

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/30/2025
NAME OF PROVIDER OR SUPPLIER  Alpine Breeze Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility management company failed to ensure payments were issued or issued in a timely manner, to Vendor A who provided necessary services to the residents. On [DATE] at 9:02 A.M., the running water to the facility was shut off for non-payment. The facility had received a 10-day notice of shut off for non-payment which expired on [DATE]. This affected all residents in the building. The facility census was 113 residents.</p> <p>The Administrator was notified on [DATE] at 3:56 P.M., of the Immediate Jeopardy (IJ) which began on [DATE]. The IJ was removed on [DATE] as confirmed by surveyor onsite verification.</p> <p>1. Review of a facility e-mail, dated [DATE] at 11:38 A.M. showed:</p> <ul style="list-style-type: none"> <li>-An attached 10-day notice from Vendor A was sent to the facility management Account Manager for payment.</li> <li>-Copied on the e-mail was the facility Administrator and Chief Financial Officer.</li> </ul> <p>Review of the facility 10-Day Notice dated [DATE] showed:</p> <ul style="list-style-type: none"> <li>-Attention resident the water service is scheduled to be disconnected [DATE] at 7:00 A.M., for default on account.</li> <li>-The city will be notified that water had been shut-off and property may be considered unfit for occupancy.</li> <li>-This information was provided so you may make necessary arrangements.</li> <li>-Please note the water company cannot discuss any account information with tenants.</li> </ul> <p>During an interview on [DATE] at 8:38 A.M. Vendor A said:</p> <ul style="list-style-type: none"> <li>-Two late notices were mailed on [DATE], which notified of a late fee and shut off.</li> <li>-The facility received a second shut off notice on [DATE].</li> <li>-The water was scheduled to be shut off at 9:00 A.M. on [DATE].</li> </ul> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-The facility's outstanding balance was \$14,000.81 and the overdue balance \$6,686.00.</p> <p>-Someone called him/her on [DATE] and wanted to make a payment, they were told only credit/debit cards would be accepted.</p> <p>-They said OK and hung up. No name was provided and no payment was received.</p> <p>-Leniency was provided because a call was made on the facility behalf on [DATE].</p> <p>-Due to no payment being made, the facility was placed on the shut off list for 9:00 A.M. on [DATE].</p> <p>Observation on [DATE] at 9:02 A.M., showed no running water in the facility:</p> <p>-The running water in the bathroom and water fountain by the nurse's station was off.</p> <p>-The Administrator just noticed the water was shut off to the building during the observation.</p> <p>During an interview on [DATE] at 9:07 A.M., the Director of Nursing (DON) and Regional Nurse Consultant said:</p> <p>-The water was turned off in the past 15 minutes.</p> <p>-The water was on at 8:00 A.M.</p> <p>-Vendor A said the water would be turned back on in an hour.</p> <p>-Vendor A was just paid \$6,738.69 and will be switching to an auto pay system.</p> <p>-The facility was activating their emergency water supply.</p> <p>-They will use water supply for toilets.</p> <p>-The facility was given a 10-day shut off notice on [DATE].</p> <p>-The notice was sent to corporate to be paid on [DATE].</p> <p>Observation on [DATE] at 9:20 A.M., showed the facility's running water had been re-connected and the facility once again had running water.</p> <p>During an interview on [DATE] at 8:38 A.M., Vendor A said:</p> <p>-The water was shut off at 9:00 A.M.</p> <p>-Payment was made for the overdue balance of \$6,736.10.</p> <p>-The remaining balance was \$7,723.71 was due on [DATE].</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-The water was turned back on in the facility at 9:15 A.M.</p> <p>During an interview on [DATE] at 2:50 P.M., Certified Nurse Aides (CNA) A said:</p> <p>-He/she had no notice the water was going to be turned off.</p> <p>During an interview on [DATE] at 2:50 P.M., CNA B said:</p> <p>-He/she had just finished incontinent care on a resident and went to wash his/her hands and there was no water.</p> <p>-He/she had to use hand sanitizer on his/her hands until the water came back on then he/she washed his/her hands.</p> <p>-It would have been nice to know the water was going to be shut off.</p> <p>During an interview on [DATE] at 11:42 A.M., the Administrator said:</p> <p>-He/she received the 10-day shut off notice on [DATE] from Vendor A.</p> <p>-The 10-day shut off notice was e-mailed to the Chief Financial Officer and the facility management Account Manager on [DATE] for payment.</p> <p>-He/she expected the water bill to be paid and the water should have never been shut off.</p> <p>-He/she had not received training on the new bill paying system at this time but planned on the training to happen at any time on [DATE].</p> <p>During an interview on [DATE] at 11:58 A.M., the facility management Account Manager said:</p> <p>-This was the facility's third party billing company.</p> <p>-They were in a transition period and started receiving the facility accounts from another billing company in [DATE].</p> <p>-The original water bill was sent to the previous billing company and not received by this billing company until the facility sent the shut off notice.</p> <p>-The shut off notice was sent to him/her on [DATE] via e-mail.</p> <p>-A check was cut on [DATE] in the amount of \$6,686.10 and sent through the mail from the east coast office.</p> <p>-The check was not cut earlier, because it was still in the window for being shut off and figured the check would be received by Vender A before the water was shut off.</p> <p>-The facility executives were just trained on this system last week and the facility staff were next on the list.</p> <p>(continued on next page)</p>		

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