

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265379 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER Pinnacle Point Wellness & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 NW Cliffview Drive Riverside, MO 64150 | |
| 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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to choose his or her attending physician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to allow three residents (Resident #1, #2 and #3) to exercise their right to choose a physician, when the facility limited the choice of physicians to only those who were chosen by the facility, without allowing Residents #1, #2 and #3, to select their own physician. The facility census was 109. Review of the facility's Resident Rights policy, dated August 2020 showed:-All residents have a right to a dignified existence, self determination and communication with and access to persons and services inside and outside the facility; -The facility must treat each resident with respect and dignity and care for each resident in a manner that promotes maintenance or enhanced enhancement of his or her quality of life recognizing each resident's individuality;-The facility will protect and promote the rights of the resident and provide equal access to quality of care regardless of diagnosis severity of condition or payment source;-The facility will ensure the resident can exercise his or her rights without interference, coercion discrimination or reprisal from the facility;-The resident has a right to choose a physician and treatment and to participate in decisions and care planning, including involving representatives and considering all personal and cultural preferences;-The resident will be fully informed and participate in his/her treatment including being fully informed of his/her total health status including medical conditions.Review of the facility's undated admission packet showed the resident had the right to designate which health care professionals and service providers will be involved in their care during their stay at the facility.1.Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 02/02/26 showed:-No cognitive impairment;-Partial assistance of staff for Activities of Daily Living (ADL)s;-Impairment on one side;-Diagnoses included high blood pressure, diabetes and anxiety.Review of the resident's care plan dated 05/11/26 showed:-ADL self care deficit related to hemiplegia (a form of paralysis affecting one side of the body);-Dependent on staff for meeting emotional and physical needs;-Assistance of one staff for personal hygiene;-Assistance of one staff for dressing.Review of the resident's medical record showed:-The resident's face sheet showed Physician A as the resident's attending physician;-A letter dated 04/20/26 showed the resident's attending physician, Physician A, was issued a 30-day termination of services notice by the facility;-The letter said the resident could have Physician B or Physician C as an attending physician;-The letter had refused written across the bottom of the letter;-The resident's name was on the letter.During an interview on 4/30/26 at 9:18 A.M. the resident said:-The new company took over the facility and was forcing him/her to change his/her primary care physician;-He/She did not want to change physicians because he/she is very comfortable with the one he/she has now, physician A.-The Social Services Clerk brought a letter to him/her asking him/her to change physicians;-He/She refused to sign the letter because Physician A, was not a choice;-He/She called Physician A and Physician A said he/she would be able to still see the resident;-He/She felt anxious and upset that the facility would not let him/her keep physician A;-He/She felt like the new owners of the facility did not care about him/her or his/her rights;-He/She had to comfort another resident (Resident #3) because Resident #3 was upset and crying about not getting to see Physician A anymore;-The facility gave Resident #1 no (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 |
|---|-------|-----------|

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265379 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER Pinnacle Point Wellness & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 NW Cliffview Drive Riverside, MO 64150 | |
| 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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>reason why physician A could not be his/her physician.2. Review of Resident #2's admission MDS, dated [DATE] showed:-No cognitive impairment;-Touching assistance for ADLs;-Used a walker for ambulation;-Diagnoses included anxiety, depression and high blood pressure.Review of the resident's care plan dated 04/12/26 showed:-ADL self care deficit related to heart disease;-Independent for meeting emotional and intellectual needs.Review of the resident's medical record showed:-The resident's face sheet showed Physician A as the resident's attending physician;-A letter dated 04/20/26 showed the resident's attending physician, Physician A, was issued a 30-day termination of services notice by the facility;-The letter said the resident could have Physician B or Physician C as an attending physician;-The letter showed the Physician B's name circled;-The letter was signed by the resident.During an interview on 4/30/26 at 10:34 A.M. the resident said:-The Social Services Clerk showed him/her a letter and said the resident needed to pick another physician;-The Social Services Clerk said the physician he/she currently had, Physician A, was no longer going to be with the facility;-He/She did not recognize the new physician's name and did not have his contact information and that made the resident anxious and nervous;-The resident said he/she felt like he/she was forced into choosing another physician.3. Review of Resident #3's care plan dated 03/10/26 showed:-ADL self care deficit related to heart failure;-Dependent on staff for meeting emotional and physical needs:-Had a behavior problem.Review of the resident's Medicare 5 day MDS, dated [DATE] showed:-No cognitive impairment;-Partial assistance of staff for ADLs;-Diagnoses included heart failure, high blood pressure, anxiety and bipolar disorder (a chronic mental health condition).Review of the resident's medical record showed:-The resident's face sheet showed physician A as the resident's physician;-The resident had a guardian;-No letter showing the change in physician's was found.During an interview on 4/30/26 at 10:56 A.M. the resident said:-He/She was told by the Social Services Clerk that he/she would no longer be able to have Physician A as his/her physician;-He/She was upset, nervous and depressed;-He/She said he/she started crying in the hall and Resident #1 had to console him/her;-He/She said he/she did not know any of the new physician's and it was not fair to him/her.During an interview on 4/30/26 at 3:18 P.M., the resident's guardian said:-He/She remembered signing a letter picking a new physician for the resident;-The administrator told him/her that the facility was going in different direction and he/she had to choose a different physician for the resident;-The administrator told him/her that Physician A would still be able to come to the facility if the resident wanted;-Then the facility called back and said Physician A had been sent a 30 day notice and would not be coming back to the facility;-The resident was upset about the change but he/she did what he/she had to do by picking a new physician.During an interview on 4/30/26 at 3:30 P.M., Physician A said:-He had received a 30-day termination of services letter last week, saying that his services would no longer be needed;-He held a current, active medical license in good standing and did not understand why he received a termination letter;-He called the Administrator to ask why he received the letter;-The Administrator told him that the new company had doctors that they wanted to bring in and wanted to use;-The Administrator told him he would no longer be allowed to see residents at the facility;-He asked the Administrator what he had done to not be allowed back into the facility;-He told the Administrator he could still be on call and follow the same protocols as before;-He got no response from the Administrator or the facility;-Resident #1 called him worried and upset;-Resident #1 told physician A he/she wanted to continue using him as his physician;-Physician A told Resident #1 he would be willing to continue to see residents at the facility;-The facility would not tell Physician A if he had done anything wrong and just said they wanted to go in a new direction;-All residents should have the right to choose the physician they like;-Not allowing residents the right to choose the physician they want can cause mental and physical stress;-Residents can feel helpless if they do not get a say in the change.During an interview on 4/30/26 at 3:46 P.M. the Social Service Clerk said:-The administrator instructed him/her to go to all the residents with a letter and have them pick a new physician;-The letter gave the residents the option of Physician B or Physician C;-Physician B and Physician C are new physicians, the new company wanted to use;-The letter said (continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265379 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER Pinnacle Point Wellness & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 NW Cliffview Drive Riverside, MO 64150 | |
| 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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>the Physician A would no longer be seeing residents and was not listed as a choice for a physician;-Some residents were not happy about changing physicians;-She told the unhappy residents if they had questions talk to the Administrator;-Residents should get to choose the physician they want. During an interview on 4/30/26 at 03:59 P.M. the Director of Nursing said:-She did not know why Physician A was given a 30 termination notice;-The instruction came from the new company management that took over the facility;-She did not know of any disciplinary action or any reason why Physician A was no longer able to see residents at the facility;-Residents should be able to choose the physician they want. During an interview on 4/30/26 at 04:12 P.M. the Administrator said:-Physician A received a 30 termination notice;-The notice came from company leadership that owns the facility;-The residents had choice of Physician B or Physician C;-The company wanted to go with the physicians that they already had;-She could see no reason why Physician A could not still see residents at the facility, but the decision was not hers to make, but with management above her.Intake 2999923</p> | | |