STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265349	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Years Center for Rehab and Healthcare	2001 Jefferson Parkway Harrisonville, MO 64701

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to ensure procedures were in place and followed in order to ensure physician notification was completed and documented regarding missed medications for two sampled residents (Residents #1, #2) out of four sampled residents, and failed to ensure blood pressure monitoring was completed for one resident with a physician's order to administer medication based on the resident's blood pressure (Resident #1). The facility census was 76 residents. Review of the facility Medication Administration Policy dated December 2012 showed: -Medications must be administered in accordance with physician orders. -For residents not in their room or otherwise unavailable to receive medication, the MAR may be flagged (identified for further attention) and the nurse will return to administration of the medication at a later time. -If a medication is withheld, refused or given at a time other than the scheduled time, the individual administering the medication shall circle and initial the MAR for that drug and dose. -The individual administering must initial the resident's MAR after giving the medication. 1. Review of Resident #1's the resident's Medication Administration Record (MAR) dated 2/1/25 through 2/28/25 showed: -Diagnoses of hypothyroidism (or underactive thyroid, happens when the thyroid gland does not make enough thyroid hormones to meet the body's needs) high hypertensive heart disease (a condition that develops when high blood pressure hypertension damages the heart muscle over time). -Levothyroxine 88 micrograms (mcg) , give one tablet by gastrostomy tube (G-tube, a flexible tube inserted into the stomach through a small incision in the abdominal wall that provides a direct route for administering food, fluids, and medications) one time daily for thyroid replacement with documentation was blank on 2/1/25, 2/2/25, 2/10/25, 2/15/25, 2/16/25, 2/21/25, 2/23/25, and 2/24/25. -Midodrine HCL 5 mg one via G-tube as needed for hypotension (low blood pressure) tablet as needed for hypotension, systolic blood pressure (higher number) blood pressure less than 90 had no frequency for administration, no instruction regarding frequency for taking his/her blood pressure, and there was no documentation from 2/1/25 through 2/28/25 of any blood pressures taken. (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: 265349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Years Center for Rehab and Healthcare	2001 Jefferson Parkway Harrisonville, MO 64701

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's progress notes for 2/1/25 through 2/28/25 showed no documentation regarding the reason for missed doses of his/her medications and no documentation of notification to the resident's physician regarding the resident's missed doses of medications. Review of the resident's MAR dated 3/1/25 through 3/13/25 showed: -Levothyroxine 88 mcg was not documented as given two times on 3/9/25 and 3/10/25. -Midodrine HCL 5 mg one via G-tube as needed for hypotension (low blood pressure) tablet as needed for hypotension, systolic blood pressure (higher number) blood pressure less than 90 had no frequency for administration, no instruction regarding frequency for taking his/her blood pressure, and there was no documentation from 3/1/25 through 3/13/25 of any blood pressures taken. Review of the resident's progress notes for 3/1/25 through 3/13/25 showed no documentation regarding the reason for missed doses of his/her medications and no documentation of notification to the resident's physician regarding the resident's missed doses of medications. During an interview on 3/13/25 at 10:17 A.M. the resident said: -The nurses often did not give him all of his/her medications. -He/she would tell the nurses when they had not given all of his medications, but they still would not give him all of his/her medications. -This upset him and frustrated him/her because he needed all of his/her medications. -The nurses also did not take his/her blood pressure to see if he/she needed a blood pressure medication that he/she was supposed to get based on what his/her blood pressure was, if they did not take his/her blood pressure they would not know if he/she needed that medication. 2. Review of Resident #2's MAR dated 2/1/25 through 2/28/25 showed: -Diagnoses of epilepsy (a brain disease that causes seizures), schizoaffective disorder (a mental health condition that is marked by a mix symptoms, such as loss of touch with reality and significant disruptions in a person's emotional state), and violent behaviors. -Quetiapine antipsychotic medication) 100 mg via tube at bedtime, not documented as given on 2/14/25. -Zyprexa (antipsychotic medication) 10 mg twice daily not documented as given for his/her evening dose four times on 2/3/25, 2/4/25, 2/12/25, and 3/16/25. During an interview on 3/15/25 at 1:42 P.M. Licensed Practical Nurse (LPN) A said: -If a medication was not available for administration, he/she would notify the pharmacy the medication was not available, would notify the Director of Nursing (DON) and the resident's physician that the medication was not given and the reason the medication was not given. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265349	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Years Center for Rehab and Healthcare	2001 Jefferson Parkway Harrisonville, MO 64701

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she would write a progress note identifying what medication was not given, the reason the medication was not given and who was notified that the medication was not given. During an interview on 3/15/25 at 3:40 P.M. the Assistant Administrator and the Assistant Director of Nursing (ADON) said: -If a medication was not available, licensed nurses were to notify the pharmacy close to the time the medication was scheduled to have been given so the medication could be given. -If a medication was not administered the licensed nurse was to notify the DON and the resident's physician that the medication was not given and the reason the medication was not given. -Notification to the physician could be by telephone contact with the physician or a fax (electronic communication) to the physician. -When a medication was not administered for any reason, a progress note should be written by the licensed nurse stating what medication was not given, the reason the medication and stating all who were notified, including the pharmacy, the DON or ADON, and the resident's physician. -The ADON sometimes looked over some MARs but there was not a system to routinely review MARs for missed medications. MO00249036 MO00250919

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Years Center for Rehab and Healthcare	2001 Jefferson Parkway Harrisonville, MO 64701

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview and record review, the facility failed to ensure and document measurement of the resident's gastrostomy tube (G-tube/PEG tube, a flexible tube inserted into the stomach through a small incision in the abdominal wall that provides a direct route for administering food, fluids, and medications) to ensure correct placement in the resident's stomach prior to giving fluids, medications and feedings for two sampled residents (Residents #1 and #4) out of four sampled residents. The facility census was 76 residents. A policy for administration of medication via G-tube was requested and not received. Review of https://www.ncbi.nlm.nih.gov/books/NBK593216/ the National Institutes of Health, National Library of Medicine, Enteral (also known as tube feeding) Tube Management, dated 2021 showed: -The placement of an enteral tube is immediately verified after insertion by an X-ray; after X-ray verification, the tube should be marked to indicate the point on the tube where the feeding tube penetrates the abdominal wall; the mark or number on the tube at the entry point should be documented in the resident's medical record. -At the start of every shift, nurses evaluate if the incremental marking or external tube length has changed. If a change is observed, bedside tests such as visualization or pH testing of tube aspirate can help determine if the tube has become dislocated. If in doubt, a radiograph should be obtained to determine tube location. -Older methods of checking tube placement included observing aspirated (using a syringe, a tube with a nozzle and piston or bulb for sucking in and ejecting liquid) contents or the administration of air with a syringe while auscultating listening with a stethoscope (a medical instrument for listening to sounds in the body) - however, research has determined these methods are unreliable and should no longer be used to verify placement. 1. Review of Resident #1's Physician's Order's Sheet (POS) on 3/14/24 showed: -Diagnoses of gastrostomy. -Enteral feed order (a method of providing nutrition directly into the stomach or intestines through a tube) every shift flush enteral tube every shift routine water flush with 5 - 10 milliliters (ml) of water between each medication. -Baclofen 20 milligrams (mg) via G-tube three times daily for muscle spasms. -Gabapentin 300 mg via G-tube three times a day for neuropathy (nerve damage). Review of the resident's Medication Administration Record (MAR) dated March 2025 showed: -Baclofen 20 mg via G-tube three times daily for muscle spasms. -Gabapentin 300 mg via G-tube three times a day for neuropathy (nerve damage). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER Golden Years Center for Rehab and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Jefferson Parkway Harrisonville, MO 64701	

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Enteral feed order (a method of providing nutrition directly into the stomach or intestines through a tube); every shift flush enteral tube every shift routine water flush with 5 - 10 milliliters (ml) of water between each medication. -Enteral feed order; every shift routine water flush 180 ml every shift for maintenance. Observation on 3/15/24 at 11:48 A.M. showed: -Without first checking the resident's G-tube for placement, Licensed Practical Nurse (LPN) A flushed the resident's G-tube with approximately 80 ml of water. -LPN A then administered the resident's Baclofen and flushed the resident's G-tube with 20 ml of water. -LPN a then administered the residents Gabapentin and flushed the resident's G-tube with about 89 ml of water. 2. Review of Resident #2's MAR dated March 2025 showed: -Check PEG tube placement previous to flushes, medications, feedings via integrity of the tube (inspect the tube) and residual (aspirate stomach contents from the tube) -PEG tube is to be flushed with 30 ml of water previous to any medication administration, then flush with 15 ml of water after each medication, then after all medications have been administered flush with 30 ml of water for patency to keep the tube patent (unobstructed). -Flush PEG tube every four hours with 200 ml of water. -Zyprexa 10 mg via PEG tube twice daily for schizoaffective disorder (a mental health condition that is marked by a mix symptoms, such as loss of touch with reality and significant disruptions in a person's emotional state). -Diazepam 5 mg via G-tube every eight hours for seizures. Observation on 3/15/25 at 11:57 A.M. showed: -Without first inspecting and checking the length of the resident's G-tube for correct placement, LPN A flushed the resident's G-tube with approximately 50 ml of water. -LPN A then administered the resident's Zyprexa 10, flushed the resident's G-tube with about 30 ml of water, then administered the resident's Diazepam 5 mg. -LPN A then flushed the resident's G-tube with about 80 ml of water. 3. During an interview on 3/15/25 at 1:42 P.M. LPN A said: -He/she had not checked placement of Resident #1's and Resident #2's G-tube prior to administering their medications via their G-tubes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Years Center for Rehab and Healthcare	2001 Jefferson Parkway Harrisonville, MO 64701

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Had he/she checked placement, he/she would have pushed air into the G-tube and listened for the sound of air by placing a stethoscope over the resident's stomach. -He/she had never heard of checking placement of a G-tube by checking the measurement of the tube. During an interview on 3/15/25 at 3:40 P.M. the Assistant Administrator and the Assistant Director of Nursing (ADON) said: -G-tube placement was to be checked prior to flushing with water, administering medications, and giving tube feedings. -They had not known to check placement of G-tubes by measuring the tube. -The ADON said he/she had heard that licensed nurses were no longer to check placement by injecting air into the tube and listening for air with a stethoscope, but he/she did not know what was to be done in place of that method. -He/she did not know how to find information on the current correct method for checking placement of G-tubes. MO00250919