

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Edgewood Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11900 Jessica Lane Raytown, MO 64138	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to follow Federal, State and Local Laws to ensure the facility van was licensed legally and proper maintenance was performed to ensure a safe and legal transport for all residents. This failure has the potential to affect all residents in need of transport to and from the facility. The facility census was 77 residents.</p> <p>1. Review of the facility van service invoice dated [DATE] showed the facility van had brakes serviced and six new tires.</p> <p>Review of facility monthly credit card approval sheet dated [DATE] through [DATE] showed gas for the van on:</p> <p>-[DATE] for \$30.75.</p> <p>-[DATE] for \$89.27.</p> <p>-[DATE] for \$75.03.</p> <p>-[DATE] for \$78.62.</p> <p>-[DATE] for \$74.74.</p> <p>-[DATE] for \$83.20.</p> <p>-[DATE] for \$63.26.</p> <p>Review of email dated [DATE] at 4:28 P.M. showed:</p> <p>-Email initiated by the Administrator to four corporate care management members, including the Director of Finance (DOF) and the Regional Nurse Consultant (RNC).</p> <p>-Our van has expired tags by four years. My understanding from my staff is it was never transferred when the facility was purchased. Please let me know what I could do at my end.</p> <p>Review of email dated [DATE] at 11:25 A.M. through 11:27 A.M. showed:</p> <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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- DOF asked , Any update?</p> <p>-Regional Maintenance Director responded, I searched for it yesterday with no luck.</p> <p>Review of email dated [DATE] at 11:09 A.M. showed</p> <p>-DOF responded to previous email, We will have to apply for lost title. Can you please send us all the information you have on the vehicle.</p> <p>-Several team members names were attached to the email.</p> <p>Review of emails dated [DATE] at 1:06 P.M. showed:</p> <p>-Administrator replied to prior email he/she began filling out the title application and was waiting for the vehicle identification number (VIN).</p> <p>-DOF asked the Administrator to send the filled out form for a quick review.</p> <p>Review of email dated [DATE] at 1:13 P.M. showed the Administrator responded to DOF with attachment for the title, I filled out everything I knew.</p> <p>Review of invoice dated [DATE] showed the van had two new tires put on the front.</p> <p>Review of invoice dated [DATE] showed the van had the air conditioner recharged.</p> <p>Review of email dated [DATE] showed the administrator sent, Do we know anything on our van title so it can be licensed? to DOF.</p> <p>Review of Resident #2's Face Sheet showed the resident was admitted on [DATE], with diagnoses including dependence on renal dialysis (process of cleansing the blood by passing it through a special machine - necessary when the kidneys are not able to filter the blood), hemiplegia and hemiparesis (paralysis/weakness affecting one side of the body) following a stroke.</p> <p>Review of the resident's Annual Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated [DATE] showed the resident was mildly cognitively impaired.</p> <p>During an interview on [DATE] at 5:01 A.M. the resident said he/she was transported in the facility van to dialysis three days per week, on Monday, Wednesday and Friday.</p> <p>During an interview on [DATE] at 8:21 P.M. Van Driver A said:</p> <p>-The facility van has not been licensed for four years.</p> <p>-The facility van has not been inspected.</p> <p>-There was no title for the facility van.</p> <p>(continued on next page)</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was not sure if the van had insurance.</p> <p>-He/She was told by corporate legal department that if he/she was stopped while driving the van they would take care of it.</p> <p>-The lift on the facility van has not been inspected and is supposed to be inspected every six months.</p> <p>-He/She has told the Administrator the lift needed to be inspected several times.</p> <p>-His/Her main concern was he/she felt the lift was dangerous.</p> <p>During an interview on [DATE] at 2:00 P.M. the Administrator said:</p> <p>-He/She did not have any documentation for the facility van.</p> <p>-There was insurance on the facility van, but was unable to provide proof of insurance at that time.</p> <p>-The facility was using the facility van to transport residents, and there was a transport occurring at the time of the interview.</p> <p>-The facility van had not been legal for operation since he/she started about a year ago.</p> <p>-He/She has sent things to corporate to obtain a title for the facility van, but has never heard anything about the process.</p> <p>During an interview on [DATE] at 2:28 P.M. the RNC said:</p> <p>-They had been working to get a title for the facility van.</p> <p>-The facility van was inherited from the previous company in 2020 with the building.</p> <p>-As far as he/she knew the corporate legal department was working to get the van legal.</p> <p>During an interview on [DATE] at 2:32 P.M. the Corporate Legal Representative said:</p> <p>-The facility van was not licensed because of issues from the previous owner.</p> <p>-There has never been a title turned over from the previous owner, therefore they will need to file for a lost title.</p> <p>-He/She was aware it was an ongoing issue and the license was expired on the facility van.</p> <p>-He/She was not sure how long the facility van license had been expired.</p> <p>-His/Her solution was to purchase a new van for the facility.</p> <p>(continued on next page)</p>

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She said any relevant documents related to the van would be sent for review.</p> <p>During an interview on [DATE] at 3:10 P.M. the Maintenance Director said:</p> <p>-He/She did not know when the last time the van was legal or had any kind of maintenance.</p> <p>-He/She was not responsible for the van and thought the driver was the person who took care of van maintenance.</p> <p>-The van is in use almost daily transporting residents to and from the facility.</p> <p>During an observation on [DATE] at 3:56 P.M. showed:</p> <p>-The facility van parked in the facility parking lot.</p> <p>-Missouri license plate labeled disabled with placard, September and orange 2021 sticker/tab mounted to the front of the van.</p> <p>-Missouri safety inspection dated [DATE].</p> <p>-Missouri license plate labeled disabled with placard, September and year tab here space with no sticker/tab mounted to the back of the van.</p> <p>During an interview on [DATE] at 4:07 P.M. Van Driver B said:</p> <p>-He/She had no idea when the last time the facility van had been serviced.</p> <p>-The lift in the van tilts towards the back of the van when there was a heavy person on the lift.</p> <p>-He/She had no idea when the last time the lift was serviced or inspected.</p> <p>-Maintenance documentation located in the van was from 2023 for services related to the air conditioner for [DATE], [DATE], and [DATE].</p> <p>-No legal documents located in the van for title, licensing, inspection or insurance.</p> <p>-He/She has been telling the administration the van needs to be legal and it put him/her at risk with his/her commercial driver's license (CDL- allows a tested and approved driver to operate certain types of motor vehicles including 18-[NAME] trucks, tour buses, school buses, tanker vehicles and vehicles transporting hazardous materials).</p> <p>-He/She was concerned about the engine and service lights that are illuminated on the dash.</p> <p>During an interview on [DATE] at 5:27 P.M. the Administrator said:</p> <p>-He/She did not know when the last time the lift was serviced or inspected, but had not been since he/she started about a year ago.</p> <p>(continued on next page)</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She did not know how often the lift should be serviced or inspected, but most are yearly.</p> <p>-He/She was not aware of any concerns related to the lift.</p> <p>-He/She did not know when the last time the facility van was inspected or serviced for safety and functionality.</p> <p>MO00249465</p>