

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 01/02/2026
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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to maintain the dignity of one sampled resident when on 12/19/25 Certified Medication Aide A forced Resident #2 to get out of bed against his/her will out of six sampled residents. The facility census was 143 residents. The Administrator was notified on 1/2/26 of the past noncompliance which began on 12/19/25. The facility immediately completed education for the violation of residents' rights and choices. The deficiency was corrected on 12/20/25. Review of the facility's policy entitled Resident Rights and revised on 8/20, showed:-Purpose: To promote and protect the rights of all residents at the facility.-Policy: All residents have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility including those specified in this policy.- The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment, that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility will protect and promote the rights of the resident and provide equal access quality of care regardless of diagnosis, severity of condition or payment source. -Employees are to treat all residents with kindness, respect, and dignity and honor the exercise of resident's rights.The facility makes every effort to assist each resident in exercising his/her rights by providing the following services:-The facility's staff encourages residents to participate in planning their daily care routines including Activities of Daily Living (ADL)s.-Each resident is allowed to choose activities, schedules and health care that consistent with his/her interest, assessments and plans of care including sleeping, eating, exercise and bathing schedules health care scheduling, such as times of day for therapies and certain treatments. 1. Review of Resident #2's admission Face Sheet showed the following diagnoses: -Chronic Obstructive Pulmonary Disease (COPD-- a condition caused by damage to the airways or other parts of the lung. This damage leads to inflammation and other problems that block airflow and make it hard to breathe). -Spondylosis (age-related wear-and-tear (osteoarthritis) of the spine, involving degeneration of spinal discs, joints, and the development of bone spurs).-Anemia (a condition where there is a lack of enough healthy red blood cells (RBCs) or hemoglobin to carry adequate oxygen from the lungs to the body's tissues). -Hyperlipidemia (an excess of lipids or fats in your blood. This can increase your risk of heart attack and stroke).-Hemiplegia (paralysis or severe weakness affecting one side of the body, including the face, arm, and leg) affecting the left side. Review of resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by the facility for care planning) dated 10/15/25 showed the resident was moderately cognitively impaired. Review of the resident's Progress Notes completed by the Social Services Designee (SSD) dated 12/19/25 showed:-The resident had informed Certified Medication Technician (CMT) A that he/she did not want to get out of bed.-CMT A made him/her feel somewhat uneasy and went overboard for no reason. -The resident did not want anything like this to happen again. During an interview on 12/29/25 at 9:04 A.M. Occupational Therapist Assistant (OTA) A said:-On 12/19/25, he/she attempted to work with the resident.-The resident said he/she did not want to do therapy that day.-He/she then witnessed CMT A who was working the roommate at first, tell the resident that he/she had to get up.-He/she then witnessed CMT A placed a pair of pants on the resident while he/she resisted. -Once the resident's pants were on, CMT A pulled the resident up from a supine (lying flat on your back with your face and torso pointing upward) position to a sitting position and placed the resident in a wheelchair.-The resident said he/she felt there was some excessive force used in getting him/her up. During an interview on 12/29/25 at 9:23 A.M. the resident said:-It was his/her exercise day, so the therapy person was in his/her room.-His/her leg was hurting on that day, and he/she did not want to do physical exercise because of the increased pain. -CMT A came in and said he/she needed to exercise.-CMT A put on his/her pants. -CMT A spoke very loudly to him/her and said he/she was going to get him/her out of bed.-The therapy person told CMT A that he/she did not have to get that rough with him/her.-CMT A grabbed him/her out of bed and placed him/her in a wheelchair even though he/she did not want to go. -The situation made him/her feel small. During a phone interview on 12/29/25 at 11:31 A.M. CMT A said:-The resident got combative and swung at him/her before he/she tried to administer his/her medication.-The resident was always annoyed in the mornings because the morning times were not good for the resident.-He/She was trying to protect himself/herself.-He/She grabbed the resident and placed the resident from the bed to the chair.-He/She was not forcing the resident to go to therapy.He/she needed the resident to be up in a chair, because the resident would choke if the resident didn't take the medications in a sitting position -He/She assisted the resident in getting his/her pants on</p>		