

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  11/19/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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 0658</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 ensure laboratory services were provided when the physician ordered diagnostic testing that was not completed for three sampled residents (Resident #5, Resident #8, and Resident #10) out of 11 sampled residents. The facility census was 79 residents. Review of the facility's policy titled Diagnostic Testing Services Policy dated 6/26/24 showed:-The facility would provide the appropriate diagnostic services requires to maintain the overall health of its residents and in accordance with State and Federal guidelines.-The facility would maintain a schedule of diagnostic tests in accordance with the physician's orders.-Documentation of diagnostic tests, the results, and date/time Physician notification would be maintained in the resident's electronic health record.1. Review of Resident #8's admission Record showed he/she was admitted to the facility with the following diagnoses:-Diabetes Mellitus (DM II- a complex disorder of carbohydrate, fat, and protein metabolism that is primarily a result of a deficiency or complete lack of insulin secretion in the pancreas or resistance to insulin).-Vascular Demetia (a decline in cognitive function caused by reduced blood flow to the brain, often resulting from conditions like stroke, heart disease, or hardening of the arteries).Review of the resident's Order Summary Report dated October 2025 showed: -An order for a Complete Metabolic Panel (CMP- a blood test that measures 14 different substances to provide doctors with information about the body's chemical balance, including its metabolism, kidney function, liver function, and fluid balance) including glomerular filtration rate (GFR- a measure of kidney function that represents the volume of fluid your kidneys filter from your blood per minute). -An order for a Lipid Panel (a blood test that measures the different types of fats in your blood) with calculated low-density lipoprotein (LDL- a type of lipoprotein that transports cholesterol through the blood). -An order for a Glyco-HbA1c (a measurement of the percentage of red blood cells that have been coated with glucose, a sugar from the blood).-An order for a Thyroid Stimulating Hormone (TSH) blood test (measures the amount of TSH).-An order for a Complete Blood Count (CBC) without differential (a basic blood test that measures amounts and sizes of red blood cells (RBCs), hemoglobin, white blood cells (WBCs), and platelets).-An order for Vitamin D, 25-Hydroxy, (D3) LC/MS/MS (a lab test that measures levels of a metabolite of Vitamin D3, using a technique called Liquid Chromatography-Tandem Mass Spectrometry (a highly accurate and precise laboratory method used to separate, identify, and quantify substances in a sample).-All of the blood tests were to be drawn on 10/13/25.Review of the resident's Electronic Medical Record (EMR) on 10/31/25 showed no results from the resident's lab tests in his/her chart.2. Review of Resident #5's admission Record showed he/she was admitted to the facility with the following diagnoses:-Unilateral Pulmonary Emphysema (a rare condition where air spaces are abnormally enlarged in only one lung or lobe)-Quadriplegia, C1-C4 (the first four cervical (neck) vertebrae) Incomplete (an injury to the top of the spinal cord where some signals still pass through, allowing for some feeling and/or movements in the limbs and torso, though breathing may be severely impacted).-Other Cerebral Infarction Due to Occlusion of Stenosis of Small Artery (a stroke caused by the blockage or narrowing of a small blood vessel deep within the brain).Review of the resident's Order Summary Report dated October 2025 showed:-An order for a CMP including GFR.-An order for a Lipid Panel with calculated LDL.-An order for a Glyco-HbA1c.-An order for a TSH blood test.-An order for a CBC without differential.-An order for Vitamin D, 25-Hydroxy, (D3) LC/MS/MS.-All of the blood tests were to be drawn on 10/13/25.Review of the resident's EMR on 10/31/25 showed no results from the resident's lab tests in his/her chart.3. Review of Resident #10's admission Record showed he/she was admitted to the facility with a diagnosis of Paraplegia (paralysis of the legs and lower body), Unspecified.Review of the resident's Order Summary Report dated October 2025 showed: -An order for a CMP including GFR.-An order for a Lipid Panel with calculated LDL.-An order for a Glyco-HbA1c.-An order for a Iron, Total blood test (measures how well your blood's carrier proteins, specifically transferrin, can bind to a transport iron).-An order for a TSH blood test.-An order for a CBC without differential.-An order for Vitamin D, 25-Hydroxy, (D3) LC/MS/MS.-All blood tests were to be drawn on 10/20/25.Review of the resident's EMR on 10/31/25 showed no results from the resident's lab tests in his/her chart.4. During an interview on 10/31/25 at 10:42 A.M. the Assistant Director of Nursing (ADON) said:-He/She did not think that the facility had an active lab contract.-Sometimes the lab technicians would not come out to the facility to draw labs as ordered.-Sometimes the facility had to send residents to the hospital because labs could not be drawn immediately as needed.During an interview on 10/31/25 at 12:10 P. M the ADON said:-Resident #8's labs were not collected by the lab technician -The resident's labs still</p>		