

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Abode Health and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17451 Medical Center Parkway Independence, MO 64057	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide a final accounting of resident fund balances within thirty days to the individual or probate jurisdiction administering the resident's estate for four of four sampled expired residents (Resident #2, #3, #4 and #5). The facility continued to receive Social Security money and withdraw room and board for two residents (Resident #3 and #5) after they expired. The facility failed to provide a final accounting of resident fund balances or refund Social Security money. The facility census was 50.1. Review of the facility maintained discharged and expired report titled Action Summary for the period [DATE] through [DATE], showed Resident #3 expired on [DATE]. Review of Resident #3's Ledger for the period [DATE] through [DATE], showed \$133.40 held in the Resident Trust Account on [DATE] was not reported to the Department of Social Services Third Party Liability Unit (TPL) as of [DATE], 143 days after he/she expired. Review showed the facility continued to receive and hold Social Security money and withdraw room and board after he/she expired. The facility received and withdrew the following amounts: Date Amount Description [DATE] +\$960.00 Social Security-(Deposit) [DATE] -\$910.00 July Surplus (Room and Board)-(Withdrawal) [DATE] +\$0.01 Interest-(Deposit) [DATE] +\$960.00 Social Security-(Deposit) [DATE] -\$910.00 July Surplus-(Withdrawal) [DATE] -\$910.00 Room and Board-(Withdrawal) [DATE] +\$0.05 Interest-(Deposit) Review of Resident #3's Resident Trust Ledger showed room and board previously withdrawn in the amount of \$910.00 for the following months: -07/2025 withdrawn on [DATE]; -08/2025 withdrawn on [DATE]; and -09/2025 withdrawn on [DATE]. The Social Security deposit on Resident #3's resident trust ledger dated [DATE], in the amount of \$960.00 was not returned to Social Security as of [DATE], 141 days after the deposit date. The Social Security deposit on Resident #3's resident trust ledger dated [DATE], in the amount of \$960.00 was not returned to Social Security as of [DATE], 111 days after the deposit date. 2. Review of the facility maintained discharged and expired report titled Action Summary for the period [DATE] through [DATE], showed Resident #5 expired on [DATE]. Review of Resident #5's Ledger for the period [DATE] through [DATE], showed \$2,731.79 held in the Resident Trust Account on [DATE], was not reported to the Department of Social Services Third Party Liability Unit as of [DATE], 91 days after he/she expired. Review showed the facility continued to receive and hold Social Security money and withdraw room and board after he/she expired. The facility received and withdrew the following amounts: Date Amount Description [DATE] -\$1,479.00 July Surplus -(Withdrawal) [DATE] +\$0.20 Interest-(Deposit) [DATE] +\$0.14 Interest-(Deposit) [DATE] +\$1,529.00 Social Security-(Deposit) [DATE] +\$0.15 Interest-(Deposit) Review of Resident #5's Resident Trust Ledger showed the incorrect surplus amounts withdrawn for the following months: Date Amount Description [DATE] \$1,190.00 July Surplus [DATE] \$1,190.00 July Surplus (08/2025) [DATE] \$1,479.00 July Surplus (09/2025) [DATE] \$1,479.00 July Surplus (10/2025) Review of e-mail correspondence dated [DATE] at 12:10 P.M., showed the Department of Social Services Family Support Division Constituent Services Program Coordinator, said Resident #5's monthly vendor surplus was listed</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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>as:Month Correct Surplus07/2025 \$1,152.0008/2025 \$1,151.0009/2025 \$1,151.0010/2025 \$1,151.00Review showed Resident #5 should have had an additional \$2,212.49, from incorrect surplus and duplicated room and board withdrawals, held in the resident trust account that was not reported to the Department of Social Services Third Party Liability Unit as of [DATE], 91 days after he/she expired.The Social Security deposit labeled as Room and Board on Resident #5's resident trust ledger, dated [DATE], in the amount of \$1,529.00 was not refunded or returned to Social Security as of [DATE], 50 days after the deposit date. 3. Review of the facility maintained discharged and expired report titled Action Summary for the period [DATE] through [DATE], showed Resident #2 expired on [DATE].Review of Resident #2's Ledger for the period [DATE] through [DATE], showed Resident #2's funds held in the resident trust account, in the amount of \$55.14 were not reported to the Department of Social Services Third Party Liability Unit as of [DATE], 146 days after he/she expired.4. Review of the facility maintained discharged and expired report titled Action Summary for the period [DATE] through [DATE], showed Resident #4 expired on [DATE].Review of Resident #4's Ledger for the period [DATE] through [DATE], showed Resident #4's funds held in the resident trust account, in the amount of \$50.21 were not reported to the Department of Social Services Third Party Liability Unit as of [DATE], 106 days after he/she expired.5. Email correspondence dated [DATE] at 2:00 P.M., showed the Regional Business Office Manager said the following:-A TPL was submitted for Residents #2, #3, #4 and #5, (but did not provide a submitted date nor a copy to DHSS);-Did not provide a response as to why additional room and board was withdrawn after Residents #3 and #5 expired; and-The facility was waiting for Social Security to request or recoup the funds for Resident #5.</p>		