STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265579	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monterey Park Rehabilitation & Health Care Center	4600 Little Blue 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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265579	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monterey Park Rehabilitation & Health Care Center	4600 Little Blue 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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's emergency contact in a timely manner for one sampled resident (Resident #54) when on 9/11/25 at 8:10 A.M., he/she had weakened knees that buckled resulting in staff lowering him/her to ground. out 21 sampled residents. The facility resident census of 98 residents. A policy related to Notification of Change was requested not received at time of exit. 1. Review of Resident #54's admission Record form showed the resident was admitted on [DATE] with diagnoses of:-History of falls. -Cerebral Infraction (stroke happens when there is a loss of blood flow to part of the brain). -Cognitive Communication Deficit (condition where a person has difficulty with communication because of a disruption in brain function that affects thinking abilities). -The resident was his/her own person, and a family member was his/her first emergency contact. Review of the resident's Health Status Note dated 9/11/25 at 8:10 A.M, showed:-This nurse was notified by Certified Nursing Assistant (CNA) G/shower aide, that the resident was lowered to the floor in the shower room. -Upon entering, the resident was found on the floor, lying on his/her back, with both legs extended and arms to his/her sides. -The resident denied hitting his/her head. -The resident had no issue with range of motion (ROM) of his/her extremities, denied any complaints of pain.-The resident had no skin issues noted, and the resident denied pain at that time. -This nurse and staff assisted the resident up from floor into his/her wheelchair. -The nurses had notified all appropriate parties.-Note: Did not indicate who was notified. Review of the resident's Fall Investigation/Incident report dated 9/11/25 at 8:10 A.M. showed.-The resident had allegedly fallen in the shower room on 9/11/25 at 8:10 A.M. during a transfer.-Documented the resident's family member was notified on 9/11/25 at 1:26 P.M.-The resident's physician was notified of the resident incident on 9/11/25 at 2:14 P.M.Review of the resident's medical record dated 9/11/25 showed he/she did not have documentation in the progress notes that the resident's family member and emergency contact was notified immediately after the resident's fall and/or lowered to the ground. Review of the resident's late entry Health Status Note dated 9/11/2025 at 2:55 P.M., showed:-The writer was notified by the charge nurse that resident was at an appointment to oncology when a family member had called the facility stating that resident had complaints of pain in his/her knee from a prior fall that morning (9/11/25).-At the time of the fall, the resident had no complaints of pain. The resident had reported knee pain during his/her doctor appointment. -The family member decided to take the resident over to the emergency room (ER) for evaluation and treatment.Review of the resident's Fall Investigation follow-up note written by Director of Nursing (DON) dated 9/15/25 showed: -On 9/11/25 at around 8:30 A.M., the resident had a witnessed fall without injury at the time of the fall. Upon assessment by the charge nurse, no injury was noted. -On 9/11/25 while the resident was out of the facility for a doctor appointment with a family member, the resident was noted to have his/her right knee swollen. The resident had told the family member he/she had fallen on his/her knee that morning. The resident's family member took the resident to ER for a full examination. The family member reported the resident had a fracture of his/her right knee. -The resident's ER report received showed there was a closed fracture of the right tibial plateau (the top surface of the tibia (shin bone) that forms the weight-bearing part of the knee joint with the femur).-The facility was waiting on the ER x-ray and CT scan results. Review of the resident's Social Services Notes dated 9/15/25 at 4:39 P.M., showed:-The facility had informed the resident's family member that he/she was listed as the resident first emergency contact only.-The facility had no documentation stating the family member was his/her Durable Power of Attorney (DPOA).During an interview on 9/26/25 at 9:56 A. M., Licensed Practical Nurse (LPN) B said:-He/She was the nurse assigned that day and was notified by the shower aide (CNA F) that the resident had been lowered to the ground in the shower room. -He/She did not notify the resident family member immediately after the incident. -The resident had already notified his/her family member while they were at a doctor appointment that morning, before the nurse could contact the emergency contact/family member. During an interview on 9/26/25 at 11:30 A.M., Assistant Director of Nursing (ADON) B said: -The nurse assigned to the resident or the unit ADON would normally be responsible for any follow-up calls and notification family members related to the resident fall or incidents. -He/She would expect staff to document emergency contact/family notification in the resident's medical record. During an interview on 9/26/25 at 12:49 P.M., Social Services Designee (SSD) said:-The resident's family member was listed as emergency contact -The resident was listed as own responsible person at that time. -The charge nurse would be responsible for contacting the resident's family member or emergency