

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  08/14/2025
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 0628  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.  (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
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and interview, the facility failed to ensure the facility adhered to all the applicable components of the process for discharging a resident which included reassessment and the identification of how the facility could not meet the needs for one sampled resident (Resident #2). The facility census was 73 residents. Review of the facility Transfer or Discharge, Emergency Policy with no date, showed:-Residents would not be transferred unless the transfer or discharge was necessary for the resident's welfare and the resident's needs could not be met at the facility.-Residents would not be transferred unless the transfer or discharge was appropriate because the resident's health improved sufficiently so the resident no longer needed the services provided by the facility.-Residents would not be transferred unless the safety of individuals in the facility was in danger due to the clinical or behavioral status of the resident.-Should it be necessary to make an emergency transfer or discharge to a hospital or other related institution, the facility would notify the receiving facility that the transfer was being made. 1. Review of Resident #2's admission Record showed the resident was admitted on [DATE] and was his/her own responsible party, last readmission on [DATE] with diagnoses including morbid obesity, localized edema, depression, anxiety, reduced mobility, and bed confinement status. Review of the resident's Annual Minimum Data Set (MDS-a federally mandated assessment instrument completed by the facility staff for care planning) dated 6/17/25, showed:-The resident was cognitively intact.-The resident required assistance with Activities of Daily Living (ADL- dressing, grooming, bathing, eating, and toileting). Review of the resident's care plan dated 7/2/25, showed:-The resident required social services needs for long term care and all social service needs would be met through the next review period.-The resident was alert and able to decide and participate in activities of choice.-The resident preferred to lay in bed.-The resident declined in his/her level of care and was recently hospitalized . Review of the resident's Notice of Emergency Transfer/Discharge and Bed Hold dated 7/3/25, showed:-The resident was transferred to the hospital on 7/3/25.-The reason for the resident transfer was complexity of care level needed, facility was unable to meet.-Residents who were sent emergently to the hospital must be permitted to return to the facility, unless the resident met one of the criteria under which the facility could initiate discharge. During an interview on 7/5/25 at 7:00 A.M., Hospital Case Manager said:-The resident reported that he/she was fired from his/her nursing facility and could not return.-He/she called the Administrator at the facility and was informed by the Administrator that the facility would not take the resident back to the facility and if the hospital attempted to send the resident back to the facility, the facility would send the resident back immediately to the emergency Department.-No discharge paperwork was sent with the resident to the hospital. During an interview on 7/10/25 at 3:25 P.M., hospital emergency room staff said:-The resident was admitted to the hospital on [DATE] from the facility with the diagnoses of failure to thrive and inability to perform activities of daily living.-The hospital staff attempted to discharge the resident back to the facility on 7/6/25.-The facility staff informed the hospital staff that the resident could not return to the facility as the resident could not be safely cared for at the facility due to the resident's weight issues.-The facility informed the hospital staff that if the hospital sent the resident back to the facility, the facility would immediately send the resident back to the hospital.-The hospital staff attempted to reach out to the facility on July 7th and July 8th with no return calls or communication from the facility.-On 7/9/25 the hospital staff spoke to the facility again and informed the facility that they did not serve the resident a proper 30-day notice of discharge.-The hospital staff informed the facility that the resident was morbidly obese upon the resident's initial admission to the facility in 2021.-The hospital staff requested that the resident be readmitted back into the facility and the facility refused to take the resident back. Review of the resident's nursing note on 8/8/25 at 11:50 A.M., showed:-A note from social services dated 7/3/25 at 4:07 P.M., said:-The resident was discharged from the hospital to the facility.--While the resident was already in route the facility was notified that the resident has had an increase in weight.-- Social Services called the Ombudsman who stated that it was recommended that the facility tried to rent a bariatric bed and Hoyer lift and recommended that the facility reach out to the hospitals in the area to see who they use as a vendor for bariatric equipment.--The Administrator and Administrator in Training reached out to multiple companies without success to attempt to find placement for the resident.--The facility staff concluded that they were unable to meet the complexity of the resident's needs at that time.-After unsuccessful attempts to find placement for the resident, the Social Service Director and Administrator in Training spoke to the resident about returning to the hospital due to</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours per day, seven days a week. In addition, the facility failed to provide a Director of Nursing (DON) for 40 hours per week. The facility census was 73 residents. Review of the facility policy titled Director of Nursing Services, with no date, showed:-The nursing services department was under the direct supervision of a Registered Nurse (RN).-The nursing services department was managed by the Director of Nursing services. The Director was a Registered nurse, licensed by the state, and had experience in nursing service administration, rehabilitative and geriatric nursing.-The Director was employed full time, 40 hours per week. Review of the facility policy titled Registered Nurse, with no date, showed:-The facility would employ the services of a Registered Nurse (RN) for at least eight (8) consecutive hours a day, seven (7) days a week.-The facility would designate a Registered Nurse to serve as the Director of Nursing (DON) on a full-time basis. Review of the Facility Assessment, revised 7/16/25, showed:-The facility needed one DON to provide support and care for the residents.-The DON professional requirement for the facility was to be a Registered Nurse.-The facility needed two Registered Nurses to provide support and care for the residents. During an interview on 8/8/25 at 9:30 A.M., the Administrator said:-He/She has worked in the building as the Administrator since 7/15/25.-The new DON started in his/her position on 8/7/25.-The facility went a period of time without a full-time DON.-He/She was unsure how long the facility was without a full time DON. During an interview on 8/8/25 at 9:45 A.M., the DON said:-He/She started at the facility on 8/7/25.-He/She is a Registered Nurse.-He/She worked for the facility full time, 40 hours per week as the DON.-The Administrator was not a nurse.-He/She was unsure how long the facility was without a full time DON. During an interview on 8/8/25 at 11:00 A.M., Licensed Practical Nurse (LPN) A said:-A new DON started at the facility on 8/7/25.-He/She was unsure of exactly how long the facility was without a full time DON.-He/She did know that there had not been a full time DON for a while. During an interview on 8/8/25 at 3:22 P.M., Social Services Director (SSD) said:-The facility was without a full time DON for a while.-He/She was unsure of exactly how long the facility was without a full time DON.-He/She would go to the charge nurse if he/she had nursing questions or needed help. During an interview on 8/8/25 at 3:30 P.M., the Administrator in Training (AIT) said:-The facility had a full time DON that worked for the facility full time until July 2025.-The facility did not have a full time DON for part of July 2025 up until the current DON started on 8/7/25.-The facility did not have a full time RN that worked 8 hours per day, 7 days per week.-The facility utilized some agency RN staff on occasion, but they were not in the facility every day.-If he/she needed RN guidance when a RN was not available, he/she would call the previous DON on the phone as they were still friends. During an interview on 8/14/25 at 12:00 P.M., LPN B, said:-He/She was aware that the facility went some time without a full time DON.-He/She was unsure of exactly how long the facility did not have a full time DON.-The staff would call the PRN DON, when there were concerns that needed addressed that needed consultation from a DON.-The facility did not have RN coverage for 8 hours per day, 7 days per week. During an interview on 8/14/25 at 1:30 P.M., the Assistant Director of Nursing (ADON), said:-He/She worked as the ADON and filled the role as a DON when the facility did not have a full time DON on staff.-If he/she had issues that He/She needed help with, He/She would call the previous DON. -He/She was unsure of how long the facility did not have a full time DON. -He/She wore many hats during the period of the facility not having a DON, including performing DON duties. -He/She was a LPN.-The facility did not have full time RN's that worked 8 hours per day, 7 days per week. During an interview on 8/14/25 at 3:00 P.M., the Administrator said:-The facility did not have full time RN's who staffed the building 8 hours per day, 7 days per week.-He/She was working on hiring more RNs to staff the building and meet the minimum requirements. Review of the facility's electronic employee records on 8/14/25, showed:-The previous DON was terminated on 7/8/25.-The current DON was hired on 8/7/25. MO2577823</p>		