

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265597	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Hilltop at Blue River, The		STREET ADDRESS, CITY, STATE, ZIP CODE 10425 Chestnut Dr Kansas City, MO 64137	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one sampled resident's (Resident #3) representative/power of attorney was able to exercise his/her rights to make financial decisions on behalf of the resident out of four sampled residents. The facility census was 145 residents. Review of the facility Resident Rights Policy dated 8/2020 showed: -Promote and protect the rights of all residents at the facility. -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 including those specified in the policy. -The facility will ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. -State and federal laws guarantee certain basic rights to all residents of the facility including but not limited to: --Visit and be visited by others from outside the facility. --Use a telephone in privacy. --Treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident. Review of the facility undated Customer Service Program showed: -The average consumer (customer) makes decisions regarding the quality of care by how they feel about the care and the way they are treated. -The obvious customer is the resident or patient in the long-term-care facility. -A critical customer is the family member of the residents. -Residents and family members have a desire to trust the people who are in charge of caring for their loved one. -Establishing trust is critical to effective customer service. -When a customer trusts the caregiver, the customer is happy and spread a positive reputation into the community. -Respect for the individual is critical to customer service. -Working as a team necessitates respect for the individual as well as the team. Review of the undated facility admission Agreement showed: -The resident is a person who is being admitted to the facility. -Resident under this agreement also applies to the resident's agent/attorney-in-fact, representative, or any person signing this agreement. -Resident representative includes an individual chosen and authorized by the resident to act on behalf of the resident in order to support the resident indecision making, manage financial matters, or receive notifications. -The resident and/or resident representative agree to pay for accommodations and services by the facility. -By signing this agreement, resident representative agrees that he/she has access to the resident's income, assets and resources to pay for the resident's care at the facility. 1. Review of Resident #3's admission Record showed the resident was admitted on [DATE] with diagnoses including dementia, muscle wasting and atrophy. Review of the resident's Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 10/30/25 showed the resident was moderately cognitively impaired. Review of the resident's admission Agreement dated 10/30/25 showed the resident signed the agreement for admission. NOTE: There were no letters of incapacitation noted in the resident's chart. During an interview on 12/7/25 at 9:30 A.M. Family Member A said: -On 10/29/25 he/she met with Liaison A for the facility and selected the facility for short-term rehab for his/her family member.-The facility admission sheet listed him/her as power of attorney (POA) for financial and as an emergency contact #1. -Staff claimed there had been no family contact for three weeks and there was no POA on file. -On 11/3/25 he/she spoke to the Social Worker (SW) about rehabilitation. -Despite knowing he/she was the resident's POA, the facility caused or allowed the resident's social security direct deposit to be changed around 11/12/25 to an account under the facility's control. Review of the facility emails dated 11/21/25 through 11/28/25 showed: -Family Member A initiated contact with the SW on 11/21/25 at 2:46 P.M. to clarify POA status, medical records request and care planning for the resident. -On 11/21/25 an email alleged Liaison A was aware of the POA which was a key factor in selecting the facility. -On 11/25/25 Family Member A was sent a follow up email requesting information related to the resident's POA, updated for bed accommodations and equipment as well as home-care support needs. -On 11/26/25 the Social Services Director emailed Family Member A rejecting the completed POA paperwork and requested a new document be completed. -The Social Services Director responded to Family Member A that the resident would need to see a physician for an order for a hospital bed at home, would need 24-hour care and he/she was working on a primary care physician for the resident. -On 11/26/25 the Social Services Director sent a follow up email to Family Member A with medical information and referrals for the resident. Review of the POA document for the resident showed: -The POA was drafted on 5/27/25. -Family Member A was appointed Attorney-in-fact for financial and legal matters. Review of resident's hospital records dated 10/22/25 through 10/24/25 showed: -There was no family present during these assessments. -The resident</p>		