weekly and when visibly soiled, or as indicated by state regulation .Turn on the oxygen at the prescribed rate . 1. Review of R15's undated Admission Record, located under the Profile tab of the electronic medical record (EMR) revealed R15 was admitted to the facility on [DATE] with diagnoses which included chronic obstructive pulmonary disease (COPD). Observation on 03/12/25 at 6:53 A.M., of R15's oxygen concentrator revealed the oxygen concentrator's filter was covered in a white substance that appeared to be dust. During an observation and interview on 03/13/25 at 2:57 P.M., Licensed Practical Nurse (LPN) 4 observed R15's oxygen concentrator's filter and stated, . this filter on the concentrator is dirty with dust. The filter should be cleaned at the time the oxygen tubing is changed. During an interview on 03/14/25 at 6:00 P.M., the Director of Nursing (DON) stated, Every time we change the oxygen tubing (weekly), the filter on the concentrator should be cleaned. 2. Review of R53's undated Admission Record, located under the Profile tab of the electronic medical record (EMR) revealed R53 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD) and chronic respiratory failure. Review of R53's admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 02/27/25, located under the MDS tab of the EMR documented the facility assessed R53 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. Review of R53's Care Plan, initiated on 12/06/23 and located under the Care Plan tab of the EMR revealed the resident had COPD, chronic respiratory failure, and slept with the head of bed elevated related to feeling short of breath when lying flat. Interventions included oxygen via nasal cannula per doctor's orders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R53's Physicians Orders, located under the Orders tab of the EMR revealed an order dated 11/21/23 to administer oxygen as needed at two liters per minute (LPM) per via nasal cannula to keep oxygen saturations greater than 91% as needed for shortness of breath. During observations on 03/11/25 at 11:50 A.M., 03/13/25 at 11:40 A.M., and 03/13/25 at 4:29 P.M., the oxygen level on R53's oxygen concentrator was set at four LPM via nasal cannula. During an observation and interview on 03/13/25 at 5:17 PM, LPN1 verified R53's flow rate level on the oxygen concentrator was set at four LPM and confirmed the concentrator should have been at set at two LPM. LPN1 adjusted the oxygen concentrator to administer oxygen at two LPM. LPN1 verified R53's physician order for oxygen to be administered at two LPM. LPN1 stated she did not know how or when the oxygen concentrator flow rate was increased. LPN1 also stated she should have checked the oxygen concentrator's flow rate setting during her shift to ensure it was being administered per the physician's order. During an interview on 03/14/25 at 5:56 PM, the Director of Nursing (DON) stated nurses were expected to follow physician orders when administering oxygen. The DON expected nurses to check the oxygen concentrator's level every time the room was entered but at least once in the morning and once in the evening. The DON also stated only a nurse with an order could change the concentrator's oxygen flow rate level and nurses were expected to routinely check oxygen levels to determine the need for oxygen. If the resident's oxygen flow rate was set lower than the physician ordered flow rate, the resident could be hypoxic leading to confusion and if it was too high, the resident could be over-oxygenated and could be just as bad as not having enough oxygen being administered. Residents with COPD could retain carbon dioxide (CO2) and become acidotic and could decrease their breathing. 3. Review of R41's undated Admission Record, located under the Profile tab of the EMR, revealed R41 was admitted to the facility on [DATE] with diagnoses of congestive heart failure and shortness of breath. Review of R41's significant change MDS, with and ARD of 03/06/25 and located in the EMR under the MDS tab, revealed the resident had a BIMS of 13 out of 15, indicating R41 was cognitively intact and was always understood. The MDS also indicated the resident received supplemental oxygen during the assessment period. Review of R41's physician's Order Summary, located in the EMR under the Orders tab revealed an order dated 02/28/25 of oxygen at 3 liters via nasal cannula. During an observation on 03/11/25 at 9:47 A.M., R41's oxygen concentrator's flow rate setting was set 2.5 liters. During an observation on 03/12/25 at 7:28 A.M., R41's oxygen concentrator's flow rate setting was set at 2.5 liters. During an observation and interview on 03/12/25 at 12:48 P.M., LPN2 observed R41's oxygen concentrator flow rate setting and stated it was set at 2.5 liters. LPN2 was unsure what setting it should be on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 03/12/25 4:30 P.M., the Regional Nurse Consultant (RNC) observed R41's oxygen concentrator's flow rate setting and stated it was set at 2.5 liters. The RNC then reviewed R41's physician orders and verified the flow rate was ordered to be administered at 3 liters.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on observation, interview, record review, and review of the facility's policy, the facility failed to effectively manage pain for one of one resident (Resident (R) 71) reviewed for pain out of 33 sampled residents. The facility failed to order R71's oxycodone (an opioid pain medication) in a timely manner and the physician ordered pain medication was not administered as ordered. This failure caused R71 to experience terrible pain, was unable to relax enough to sleep, and felt like he was having withdrawals. The facility census was 93. Findings include: Review of the facility's policy titled, Pain Management, dated 10/24/22, revealed, . The nursing staff will implement timely interventions to reduce the increase in severity of pain. Review of the facility's policy titled, Ordering and Receiving Controlled Medications, revised 01/2023, revealed, .Written on a medication order form or ordered by peeling the top label from the label and placing it in the appropriate area on the order form provided by the pharmacy for that purpose, and requested from the pharmacy a minimum of 3 days in advance of need to assure an adequate supply is on hand. Review of R71's quarterly significant change in status Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/20/25 and located in the electronic medical record (EMR) under the MDS tab, revealed R71 was admitted to the facility on [DATE]. Continued review of the MDS revealed the facility assessed R71 to have a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident was cognitively intact. The MDS also indicated R1 had diagnoses that included spinal stenosis and unspecified inflammatory spondylopathy of the lumbar region. It was recorded that R71 had frequent pain at 07 on a numeric rating scale (00-10) and received an opioid as a pharmacological intervention for his pain. Review of R71's physician Order, dated 12/19/24 and located in the resident's EMR under the Orders tab revealed R71 was to receive Oxycodone 10mg [milligram]/325mg every 6 hours for pain management. Review of R71's Care Plan, revised 10/21/24 and located in the EMR under the Care Plan tab revealed, . The resident is at risk for or has acute/chronic pain . Pain will be minimized with the use of scheduled and/or PRN (as needed) pain meds. Review of R71's Medication Administration Note, dated 03/12/25 at 8:31 P.M. and located in the Progress Note tab, revealed, .Oxycodone 10/325mg give 1 tablet four times a day for chronic pain, Drug out. Review of R71's Medication Administration Record (MAR), dated 03/2025 and located under the Orders tab of the EMR revealed the resident missed the following five doses of the oxycodone ordered to treat the resident's pain: 03/12/25 at 8:00 P.M.; 03/13/25 at 2:00 A.M.; 03/13/25 at 8:00 A.M.; 03/13/25 at 2:00 P.M.; and 03/13/25 at 8:00 P.M. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0697 Level of Harm - Actual harm Residents Affected - Few	Continued review of R71's MAR revealed the only documented pain assessment for the missed doses of oxycodone was for the 2:00 PM missed dose on 03/13/25 and it was documented the resident's pain level was a 9 out of 10 (on a scale of 1-10, with 10 being the most severe pain). During an interview on 03/14/25 at 12:30 P.M., R71 approached the surveyor very upset about missing medications. The resident stated he requested to go to the hospital last night 03/13/25 after he had missed many doses of his pain medication. R71 stated he had a pain level of 10 out of 10 and had not slept the past two nights due to pain. During an interview on 03/14/25 at 1:30 P.M., when asked if she was aware R71 was out of his oxycodone pain medication, Certified Medication Technician (CMT) 2 stated the medication had been ordered a few days before it ran out and she had informed the Assistant Director of Nursing (ADON) on 03/12/25 that she had given R71 his last dose of oxycodone on hand. CMT2 also stated R71 told her he was hurting. During an interview on 03/14/25 at 2:52 P.M., the Director of Nursing (DON) was asked if she was aware R71's oxycodone ran out and R71 had missed five doses of the medication. The DON stated she was informed yesterday, 03/13/25. The DON stated the nurse called the pharmacy and determined the prescription was sent to the wrong physician. The DON stated the nurses should reorder the medication five to six days ahead of time before the last dose, and the nurse should call the physician first for an e-script (electronic prescription). The DON stated the physician then sends the e-script to the pharmacy and the nurse should follow up with the pharmacy. The DON stated her staff should not wait until the last day to start the process. During a follow up interview on 03/14/25 at 5:30 PM, R71 stated he felt terrible pain, still was unable to relax enough to sleep, and felt like he was having withdrawals. R71 also stated, It affects every part of my body. During the interview, R71 stated his current pain level was eight out of 10 at this time and stated his body aches and has stabbing pain.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on interview, record review, and policy review, the facility failed to ensure residents were free from significant medication errors for one of 33 sampled residents (Resident (R) 89). R89 received metoprolol tartrate (a medication used to treat high blood pressure, chest pain, and heart failure) and metformin (a medication used to treat high blood sugar levels caused by type II diabetes) which was not ordered by the physician. This failure increased R89's risk of decreased blood pressure, heart rate, and drowsiness. The facility census was 93. On 3/14/25, the administrator was notified of the past noncompliance which occurred on 03/01/25. Immediate resident assessment completed, SBAR completed on 03/01/25, 1:1 (one to one) education provided to CMT1 on medication administration rights. Staff education/in-service medication administration rights/medication administration provided on 03/03/25 to all licensed nurses and CMTs. The deficiency was corrected on 3/3/25. Findings include: Review of the facility's policy titled Medication Administration, dated 10/24/22, revealed Medication will be administered by a Licensed Nurse per the order of an Attending Physician or licensed independent practitioner, or as consistent with state law. II. No medication will be used for any resident other than the resident for whom it was prescribed. III. Medications must be given to the resident by the Licensed Nurse preparing the medication, or as consistent with state law. IV. The licensed nurse must know the following information about any medication they are administering: A. The drug's name (generic and trade) B. The drug's route of administration C. The drug's action D. The drug's indication for use and desired outcome E. The drug's usual dosage F. The drug's side effects and adverse effects G. Any precautions and special considerations . Review of R89's undated Admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed R89 was admitted to the facility on [DATE] with diagnoses that included fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing, acute posthemorrhagic anemia, muscle weakness, acute cystitis with hematuria, unsteadiness on feet, and urinary incontinence. R89 had no known drug allergies. Review of R89's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/17/25 and located in the EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating R50 was moderately cognitively impaired. It was recorded that R89 received no high-risk drug class medications. Review of R89's Medication Administration Record (MAR), dated March 2025, revealed R89 was not administered any medications on 03/01/25 at 2:45 P.M. Review of R147's Physician's Orders, dated February 2025, located in the EMR under the Orders tab, revealed orders for Simvastatin 20 milligrams (MG) (a statin that lowers cholesterol), metoprolol tartrate 50 MG, gabapentin 300 MG (an anticonvulsant), glipizide 10 MG (used to treat high blood sugar levels caused by type II diabetes), and metformin 500 MG. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R89's Nursing Progress Note, dated 03/01/25, located in the EMR under the Prog Note tab, revealed Incident Note: Med Tech [medication technician] accidentally gave another resident's medications to this resident. Res [resident] received Gabapentin 300 MG [milligrams], Glipizide 10 mg, Metformin 500 mg, Metoprolol Tartrate 50 mg and Simvastatin 20 mg at 2:45 PM. Notified DON [director of nursing], APRN [advanced practice nurse practitioner] from [on call provider], Resident and [Family Member (FM) 1] who was present in the room. New order received to monitor resident's BP [blood pressure] and pulse Q2H x [every two hours for] 24 hours, assess for drowsiness, and check blood glucose before supper and PRN [as needed] any signs of hypoglycemia. Res and FM1 express understanding. Med Tech who made the error has written a statement about the incident and placed it in the DON's box. Review of R89's SBAR (situation, background, assessment, request), dated 03/01/25, located in the EMR under the Assessment tab, revealed a medication error occurred, resident was in the facility for post-acute care for left femur fracture with no known drug allergies, vital signs were within normal limits, resident was at baseline, and vital signs were monitored per the physician's orders. Review of R89's Medication Error Investigation, dated 03/01/25, provided by the facility, revealed on 03/01/25 at 2:45 P.M. R89 received the following five medications in error by Certified Medication Technician (CMT) 1. CMT1 notified Registered Nurse (RN) 1 that she administered R147's medications to R89. RN1 completed an assessment which revealed R89's vital signs were stable and there were no signs/symptoms (s/s) of adverse reactions to the medications at the time of the event. RN1 notified the on-call provider and received orders to monitor the residents' blood pressure and heart rate every two hours for 24 hours, and check blood glucose before supper and as needed. CMT1's statement, dated 03/01/25, revealed she administered the wrong medications to R89 accidentally, she notified RN1, and they (CMT1 and RN1) informed R89 and FM1 of the error. In conclusion, R89 was monitored for change of condition, and remained stable throughout 24-48 hours with no s/s of adverse reaction, and no harm sustained. The following interventions were initiated: Investigation initiated, resident and responsible party notified, medical doctor (MD) 1 notified and new orders obtained, immediate assessment completed, SBAR completed on 03/01/25, 1:1 (one to one) education provided to CMT1 on medication administration rights, verbal disciplinary action provided on 03/03/25 by the DON, and staff education/in-service medication administration rights/medication administration provided on 03/03/25 to all licensed nurses and CMTs. Review of R89's Physician's Orders, located in the EMR under the Orders tab, revealed the resident was not ordered by her physician any of R147's medications that were erroneously administered to her by CMT1 on 03/01/25. During an interview on 03/11/25 at 9:50 A.M., R89 stated she was told that she was administered the wrong medications by two nurses, that they may make her feel drowsy, and that they would check on her often. R89 stated she was not sent to the hospital, and staff checked her blood pressure that day and the next day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/11/25 at 2:38 P.M., CMT1 stated she was at the end of the C hallway between R89's room and R147's room, she pulled up R147's medication screen on the computer, placed the medications in the cup, got distracted, turned around away from the medication cart, walked into R89's room, and then administered the medications to her. CMT1 stated R89 said it seemed like she was given a lot of medications that she normally did not take. CMT1 stated she went back to the computer, pulled up R89's physician's orders on the screen and realized she gave R89 the wrong medications, so she reported it to Registered Nurse (RN) 1. CMT1 indicated RN1 assessed R89 immediately and then informed the DON, physician, and FM1. CMT1 also indicated she and RN1 went to R89's room and informed her and FM1 that RN1 would be monitoring R89 for drowsiness, low blood sugar, decreased blood pressure, and decreased heart rate due to the medications she received. CMT1 said she apologized for the medication error. CMT1 said she received a verbal warning and training on the medication administration rights on 03/03/25 by the DON. CMT1 confirmed she had not been observed during medication administration by the DON or any other staff at the facility since the incident on 03/01/25 During an interview on 03/12/25 at 1:42 P.M., the DON stated she was informed of R89's medication error by RN1 on 03/01/25, she investigated the medication error and determined that CMT1 did not follow the medication administration rights of verifying the patient's identity with at least two identifiers such as looking at R89's picture in the EMR, and by asking R89 for her name and date of birth. The DON also stated that she had not monitored CMT1 for any medication errors since the incident on 03/01/25 but had not been informed of any errors. The DON indicated she expected CMT1 to follow the medication administration policy. During an interview on 03/13/25 at 1:32 P.M., RN1 stated she was informed by CMT1 that she administered the wrong medications to R89 on 03/01/25 at 2:45 PM. RN1 indicated CMT1 told her that she was at the end of the C hallway between R89 and R147 rooms, she pulled up R147's medication screen on the computer, placed the medications in the cup, got distracted, turned around away from the medication cart, walked into R89's room, and then administered the medications to her. RN1 also stated R89 stated it seemed like she was given a lot of medications. RN1 stated she assessed R89 immediately and then informed the DON, physician, and FM1. RN1 also indicated she completed an incident report, and both went into R89's room and apologized to the resident and explained that RN1 would be monitoring the resident for drowsiness, low blood sugar, decreased blood pressure and decreased heart rate due to the medications she received by CMT1. MO00250523

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 52126 Based on observation, interview, and review of the facility's policy, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner. The facility also failed to ensure dishes were properly dried after being washed. Additionally, the facility failed to ensure all items in the kitchen's refrigerator, freezer, and dry food storage were sealed, labeled, and dated. These failures placed all residents of the facility at risk for food borne illnesses. The facility census was 93. Findings include: Review of the facility's policy titled, Pot and Pan Cleaning, dated 10/24/22, revealed Invert the pots and pans and place them on a drying rack and allow to air dry. Do not use a towel . Observations on 03/11/25 at 9:01 A.M., with the Assistant Dietary Manager (ADM) revealed the following: -three large metal sheet pans stacked wet. -a plastic container of sugar packets with dried food particles on the container and the container was dirty with dried food particles. -the clean industrial stand mixer was not covered and had empty boxes stacked on top of it that were to go in the garbage. -13 clean metal pots and pans were stored under a table, on a shelf that was dirty with dried food particles all over it. -The walk-in refrigerator contained the following items not labeled, dated, with no use-by-dates: one container of rice, one cup of cream of wheat, one container of beef broth, ketchup not in the original ketchup bottle, soup in a cup, and cream of chicken soup. -The walk-in freezer contained one box of omelets that were not sealed shut. One bag of calzones and sausage with no use-by-dates. -The dry storage room contained one bag of spaghetti with no use-by-dates and individually wrapped slices of bread wrapped in a baggie with no dating. During an interview on 03/11/25 at 9:25 A.M., the ADM confirmed the observations and stated, I have no idea how long the bread had been in the dry storage room. When asked how staff would know if food was still usable if there were no use-by-dates, the ADM stated, We go through things fast. I do not know about use-by-dates. The staff would not know if [the] food was still good or not. During an interview on 03/14/25 at 8:02 PM, the Administrator stated, My expectation of the kitchen is to keep the kitchen clean.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 52126 Based on interview, record review, and review of the Arbitration Agreement, the facility failed to ensure that the Arbitration Agreement presented to Residents (Rs) and Resident Representatives (RR) during admission included a clause that neither the resident or his/her representative are required to sign the binding arbitration agreement as a condition of admission to, or as a requirement to continue to, receive care at the facility. This failure affected all residents who had signed the Arbitration Agreement and any future residents who might sign the agreement. The facility census was 93. Findings include: Review of the facility's policy titled Arbitration Agreement, dated 10/24/22, provided by the facility, revealed Purpose To provide a lawful opportunity for a provider of health services and residents/responsible parties to enter into an enforceable written contract to settle a dispute outside of court through an arbitration process. The federal government has expressed a policy of support of arbitration agreements because they reduce the burden on court systems to resolve disputes. Policy I. The Health Care Arbitration Agreement complies with federal and state laws. II. The Arbitration Agreement used by the Facility has been developed approved Governing Body. III. Residents or their responsible parties are not required to sign Arbitration Agreements as a condition of admission to or continued treatment at the Facility . Review of the facility's Arbitration Agreement, revised July 2022, provided by the facility, revealed the agreement did not state that neither the resident or his/her representative are required to sign the binding arbitration agreement as a condition of admission to, or as a requirement to continue to, receive care at the facility. During an interview on 03/14/25 at 10:52 A.M., the Admission Coordinator confirmed the arbitration agreement did not contain the statement that neither the resident or his/her representative are required to sign the binding arbitration agreement as a condition of admission to, or as a requirement to continue to, receive care at the facility. The Admission Coordinator stated the arbitration agreement was developed by the corporation, used in all of their facilities, and this agreement was revised within the last year. During an interview on 03/14/25 at 11:42 A.M., the Regional Director of Clinical and Reimbursement Services verified the agreement did not include the verbiage that neither the resident or his/her representative are required to sign the binding arbitration agreement as a condition of admission to, or as a requirement to continue to, receive care at the facility. The Regional Director of Clinical and Reimbursement Services stated she was not aware that the verbiage was not in the agreement. During an interview on 03/14/25 at 11:47 A.M., the Administrator stated she was not aware the agreement did not contain the clause, and the agreement was developed by the corporate office.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on interview, record review, facility policy review, the facility failed to maintain an effective infection prevention and control program (IPCP) as follows: 1. The facility staff were not recording incidents of infections identified through surveillance, tracking and trending, and the corrective actions taken by the facility. 2. The Maintenance Director did not have measures in place to prevent the growth of water-borne pathogens in the water fountain as identified in the assessment. 3. The facility staff failed to clean and disinfect the multi-use glucometer when performing fingerstick blood glucose testing between residents per the manufacturer's instructions. The facility census was 93. Findings include: 1. Review of the facility policy titled Infection Prevention and Control Program, dated 10/24/22, revealed Purpose To ensure the Facility establishes and maintains an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection in accordance with Federal and State requirements. Policy I. The Facility must establish an Infection Prevention and Control Program under which it - 1. Identifies, investigates, controls, and prevents infections in the Facility; 2. Decides what procedures, such as isolation, should be applied to an individual resident; and 3. Maintains a record of incidents and corrective actions related to infections. II. Infection Prevention and Control Program standards apply to all Facility employees, contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs . During an interview on 03/14/25 at 9:04 A.M., the Minimum Data Set Coordinator (MDSC) stated she had not updated the binder, where infections were recorded, was not tracking and trending incidents of infections, and not recorded the corrective actions of the facility for several months. The MDSC stated the facility had been without an Infection Preventionist (IP) since October 2024 and she was trying to keep the infection surveillance up to date until they trained or hired an IP. During an interview on 03/14/25 at 11:52 A.M., the Administrator stated she was aware that some aspects of the IPCP were not completed due to staffing issues. The Administrator also stated the Assistant Director of Nursing (ADON) was recently trained on the IPCP binder. During an interview on 03/14/25 at 12:12 P.M., the Regional Nurse Consultant stated her role was to oversee the IPCP at the facility and was not aware that infection surveillance had not been completed for several months. The Regional Nurse Consultant also stated she in-serviced the ADON on the IPCP binder recently and Licensed Practical Nurse (LPN) 1 was overseeing the program. During an interview on 03/14/25 at 11:00 AM, LPN1 stated she was a Charge Nurse on the floor and was the IP from November 2023 to August 2024. LPN1 also stated she was not the current IP and did not oversee the program. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Review of the facility's policy titled Legionella, dated 10/24/22, provided by the facility, revealed Purpose To inhibit microbial growth in the facility's water systems to reduce the risk of growth and spread of legionella and other opportunistic pathogens in water . Review of the facility's Water Management Program Risk Assessment, dated June 2024, provided by the facility revealed the water fountain was listed as a risk in the assessment. Review of the facility's logbook document titled Testing and Monitoring of Water Management Plan for Legionella, dated 2024 and 2025, provided by the facility, revealed the water fountain's PH levels had not been tested . Observation on 03/14/25 at 12:32 P.M., in the front lobby with the Maintenance Director revealed a water fountain between the men and women's restrooms and the lobby adjacent to the A wing. During an interview on 03/14/25 at 11:09 A.M., the Maintenance Director stated he tested the PH of the water throughout the building weekly, but forgot to test the water fountain. The Maintenance Director stated the water fountain was not used that often. During an interview on 03/14/25 at 12:41 PM, the Regional Director of Plant Operations revealed he monitored the TELS to ensure weekly testing was completed and had not identified that the water fountain was not tested since the risk assessment was completed in June 2024. 3. Review of the facility's policy titled, Blood Glucose Monitoring, dated 10/24/22 indicated, XI If the blood glucose monitor is multi-patient use: A. Clean and disinfect the blood glucose machine according to the manufacturer's directions with an appropriate cleaning product. The disinfection solvent should be effective against HIV, Hepatitis C, and Hepatitis B virus. Note that 70% ethanol solutions are not effective against viral blood borne pathogens. B. If the manufacturer of the device in use does not specify how the device should be cleaned and disinfected, then it should not be shared or reused with a different resident. C. [NAME] (apply) gloves prior to cleaning the blood glucose monitor. D. Following the cleaning, remove gloves and wash hands. Review of the EvenCare G3 Meter glucometer booklet titled, Cleaning and Disinfecting Procedures for the Meter, not dated revealed, The meter should be cleaned and disinfected between each patient .The meter is validated to withstand a cleaning and disinfection cycle of ten times per day for an average period of three years. The following products have been approved for cleaning and disinfecting the EvenCare G3 Meter . Blood and bodily fluids must be thoroughly cleaned from the surface of the meter. Step 4. To clean the meter, use a moist (not wet) lint-free cloth dampened with a mild detergent. Wipe all external areas of the meter including both front and back surfaces until visibly clean. Avoid wetting the meter test strip port. Step 5. To disinfect your meter, clean the meter surface with one of the approved disinfecting wipes. Allow the surface of the meter to remain wet at room temperature for the contact time listed on the wipe's directions for use. Wipe all external areas of the meter including both front and back surfaces until visibly wet. Avoid wetting the meter test strip port. Review of R10's undated Admission Record, located in the electronic medical record (EMR) under the Profile tab revealed R10 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R10's Medication Administration Record (MAR), dated 03/29/2024 and located under the Orders tab of the EMR revealed R10 had physician orders for finger stick blood sugars completed four times a day, before each meal and at bedtime. Review of R25's quarterly Minimum Data Set, with an assessment reference date (ARD) of 01/01/25 and located under the ASPEN MDS Viewer revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE]. The MDS revealed the resident had an active diagnosis of diabetes mellitus and was ordered and received insulin for seven out of seven days during assessment period. During an observation and interview on 03/12/25 at 12:17 P.M., Licensed Practical Nurse (LPN) 2 took one glucometer out of the medication cart with her bare hands and laid the glucometer on top of the medication cart with no barrier. LPN2 then used hand sanitizer and donned gloves. The LPN then completed a blood sugar finger stick on R10 and removed her gloves. She then laid the glucometer on the medication cart. At 12:29 PM LPN2 cleaned her hands with sanitizer, donned gloves, completed a blood sugar finger stick on R25, removed her gloves, and returned to the medication cart. When asked about cleaning the glucometer in between taking the two residents' blood sugars, LPN2 stated, Well .I just forgot to do it. She proceeded to get a Minute Wipe out of the container, wiped off the glucometer, and placed it in the drawer of the medication cart. LPN2 was asked did you clean the glucometer according to the instructions on the Minute Wipe container, she stated, Yes. After retrieving the container and reading the instructions, she stated, No. During an interview on 03/12/25 at 12:35 PM, the Regional Director of Clinical and Reimbursement Services stated, The glucometers should be cleaned with wet time between each resident. That staff are trained in glucometer use. Expectation is that they clean and disinfect the glucometer according to protocol. During an interview on 03/02/23 at 10:05 AM, the Director of Nursing (DON) stated, his/her expectation of the nursing staff was to follow infection control practices and policies. Nursing has competencies for glucometer use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52126 Based on interview, record review, document review, and policy review, the facility failed to ensure an effective antibiotic stewardship program when the Minimum Data Set Coordinator (MDSC) did not complete an infection screening evaluation to determine if the correct antibiotic was ordered for a urinary tract infection (UTI) in order to reduce the development of antibiotic-resistance organisms for one of four residents (Resident (R) 1) reviewed for UTIs out of 33 sampled residents. In addition, the Antibiotic Stewardship Program lacked documentation of the tracking or trending of antibiotic usage or where infections occurred in the facility. The facility census was 93. Findings include: Review of the facility's policy titled Antibiotic Stewardship Program, dated 10/24/22, provided by the facility, revealed, Purpose To limit antibiotic resistance in the post-acute care setting, improve treatment efficacy and resident safety, and reduce treatment-related costs. Policy The Antibiotic Stewardship Program (ASP) is designed to promote appropriate use of antibiotics while optimizing the treatment of infections, and simultaneously reducing the possible adverse events associated with antibiotic use. Procedure . II. Accountability . F. The IP will collect and analyze infection surveillance data and monitor the adherence to the ASP and create a report for the Consultant Pharmacist identifying the number of residents on antibiotics that did not meet criteria for active infection and suggest appropriate overall changes to make it a successful, well-rounded program . Review of R1's undated Admission Record located in the electronic medical record (EMR) under the Profile tab revealed R1 was admitted to the facility on [DATE] with diagnoses which included UTI. Review of R1's Skilled Nursing Note, dated 03/03/25, located in the EMR under the Assessment tab, revealed no change in level of consciousness, orientation, or cognition, bladder function unchanged and no notes under urine, and no complaints of pain. Review of R1's Physician's Orders, dated 03/04/25, located in the EMR under the Orders tab, revealed Collect urine clean catch and send to lab for UA [urinalysis] and culture. DX [diagnosis]: pain, urinary frequency one time only for pain for 1 [one] day. Review of R1's Physician's Orders, dated 03/04/25, located in the EMR under the Orders tab, revealed Cephalexin Tablet [antibiotic used to treat bacterial infections] 500 MG give one tablet by mouth three times a day for UTI for 7 [seven] days. Review of R1's Nursing Note dated 03/04/25, located in the EMR under the Prog [Progress] Note tab, revealed, Nurse sent UA results to [on call provider]. New order for Keflex [antibiotic used to treat bacterial infections] [sic] mg tid x [three times a day for] 7 days for UTI. Continue with poc [plan of care]. The note did not indicate the dosage of the Keflex antibiotic medication. Review of R1's Laboratory Results, dated 03/04/25, provided by the facility, revealed the urine culture showed 20000 colony forming units per milliliter (cfu/ml) mixed gram negative and gram-positive organisms and yeast. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Monthly Infection Log dated February 2025 and March 2025, provided by the facility, revealed infection screening evaluations had not been completed for the months of February 2025 and March 2025. During an interview on 03/14/25 at 9:04 AM, the MDSC confirmed she had not completed R1's infection screening evaluation and stated she should have completed it after the physician ordered the medication to determine if the correct medication was ordered to treat the UTI. The MDSC stated she had not completed infection screening evaluations for the residents that were ordered antibiotics since January 2025. The MDSC also stated she had not completed the infection preventionist training courses and was not certified; however, she had completed a lot of the IP responsibilities because there was no one in the role since October 2024. During an interview on 03/14/25 at 11:52 AM, the Administrator stated she was aware that some aspects of the IP's responsibilities had not been completed, specifically antibiotic stewardship. During an interview on 03/14/25 at 12:12 PM, the Regional Nurse Consultant stated she was new to the building; however, she was not aware that some aspects of the infection control program were not completed, but the facility had staffing challenges.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 52126 Based on interview, document review, and policy review, the facility failed to ensure there was a designated Infection Preventionist (IP) that had completed specialized training in infection prevention and control that had sufficient time to assess, develop, implement, monitor, and manage the facility's Infection Prevention and Control Program (IPCP). The failure placed all residents in the facility at risk for acquiring diseases and infections. The facility census was 93. Findings include: Review of the Infection Control Preventionist Job Description, provided by the facility, revealed Position Description Responsible for assuming the responsibility for the Infection Control Program of the facility in accordance with accepted standards of practice, state and federal regulations and licensing requirements. Responsible for infection control surveillance, prevention and control. Responsible for the data collection, analysis, and reporting findings to the Director and designated committees. In addition, this position is responsible for infection control education for new hires and staff . Review of the Facility Assessment, revised 08/06/24, provided by the facility, revealed the facility will have one full-time IP. During the Entrance Conference Meeting held on 03/11/25 at 9:02 A.M., the Administrator stated the Minimum Data Set Coordinator (MDSC) was the IP, and the Assistant Director of Nursing (ADON) was being trained for the position. During an interview on 03/14/25 at 9:04 A.M., the MDSC stated she performed the duties of the IP when she held the position of Director of Nursing (DON). The MDSC indicated she had not completed any infection preventionist or infection control training and did not have a certificate as proof of said training. The MDSC also stated a nurse had been hired for the position, but vacated the position within a month. The MDSC indicated the facility had been without an IP since October 2024 and she did not have time to oversee the IPCP and be the MDSC. During an interview on 03/14/25 at 11:52 A.M., the Administrator stated the ADON was recently trained on the IPCP binder and the MDSC was completing the IP duties. During an interview on 03/14/25 at 12:12 P.M., the Regional Nurse Consultant stated she was informed that Licensed Practical Nurse (LPN) 1 was overseeing the program and she had a certificate for completing IP training. During an interview on 03/14/25 at 11:00 A.M., LPN1 stated she was a Charge Nurse on the floor and was the IP from November 2023 to August 2024. LPN1 also stated she completed the infection control training, but was not the current IP and did not oversee the program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program for all new and existing staff members. 52126 Based on interview, record review, and facility policy review, the facility failed to maintain an effective training program for all staff consistent with their expected roles annually per the facility assessment. The facility failed to provide training related to cultural competency as identified by the facility assessment as a need. Additionally, the facility provided training related to abuse and neglect, infection control, and behavioral health, however, they failed to develop, implement, and maintain an effective system to monitor what training staff had or had not completed. This failure potentially allowed staff to work without the skill sets necessary to care for the resident population and placed all residents at risk for negative healthcare outcomes. The facility census was 93. Findings include: Review of the facility's Performance Improvement Plan (PIP), dated 12/13/24, revealed the facility identified the annual 12 hours of training required by regulation has not been consistently scheduled to ensure it is being offered and completed by all staff. The PIP stated the plan was for Human Resources (HR) and the Administrator to obtain the list of the required in-service trainings per regulation and schedule the in-services the second pay period each month. The PIP also stated HR will keep track of the attendance at each meeting. 1. Review of the Facility Assessment, dated 08/06/24, provided by the facility, revealed the all staff would receive education/in-services annually on the following topics: Communication, Resident Rights, Abuse, Neglect and Exploitation, Infection Control, Cultural Competency, Person Centered Care, Disaster Planning, Caring for Residents with Dementia, Alzheimer's and Cognitive Impairments, Caring for Resident with Mental and Psychosocial Disorders, Non-pharmacological Management of Responsive Behaviors, and Caring for Residents with Trauma/PTSD. Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed the cultural competency training was not provided in 2024. Although the other training topics were provided there was no tracking system in place to determine the staff that had or had not received the training. Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed behavior management training was provided to the staff on 01/24/24 for 15 to 30 minutes, however, did not have a tracking system in place to determine the staff that did or did not attend the in-service. 2. Review of the Facility Assessment, dated 08/06/24, provided by the facility, revealed the CNAs would receive education/in-services annually on Abuse, neglect, and exploitation - training that at a minimum educates staff on- (1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the misappropriation of resident property; and (3) Care/management for persons with dementia and resident abuse prevention. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed abuse, neglect, and exploitation and reporting procedures were provided on 01/24/24 and on 12/18/24, however, there was no tracking system to determine the staff that did or did not attend the course. 3. Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed staff were trained on enhanced barrier precautions (EBP) on 07/12/24 and on droplet precautions for COVID, hand hygiene, personal protective equipment (PPE) sequence for putting on and removing sequence in November 2024. However, there was no tracking system to determine the staff that did not receive the education. During an interview on 03/14/25 at 7:22 P.M., the Administrator stated she developed a PIP because they identified that all the training topics on the 2024 in-service calendar were not provided to staff per the facility assessment, and they did not have a tracking system in place to identify the staff that didn't receive the training. The Administrator also stated the facility did not have a staff educator and the former Director of Nursing (DON) provided some of the required education but couldn't continue to do it all.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. 52126 Based on interview, record review, and facility policy review, the facility failed to maintain an effective training program for all staff which included training on communication. This failure potentially allowed staff to continue to work without the skills sets necessary to care for the residents. The facility census was 93. Findings include: Review of the facility's Performance Improvement Plan (PIP), dated 12/13/24, revealed the facility identified the annual 12 hours of training required by regulation has not been consistently scheduled to ensure it is being offered and completed by all staff. The PIP stated the plan was for Human Resources (HR) and the Administrator to obtain the list of the required in-service trainings per regulation and schedule the in-services the second pay period each month. The PIP also stated HR will keep track of the attendance at each meeting. Review of the Facility Assessment, dated 08/06/24, provided by the facility, revealed the CNAs would receive education/in-services annually on the following topics: Communication - effective communications for direct care staff. Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed effective communications training was not provided to staff. During an interview on 03/14/25 at 7:22 PM, the Administrator stated she developed a PIP because they identified that all the training topics on the 2024 in-service calendar were not provided to the staff, and they did not have a tracking system in place to identify the staff that didn't receive the training. The Administrator also stated the facility did not have a staff educator and the former Director of Nursing (DON) provided some of the required education, but couldn't continue to do it all.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 52126 Based on interview, record review, and facility policy review, the facility failed to maintain an effective training program for all staff which included training on the elements and goals of the facility's Quality assurance and performance improvement (QAPI) program. This failure resulted in all staff not receiving the required training. The facility census was 93. Findings include: Review of the facility's Performance Improvement Plan (PIP), dated 12/13/24, revealed the facility identified the annual 12 hours of training required by regulation had not been consistently scheduled to ensure it is being offered and completed by all staff. The PIP stated the plan was for Human Resources (HR) and the Administrator to obtain the list of the required in-service trainings per regulation and schedule the in-services the second pay period each month. The PIP also stated HR will keep track of the attendance at each meeting. Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed QAPI was not a training topic on the calendar and not a training that was provided to the staff. During an interview on 03/14/25 at 7:22 PM, the Administrator stated she developed a PIP because they identified that all the training topics on the 2024 in-service calendar were not provided to the staff, and they did not have a tracking system in place to identify the staff that didn't receive the training. The Administrator also stated the facility did not have a staff educator and the former Director of Nursing (DON) provided some of the required education, but couldn't continue to do it all.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide training in compliance and ethics. 52126 Based on interviews, record reviews, and facility policy review, the facility failed to maintain an effective training program for all staff which included training on compliance and ethics program annually. This failure resulted in staff not receiving the required training on the compliance and ethics program standards, policies, and procedures. The facility census was 93. Findings include: Review of the facility's Performance Improvement Plan (PIP), dated 12/13/24, revealed the facility identified the annual 12 hours of training required by regulation had not been consistently scheduled to ensure it is being offered and completed by all staff. The PIP stated the plan was for Human Resources (HR) and the Administrator to obtain the list of the required in-service trainings per regulation and schedule the in-services the second pay period each month. The PIP also stated HR will keep track of the attendance at each meeting. Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed there was a training topic on compliance on the calendar for December 2024. However, there was no documented evidence the training was provided to staff in 2024. During an interview on 03/14/25 at 7:22 PM, the Administrator stated she developed a PIP because they identified that all the training topics on the 2024 in-service calendar were not provided to the staff, and they did not have a tracking system in place to identify the staff that didn't receive the training. The Administrator also stated the facility did not have a staff educator and the former Director of Nursing (DON) provided some of the required education but couldn't continue to do it all.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 52126 Based on interview, record review, and facility policy review, the facility failed to have an effective continuing education program for the Certified Nurse Aides (CNAs) to receive the required 12-hour in-service training yearly. This failure potentially allowed CNAs to work without receiving the number of hours required for continuing education and skill sets necessary to care for the resident population. The facility census was 93. Findings include: Review of the facility's policy titled Regular In-service Education for Certified Nursing Personnel, undated and provided by the facility, revealed Purpose: This facility recognizes the importance of identifying, maintaining, and elevating the competency of its certified personnel. This promotes the highest possible level of care to the residents residing in the facility Policy: All Certified nursing personnel will be required to complete at least 12 hours of in-service education annually from the date of their hire. It will be the responsibility of each individual certified employee to meet this requirement by attending in-service education as it is made available. 2. The facility will schedule regular in-service training throughout each month of the year, providing ample opportunity for staff members to meet this requirement. 3. The facility will track each certified staff member's attendance and will provide this attendance information when requested by the staff member to assist the individual in tracking hours completed and the hours required to meet the 12-hour standard. 4. Certified staff members who do not meet this requirement will be removed from the schedule. Those staff members with extenuating circumstances may be given an opportunity to complete remedial training. Each case will be handled individually based on the presenting facts. Review of the facility's Performance Improvement Plan (PIP), dated 12/13/24, revealed the facility identified the annual 12 hours of training required by regulation has not been consistently scheduled to ensure it is being offered and completed by all staff. The PIP stated the plan was for Human Resources (HR) and the Administrator to obtain the list of the required in-service trainings per regulation and schedule the in-services the second pay period each month. The PIP also stated HR will keep track of the attendance at each meeting. Review of the Facility Assessment, dated 08/06/24, provided by the facility, revealed the CNAs would receive education/in-services annually on the following topics: Communication, Resident Rights, Abuse, Neglect and Exploitation, Infection Control, Feeding Assistants, Identification of Resident Changes in Condition, Cultural Competency, Person Centered Care, Activities of Daily Living, Disaster Planning, Measurements - Vitals and Intake and Output, Caring for Residents with Dementia, Alzheimer's and Cognitive Impairments, Caring for Resident with Mental and Psychosocial Disorders, Non-pharmacological Management of Responsive Behaviors, and Caring for Residents with Trauma/PTSD. Review of the In-service Calendar and In-services provided in 2024, provided by the facility, revealed not all of the in-services were provided on the training calendar, and the facility did not track the length of the in-service or the CNAs that attended the in-service. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Square Rehab and Healthcare Center	4009 Gene Field Road Saint Joseph, MO 64506

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 03/14/25 at 7:22 PM, the Administrator stated she developed a PIP because they identified that all the training topics on the 2024 in-service calendar were not provided to the CNAs to meet their 12-hour training requirement, and they did not have a tracking system in place to identify the CNAs that didn't receive the training. The Administrator also stated the facility did not have a staff educator and the former Director of Nursing (DON) provided some of the required education but couldn't continue to do it all.