STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265339	A. Building B. Wing	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Breeze Health and Wellness	6124 Raytown Road Raytown, MO 64133

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43345 Based on interview and record review, the facility failed to provide an discharge notice for one sampled resident (Resident #1) which included the request for an appeal and the location to which the resident was transferred that would meet the resident's level of care out of five sampled residents. The facility census was 108 residents. Review of the facility policy entitled Transfer and Discharge (including Against Medical Advice) dated 9/1/21 showed: -It was the policy of the facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except in limited situations when the health and safety of the individual or other residents are endangered. -Discharge referred to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility was not expected. -The facility was to evaluate and determine the level of care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs. -The facility was to correctly complete the discharge documents and send them with the resident. 1. Review of Resident #1's facility Admission Record showed he/she was admitted on [DATE] with the following diagnoses: -Paraplegia (loss of movement of both legs and generally the lower trunk). -Depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living). -Post-Traumatic Stress Disorder (a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world). (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Bipolar Disorder ((formerly called manic-depressive illness or manic depression) is a mental illness that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks). -Need for assistance with personal care. Review of the resident's Admission Minimum Data Set (MDS-a federally mandated assessment tool completed by staff and used for care planning) dated 7/10/24 showed he/she was cognitively intact. Review of the resident's nursing care plan dated 7/10/24 showed: -He/She had the right to have received a 30-day notice of discharge/transfer which included the reason, effective date, location to which the resident would be transferred/discharged , and the name, address, and telephone number of the Ombudsman (advocate). -He/She had the right to a safe transfer and or discharge through sufficient preparation by the facility. Review of the resident's Progress Notes dated 10/4/24 at 5:36 P.M., showed: -A call was placed to the resident's family member. -The resident's family member expressed that he/she knew how the resident was, and that the resident could not under any circumstances be discharged to and live with him/her due to the resident's behavior. Review of the resident's Progress Notes dated 10/4/24 at 6:06 P.M., showed the resident was given an immediate discharge notice, a copy was emailed to Ombudsman and the Ombudsman was called and a message was left on the Ombudsman's voicemail. Review of the facility Notice of Immediate Involuntary discharge date d 10/4/24 showed: -The resident was discharge on 10/4/24 to Family Member A's home. -The notice did not indicate the right to make an appeal and the who and how to contact to make the appeal. During an interview on 10/8/24 at 11:00 A.M., the Social Services Designee (SSD) said: -The resident was to be discharged to Family Member A's home. -Family Member A said the resident could not be discharged there. -The resident was then discharged to the hospital. During an interview on 10/8/24 at 1:15 P.M., the resident said: -He/She was discharged to the hospital. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The facility was not allowing him/her back to the facility. -He/She was discharged on [DATE]. During an interview on 10/8/24 at 4:00 P.M., Hospital Social Worker said: -He/She was notified on 10/7/24 that the facility was not taking the resident back. -The facility had done an immediate discharge with the family member's address on it. Review of the Missouri Department of Health & Senior Services (DHSS) Appeals Unit letter dated 10/9/24 showed: -The resident as Petitioner. -The facility as Respondent. -The respondent discharge notice dated 10/4/24 failed to contain required information specifically it failed to contain the following: A request for hearing should be sent to DHSS Appeal Unit, with the mailing address, fax and phone number and email address. -The burden of showing that the facility has complied with all requirements for appropriate discharge of the resident shall be upon the facility, Respondent discharge did not meet the requirements for appropriate notice to discharge Petitioner; therefore, Respondent's discharge is DISMISSED. -ORDER: --Respondent's discharge of Petitioner is dismissed due to inadequate notice. Petitioner may remain at Respondent's facility. If Petitioner has been discharged , based upon the defective notice, Respondent is directed to proceed in accordance with the regulation for Petitioner's return to Respondent's facility. During an interview on 10/9/24 at 9:20 A.M., the Hospital Nurse said the facility had sent the resident to the hospital with a Emergency Discharge Notice. During an interview on 10/9/24 at 2:24 P.M., the Hospital Unit Manager said the resident was stable, ready for discharge and the facility would not accept the resident back. During an interview on 10/9/24 at 9:53 A.M., the Family Member A said: -He/She lived at the address listed on the Emergency Discharge Notice. -He/She could not care for the resident and he/she could not live with him/her. -The facility had not called him/her to see if the resident could be discharged to his/her home. During an interview on 10/9/24 at 10:15 A.M., the DON said: (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The facility felt that to protect the other residents in the facility an emergency discharge was needed. -The resident was discharged to the hospital. During an interview on 10/9/24 at 10:40 A.M., the facility Administrator said: -It was determined due to the resident bringing in unknown males to the facility, and the possibility of the resident bringing in illicit substances; this posed a serious safety issue so the facility would do an emergency discharge and discharge the resident to the hospital due to his/her current medical issues. -The resident was given the discharge notice. Review of the facility Amended Notice of Discharge for Emergency Situation- Unsafe Environment and Unable to Meet need of Resident dated 10/17/24 showed: -The letter was addressed to the resident in care of an attorney. -The letter was sent to Family Member A and the Ombudsman. -The effective date of the discharge was 10/4/24. -The discharge was deemed an emergency and the resident was discharged to the hospital. During an interview on 10/17/24 at 3:49 P.M., Ombudsman A and Ombudsman B said: -Family member A was not an option for discharge, the facility social worker had said it was not an option. -The facility social worker was spoken to before the discharge letter was issued on 10/4/24. -The resident had filed an appeal and had representation from an attorney. -The discharge letter from 10/4/24 was dismissed as it was not proper notice. -The resident had filed a second appeal related to the 10/17/24 discharge notice. MO00242997

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43345 Based on interview and record review, the facility failed to permit one sampled resident (Resident # 1) to return to the facility after hospitalization out of five sampled residents. The facility census was 108 residents. Review of the facility policy Transfer and Discharge (including Against Medical Advice - AMA), dated 9/1/21 showed: -Discharge referred to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected. -Transfer and discharge included movement of a resident to a bed outside of the certified facility whether that bed is in the same physical place or not. -Facility-initiated transfer or discharge was a transfer or discharge which the resident objected to, did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences. -The facility would evaluate and determine the level of care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs. -The facility permitted each resident to remain in the facility, and not transfer or discharge the resident from the facility except in limited situations when the health and safety of the individual or other residents are endangered. -The physician shall document medical reasons for transfer or discharge in the medical record, when the reason for transfer or discharge is for any reason other than non payment of the stay or the facility ceasing to operate. -The facility was to have obtained a physician's order for the emergency transfer or discharge, stating the reason the transfer or discharge was necessary on an emergency basis. -The facility was to correctly complete the discharge documents and send them with the resident. 1. Record review of Resident #1's facility Admission Record showed he/she was admitted on [DATE] with the following diagnoses: -Paraplegia (loss of movement of both legs and generally the lower trunk). -Depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living). (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Post-Traumatic Stress Disorder (a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world). -Bipolar Disorder ((formerly called manic-depressive illness or manic depression) is a mental illness that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks). -Need for assistance with personal care. Review of the resident's Admission Minimum Data Set (MDS-a federally mandated assessment tool completed by staff and used for care planning) dated 7/10/24 showed he/she: -Was cognitively intact. -Had no verbal behaviors directed toward others such as threatening, screaming, and cursing. -Had no physical behaviors such as hitting, kicking, pushing, scratching, and grabbing others. -Required limited assistance of one staff member for bed mobility, -Was dependent of staff assistance of two or more staff members for transferring, bathing, toileting, and personal hygiene. -Required supervision/set-up of one staff member for eating, and locomotion on and off the unit. Review of the resident's nursing care plan dated 7/10/24 showed he/she: -He/She had the right to have received a 30-day notice of discharge/transfer which included the reason, effective date, location to which the resident would be transferred/discharged , and the name, address, and telephone number of the Ombudsman (advocate). -He/She had the right to a safe transfer and or discharge through sufficient preparation by the facility. -Was verbally abusive to staff. -Was uncooperative with his/her cares. -The facility staff was to have the resident participate in his/her care and make decisions as possible. -The facility staff was to negotiate with the resident allowing him/her to make decisions. Review of the resident's Level Two Nursing Facility Preadmission Screening and Resident Review (PASRR - is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care) dated 8/22/24 showed: (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident had a current, suspected, or history of a Major Mental Illness showed: --Major Depressive Disorder (a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feelings of guilt or inadequacy, and suicidal thoughts). --Bipolar Disorder. --Post-Traumatic Stress Disorder. --Mood Disorder (a variety of conditions characterized by a disturbance in mood as the main feature). -The Level II Evaluation indicated the following supports and services were to be provided by the Facility: --Behavioral Support Plan. --Structured Environment. --Crisis Intervention Services. --Discharge Planning. --Medication Therapy. --Activities of Daily Living program. --Personal Support Network. Review of the facility Notice of Immediate Involuntary discharge date d 10/4/24 showed: -The resident was discharge on 10/4/24 to Family Member A's home. -The notice did not indicate the right to make an appeal and who and how to contact to make the appeal. -Transfer or discharge for the resident's welfare and the resident's needs could not be met in the facility. -The resident was actively seeking to become pregnant in a long term facility and refused to adhere to facility policies in relation to his/her safety and the safety of other residents. -The notification was given to the resident. Review of the resident's Progress Notes dated 10/4/24 at 2:30 P.M., showed: (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The Director of Nursing (DON) visited with the resident regarding the smoking policy, illicit drug consumption and possession inside the facility and use on the facility property, and the resident acknowledged the policy. -Informed the resident that due to resident's resistance to follow policies the physician had revoked his/her leave of absence. -He/She had severe edema to both legs that had a shiny appearance. -The resident reported that pain was rated at an 8 out of 10 (pain scale). -Resident was offered to be transported to the hospital for evaluation and treatment, and the resident agreed. -Resident was sent to the hospital. Review of the Order Summary report dated 10/4/24 showed an order to transfer the resident to the hospital related to swelling to both his/her legs. Review of the resident's Progress Notes dated 10/4/24 at 5:36 P.M., showed: -A call was placed to the resident's family member. -The resident's family member expressed that he/she knew how the resident was, and that the resident could not under any circumstances be discharged to and live with him/her due to the resident's ongoing behavior. Review of the resident's Progress Notes dated 10/4/24 at 6:06 P.M., showed the resident was given an Immediate Discharge Notice, a copy was emailed to Ombudsman, the Ombudsman was called and a message was left on the Ombudsman voicemail. Review of the facility Transfer/Discharge Report dated 10/4/24 showed: -The resident was transferred/discharged on [DATE] at 6:10 P.M., to an acute care hospital. -No behaviors were listed on the report. During an interview on 10/8/24 at 11:00 A.M., Social Services Designee (SSD) said: -The resident was to be discharged to his/her family member's house. -The family member said the resident could not be discharged there. -The resident was then discharged to the hospital. -The facility could not treat the resident while wanting to become pregnant in the facility. During an interview on 10/8/24 at 1:15 P.M., the resident said: (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She was discharged to the hospital. -The facility was not allowing him/her back to the facility. -He/She was discharged on [DATE]. -He/she wanted to return to the facility. During an interview on 10/8/24 at 4:00 P. M, hospital social worker said: -He/She was notified on 10/7/24 that the facility was not taking the resident back. -The facility had done an Immediate Discharge Notice with the family member's address on it. -He/She was currently trying to find placement for the resident. Review of the Missouri Department of Health & Senior Services (DHSS) Appeals Unit letter dated 10/9/24 showed: -The resident as Petitioner. -The facility as Respondent. -The respondent discharge notice dated 10/4/24 failed to contain the required information specifically it failed to contain the address, fax, phone and email address that a request for a hearing needed to be sent to. -The burden of showing that the facility has complied with all requirements for appropriate discharge of the resident shall be upon the facility, Respondent discharge did not meet the requirements for appropriate notice to discharge Petitioner; therefore, Respondent's discharge is DISMISSED. -ORDER --Respondent's discharge of Petitioner is dismissed due to inadequate notice. Petitioner may remain at Respondent's facility. If Petitioner has been discharged , based upon the defective notice, Respondent is directed to proceed in accordance with the regulation for Petitioner's return to Respondent's facility. During an interview on 10/9/24 at 9:20 A.M., the Hospital Nurse said: -The facility had sent the resident to the hospital with a Emergency Discharge Notice. -The resident was reported to have violent behaviors but none were observed since admission. -The resident was admitted to the hospital because the facility refused to accept the resident back when stable and ready to readmit. During an interview on 10/9/24 at 2:24 P.M., the Hospital Unit Manager said: (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident was stable, ready for discharge and the facility would not accept the resident back. -The resident was admitted because the facility refused to accept the resident back when stable and ready to readmit. During an interview on 10/9/24 at 9:53 A.M., the Family Member A said: -He/She lived at the address listed on the Emergency Discharge Notice. -He/She could not care for the resident and the resident could not live with him/her. -The facility had not called him/her to see if the resident could be discharged . -The facility had only informed him/her of the most recent problems after he/she was discharged . During an interview on 10/9/24 at 10:15 A.M., the Director of Nursing (DON) said: -The facility felt that in order to protect the residents in the facility an emergency discharge was needed. -The resident was discharged to the hospital. During an interview on 10/9/24 at 10:40 A.M., the facility Administrator said: -It was determined due to the resident brining in unknown males to the facility, and the possibility of the resident bringing in illicit substances, this posed a serious safety issue so the facility would do an emergency discharge and discharge the resident to the hospital due to her current medical issue. During an interview on 10/9/24 at 10:03 A.M., Registered Nurse (RN) A said: -The resident as having male visitors in his/her room. -The resident was trying to get pregnant. -The facility nor staff were prepared to handle a pregnant resident or a resident trying to get pregnant. -The resident was on several medications that would be harmful to a baby if the resident became pregnant. -The resident would cuss and yell at staff and other residents. -Staff were unsure who all the male visitors were that came to visit the resident. -The resident had said he/she met them on the street. During an interview on 10/9/24 at 10:15 A.M., the DON said: (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident was receiving illicit substances from people from outside the facility. -The resident kept bringing in strange men to the facility. -The resident informed him/her that he/she was wanting to get pregnant. -The resident would leave the facility property with his/her male visitors. -It was deemed a resident safety issue when the resident kept bringing men into the facility to try and get pregnant. -The facility was concerned because the resident had said that the men that were brought into the facility were homeless. -The facility felt that to protect the other residents in the facility that an emergency discharge needed to be done. -The resident was discharged to the hospital. During an interview on 10/9/24 at 10:40 A.M., the facility Administrator said: -He/she would have never accepted the resident into the facility knowing that the resident was wanting to get pregnant. -The information was not known until after the resident was at the facility. -He/she would have expected that if the resident had a history of violent behaviors, the resident would have not been admitted to the facility. -The facility was not the place for a resident that wanted to get pregnant. -It was determined that due to the resident bringing in unknown males to the facility, and the possibility of the resident bringing in illicit substances, and that this posed a serious safety issue that the facility would do an emergency discharge and discharge the resident to the hospital due to her current medical issues. During an interview on 10/9/24 at 12:30 P.M., the Physician said: -That once it was known that the resident wanted to get pregnant the resident was not appropriate for the facility. -He/She had no experience in treating a resident that wanted to get pregnant in the long term care setting. -The resident was on several medications that were harmful to the baby if the resident were to get pregnant. (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The best course of action was for the facility to discharge the resident to seek placement in a facility that could manage a resident that wanted to become pregnant. -He/She ordered the resident transferred to the hospital to be evaluated for the swelling in his/her legs. During an interview on 10/16/24 at 12:46 P.M., the Administrator said: -The resident had filed an appeal. -An attorney had contacted the facility and said the resident should return. -The facility said they couldn't meet the needs of the resident and does not plan to allow the resident to readmit. Review of the facility Amended Notice of Discharge for Emergency Situation- Unsafe Environment and Unable to Meet need of Resident dated 10/17/24 showed: -The letter was addressed to the resident in care of an attorney. -The letter was sent to Family Member A and the Ombudsman. -The effective date of the discharge was 10/4/24. -The discharge was deemed an emergency and the resident was discharged to the hospital. During an interview on 10/17/24 at 3:30 P.M., Attorney said: -The resident was given an emergency discharge 10/4/24 and sent to the hospital. -The resident had appealed. -The hearing officer dismissed the appeal as the resident was given an inadequate notice. -The facility had refused to allow the resident to return. -The facility issued an amended discharge letter 10/17/24. -The facility may face further legal action. During an interview on 10/17/24 at 3:49 P.M., Ombudsman A and Ombudsman B said: -Family member A was not an option for discharge, the facility social worker had said it was not an option. -The facility social worker was spoken to before the discharge letter was issued on 10/4/24. -The resident had filed an appeal and had representation from an attorney. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The discharge letter from 10/4/24 was dismissed as it was not proper notice. -The resident had filed a second appeal related to the 10/17/24 discharge notice. MO00242997