STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265758	A. Building B. Wing	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rehab of Kansas City South	8033 Holmes Kansas City, MO 64131

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide an appropriate discharge when transferring one sampled resident (Resident #2) out of 7 sampled residents, to a new facility. The resident was not allowed to return to the facility as requested during the appeal process. The facility census was 95 residents.Review of the facility's Transfer and Discharge policy, dated June 2020, showed:-The purpose of the policy was to ensure residents were transferred and discharged from the facility in compliance with state and federal laws and to provide complete, safe and appropriate discharge planning and necessary information to the continue care provider.-The facility may transfer or discharge a resident for the following reasons:--It was necessary for the resident's welfare and needs could not be met at the facility.--The resident's health improved sufficiently so they no longer need facility services.--The health and safety of individuals in the facility was endangered by the resident's presence.--Failure to pay or to have services paid for by Medicare or Medicaid.The facility may not transfer or discharge a resident while the appeal of the notice of transfer/discharge was pending.-The notice for discharge will be provided to the resident in advance.-The notice should be provided 30 days prior to the proposed date of transfer/discharge.-Prior to transfer/discharge, Social Services Staff or designee provided the resident or responsible party with reasonable notice that the resident was going to the be transferred or discharge.-The facility may use Notice of Transfer/Discharge or another comparable form to provide the resident and his/her personal representative with advance notice of the transfer or discharge. The notice will include the following information:--Reason for transfer/discharge.--Effective date of transfer/discharge.--Name and complete address and telephone number to which the resident was being transferred.--A statement that the resident had the right to appeal the action to the state with contact information. 1. Review of Resident #2's undated face sheet showed:-The resident was originally admitted to the facility on [DATE].-The resident was diagnosed with paraplegia (the loss of movement and sensation in the lower half of the body, including both legs, usually caused by a spinal cord injury or disease), cognitive communication deficit (a difficulty with communication, such as speaking, listening, reading, or writing) and major depressive disorder (a mental health condition characterized by a persistent, overwhelming low mood, and intense sadness). Review of the resident's quarterly Minimum Data Set (MDS- a health status screening and assessment tool used for all residents of long-term care nursing facilities) dated 1/14/26, showed the resident was cognitively intact. Review of the resident's 30-Day Notice of Involuntary Discharge, dated 1/15/26, showed:-The date of 2/7/26 indicated as being 30 days from the date of the letter.-The letter was dated 1/15/26.-The current facility name was not on the form and the reason for discharge was for failure to pay for, or to pay under Medicare or Medicaid, for services rendered.-Allowable outstanding charges totaled $17,809.40. Review of the resident's care plan (a written document that outlined a resident's care, detailing their specific health needs, goals and interventions), updated 2/9/26, showed the resident opted to stay at the facility. During an interview on 3/24/26 at 11:09 A.M., the Administrator said:-A 30-day notice of intent to discharge was given to the resident.-The notice was dated 1/15/26 and said that 2/7/26 was last day.-The 2/7/26 (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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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	date was in error and should have been 2/17/26.-The Intent to Discharge was given to the resident, letting him/her know they will be discharging, and they have started looking for a new facility.-The resident was being discharged due to a large unpaid balance.-There was a care plan meeting scheduled for 1/15/26 and the family member cancelled it, which the resident agreed to. -On 1/15/26 the family member was notified via text of notice of intent to discharge.-On 1/15/26 the family responded to the text message to go ahead and send the resident to the other facility.-The family member asked where the resident would be transferred, and he/she was notified by the Administrator of the new facility.-The family member was the resident's Durable Power of Attorney (a legal document that allows a person to appoint a trusted person to manage your financial, legal, or medical affairs).-The DPOA was not enacted (the resident was not incapacitated) as the resident was able to make his/her own decisions.-At first the resident wanted to leave.-The day before the resident was scheduled to leave, he/she said his/her family member told him/her not to leave-The next morning, the resident decided he/she was ok with the transfer and asked to have his/her family member meet him/her at the new facility.-It was the Administrator's understanding that the decision to transfer was up to the resident. -On 2/12/26 at 10:00 A.M. the resident willingly boarded the facility vehicle and was transported with his/her items, paperwork and medications to the new facility.-The family member arrived on site while the resident was in the van and stopped it.-The resident made no indication that he/she wanted off the van and proceeded to the new facility.-He/She talked to the family member and stated he/she needed to stay at the current facility where his/her people were. -On 2/12/26, after the resident left, he/she opened his/her email and saw that on 2/11/26 a letter from the family member was sent via email at 3:35 P.M., which notified the administrator of an Appeal (a formal legal challenge of the transfer).-The resident had already left the facility by the time he/she read the email. During an interview on 3/24/26 at 3:09 P.M., the Ombudsman said:-The resident's family member contacted the Ombudsman Office and notified the office of the Appeal. -On 2/11/26 the facility did provide a copy of the 30-Day Discharge which was sent to the resident via email.-There was an email chain between him/her and the facility Social Service Director (SSD).-On 2/11/26 he/she received an email from the facility's SSD which had the 30-day notice to discharge attached.-That notice did not have an address of where the resident was going.-The Appeal hearing was scheduled for 4/2/26 at 2:00 P.M., and the resident should have been allowed to return to the facility during the Appeal process. During an interview on 3/24/26 at 3:43 P.M., the resident said:-The facility put him/her in a wheelchair, wheeled him/her on to the van and took him/her to the new facility.-He/She was aware his/her family member appealed the decision.-He/She would like to continue with the appeal process.-He/She would like to go back to the facility where he/she had friends. 2747386