STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265721	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gregory Ridge Health Care Center	7001 Cleveland Avenue Kansas City, MO 64132

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. (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
	265721	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gregory Ridge Health Care Center	7001 Cleveland Avenue Kansas City, MO 64132

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a functional and comfortable environment for residents by not maintaining inside resident room temperatures within acceptable parameters (71 to 81 degrees [ ] Fahrenheit [F] year-round) during outdoor temperature extremes in the event of a power outage and/or HVAC (heating, ventilation, and air conditioning) failure during those extremes; failed to develop a facility-specific, comprehensive climate control system outage policy and procedure; and failed to notify the proper agencies and entities of a failure in a timely manner, in accordance with State of Missouri rules and federal regulations. These deficient practices had the potential to affect all residents, visitors, volunteers, and staff who resided, visited, used, or worked in the facility. The facility census was 109 residents at the time of the investigation.Review of past Kansas City, Missouri outdoor temperatures on the Weather History website https://www.wunderground.com/history/daily/us/mo/kansas-city, showed the following:-Weather temperatures for Friday, 11/28/25, between 12:00 A.M. and 11:59 P.M. fluctuated from 26 F to 36 F.-On Saturday, 11/29/25, between 12:00 A.M. and 11.59 P.M., they were anywhere from 45 F to 25 F.-Sunday, 11/30/25 between12:00 A.M. and 11.59 P.M., temperatures ranged from 18 F to 28 F.-On Monday, 12/1/25, between 12:00 A.M. and 11.59 P.M., they were anywhere from 23 F to 25 F.-Tuesday, 12/2/25, between 12:00 A.M. and 11.59 P.M., they were from 15 F to 40 F.Review of the facility's 9-page indoor air temperature documentation, dated from 11/29/25 through 12/1/25 and provided by the Administrator, showed the following:-The documentation consisted of copies of handwritten blank paper and preprinted Air Temperature Log forms that were filled out by night nurses, CNA's (Certified Nursing Assistant), and the Maintenance Department.-The overnight temperatures from 11/29/25 at 7:00 P.M. to 11/30/25 at 7:00 A.M. were recorded as having been as low as 67.1 F in resident room [ROOM NUMBER], 67.0 F in room [ROOM NUMBER], and 64.0 F in room [ROOM NUMBER].-The temperatures on 11/30/25 between 8:00 A.M. to 10:00 A.M. were recorded as having been as low as 65.4 F in room [ROOM NUMBER], 60.7 F in room [ROOM NUMBER], 63.7 F in #204, 65.2 F in #208, 63.7 F in room [ROOM NUMBER], and 66.2 F in #211.-On 11/30/25 at 4:00 P.M. the temperature was logged at 62.1 F in room [ROOM NUMBER], 63.6 F in #202, 64.2 F in room [ROOM NUMBER], and 66.0 F in room [ROOM NUMBER].-The overnight temperatures from 11/30/25 at 8:00 P.M. to 12/01/25 at 4:00 A.M. were recorded as having been as low as 66.7 F in room [ROOM NUMBER], 66.7 F in #202, 65.8 F in #203, and 66.5 F in #204.-Most of the pages had no names or signatures, only two had initials, and three were undated.1. During an interview on 12/1/25 at 7:00 A.M., the Administrator said:-One of the residents noticed the QR (Quick Response) code, which went to the Maintain-X website for maintenance work order requests, located on their door's header and scanned it to notify them that their individual heating unit was not working. -The affected rooms found afterward were #201, 202, 203, and 210.-room [ROOM NUMBER] was fixed on 11/28/25 but he/she found out on 11/30/25 it was still malfunctioning.Observations on 12/1/25 from 7:40 A.M. to 8:13 A.M., showed:-The temperature in room [ROOM NUMBER] was 68.6 F.-The temperature in room [ROOM NUMBER] was 69.0 F.-The temperature in room [ROOM NUMBER] was 70.5 F.-The temperature in room [ROOM NUMBER] was 70.1 F.During an interview on 12/1/25 at 8:44 A.M., the Maintenance Director said:-On Friday night, 11/28/25, he/she was notified via a QR maintenance request that resident room [ROOM NUMBER] had an issue with the individual heating unit. -The software sent him/her a work order saying their room was cold at 6:13 P.M.-He/She called the heating company, and a technician came to the facility.-The technician said the unit was airlocked with sediment at 8:42 PM. -There was no indication to take temperatures in other rooms that night.-Parts were not available that evening and the resident room temp was still above 72 -73 F; the radiant heat was working, but the fan motor was not moving.-They started taking room temps on Saturday 11/29/25 as there was no other heat related complaints at that time.-Friday night room [ROOM NUMBER]'s heat was working.-On Saturday morning he/she took the air temperature in room [ROOM NUMBER] and it was over 72 and the unit was off.-That day he/she was notified other rooms were also having heating unit issues.-At 10:36 A.M. Saturday morning 11/29/25 he/she started checking all resident rooms, no other issues were indicated.-He/She started hourly room temps on Sunday morning 11/30/25 at approximately 10:30 A.M. to 11:00 A.M.-He/She was not aware of any cold rooms or individual heaters issues between Saturday and Sunday.-He/She found out Sunday morning there were three other rooms that were below 70 degrees #201, 203, and 210.-Staff were given thermometers and they kept