STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265855	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linden Woods Village	2901 NE 72nd Street Gladstone, MO 64119

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure staff stored food in a sanitary manner and failed to ensure the kitchen was clean and in good repair. The facility census was 32. Review of the facility policy titled, Food Storage Policy, dated October 2018, showed:-Foods shall be stored in a manner that complies with safe food handling practices;-Staff will maintain clean food storage areas at all times;-Food in dry storage will be kept off the floor;-All foods stored in the refrigerator or the freezer will covered, labeled and dated with a use by date;-Open container must be dated and sealed.The facility did not provide a policy for cleaning and repair of the kitchen.Observation on 05/04/2026 at 08:20 A.M., showed:-Microwave with dirt and food debris inside on the roof and vents;-Floor by the dishwasher area was dirty and the grout looks black, gravel like and is pealing off;-The oven on the right side of the stove broken.-One opened 1/2 gallon of 2% milk, 2/3 full, will no open date;-One open 1/2 gallon of whipping cream, 1/2 full with no open date;-One open 1/2 gallon of ice cream mile 1/2 full, with no open date;Freezer: -Clear plastic bag of 5 frozen hamburger patties, a clear plastic bag, tied in a knot at the top with no open date;-Clear plastic bag of multiple pin wheel sandwiches, tied shut with a knot in the top of the bag with no open date;-A non transparent blue plastic bag tied shut at the top with unknown contents setting to the frozen broccoli with no open date.Dry Storage:-Open box of red potatoes on the floor.During an interview on 05/04/2026 at 08:46 A.M. Dietary Aide B said:-The floor by the dishwasher was in poor repair;-He/She had tried to clean the floor by the dishwasher and pieces the grout between the tiles are like gravel come off during cleaning;-The oven had been broken for two weeks;-They had used the oven to prepare meals;-They had another oven but it would help if the broken oven was fixed;-The Dietary Manager (DM) was aware of the floor and the broken oven.Observation on 05/06/2026 at 11:20 A.M., showed:-Microwave with dirt and food debris inside on the roof and vents;-Floor by the dishwasher area was dirty and the grout looks black, gravel like and is pealing off;Freezer: -Clear plastic bag of 5 frozen hamburger patties in a clear plastic bag, tied in a knot at the top with no open date;-Clear plastic bag of multiple pin wheel sandwiches, tied shut with a knot in the top of the bag with no open date;-A non transparent blue plastic bag tied shut at the top, with unknown contents sat next to the frozen broccoli with no open date;-The oven on the right side of the stove broken;-Three golf ball sized stains on the kitchen ceiling outside of the walk in cooler;-Floor by the dishwasher area was dirty and the grout looked black, gravel like and was pealing off;-One box of lemon dessert and one box of pecan dessert on the floor in the walk in cooler.-Unsealed bag of ground meat in the refrigerator with a date of 04/20;-Open package of frozen chicken patties with no date.During an interview on 05/07/26 at 09:49 A.M. the DM said:-The kitchen should be clean and in good repair:-There should not be food sitting on the floor in the walk in cooler, the freezer or the dry storage;-The ceiling should be free of stains and dirt;-The floor should be clean and in good repair;-The right side oven should be operational;-He said he was aware the right side oven was broken, the knobs fell off and it did not light;-He thought he had told the Maintenance Supervisor about it but nothing had been done yet;-The grout between the tiles if the floor needed profession cleaning because it was hard to get all the grease and dirt off of it without it falling apart;-Food should be (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
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Linden Woods Village	2901 NE 72nd Street Gladstone, MO 64119

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	labeled and have a date.During an interview on 05/07/2026 at 10:53 A.M. the Registered Dietitian (RD) said:-She expected the kitchen to be clean and in good repair;-Food should be labeled and dated as soon as it is opened;-No food setting on the floor in the walk in cooler, freezer or dry storage room;-The floors should be clean and in good repair;-She said the floor in the kitchen needed to be regrouted because the grout looked black and greasy;-The ceiling in the kitchen should be free of stains;-She expected the ovens in the kitchen to be working;-Surfaces in the kitchen should be cleanable to ensure that they are sanitary;-She expected the kitchen staff to be in charge of cleaning of the kitchen.During an interview on 05/07/2026 at 11:34 A.M. the Maintenance Supervisor said:-He was responsible for repairs to the kitchen;-The kitchen should be in good repair;-He is responsible for repairs to the oven and/or calling the company to get it repaired;-He was not aware the oven was not working;-The staff tell him by word of mouth of repairs or they fill out a work order. During an interview on 05/07/2026 at 11:52 A.M. the Administrator said:-She expected the kitchen to be clean, sanitary and all equipment should be working, including the oven;-She expected food to be labeled and dated per regulations;-The kitchen staff is responsible for the cleaning and making sure maintenance knows if there is anything that needed repaired.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a clean and home like environment when the facility did not ensure vents in the hallways and the vents outside resident rooms were clean and free of debris, the ceiling in the dining room was clean and in good repair and when the facility failed to ensure the handrail by the dining room was clean. This had the potential to affect all residents who had the right live in a clean environment that was free from dirt, dust and in good repair. The facility census was 32. The facility did not provide the requested policy on clean and home like environment.Observation on 05/04/2026 at 08:35 A.M., showed: -The vent on the ceiling outside the public bathroom near the dining area covered in dust, dirt and debris;-The vent on the other side of the dining room next to the therapy room covered in dirt, dust and debris;-The handrail across the hall from the public bathroom near the serving station with a black scuff mark approximately 1 inch wide, that ran the length of hand rail;-The vent outside of room [ROOM NUMBER] covered in dirt, dust and debris;-The vent outside room [ROOM NUMBER] caked in dust and dirt;-The vent in the hallway between room [ROOM NUMBER] and 184 caked in dirt, debris and dust;-Three brown spots the size of grapefruits on the ceiling in the dining room;-A 3 foot piece of the ceiling falling down in the dining room by the door that has a high voltage sign on it.Observation on 05/05/2026 at 11:42 A.M., showed: -The vent on the ceiling outside the public bathroom near the dining area covered in dust, dirt and debris;-The vent on the other side of the dining room next to the therapy room covered in dirt, dust and debris;-The handrail across the hall from the public bathroom near the serving station with a black scuff mark approximately 1 inch wide, that ran the length of hand rail;-The vent outside of room [ROOM NUMBER] covered in dirt, dust and debris;-The vent outside room [ROOM NUMBER] caked in dust and dirt;-The vent in the hallway between room [ROOM NUMBER] and 184 caked in dirt, debris and dust;-Three brown spots the size of grapefruits on the ceiling in the dining room;-A 3 foot piece of the ceiling falling down in the dining room by the door that has a high voltage sign on it.Observation on 05/06/2026 at 01:05 P.M., showed: -The vent on the ceiling outside the public bathroom near the dining area covered in dust, dirt and debris;-The vent on the other side of the dining room next to the therapy room covered in dirt, dust and debris;-The handrail across the hall from the public bathroom near the serving station with a black scuff mark approximately 1 inch wide, that ran the length of hand rail;-The vent outside of room [ROOM NUMBER] covered in dirt, dust and debris;-The vent outside room [ROOM NUMBER] caked in dust and dirt;-The vent in the hallway between room [ROOM NUMBER] and 184 caked in dirt, debris and dust;-Three brown spots the size of grapefruits on the ceiling in the dining room;-A 3 foot piece of the ceiling falling down in the dining room by the door that has a high voltage sign on it.During an interview on 05/06/26 at 03:12 P.M., Resident #22's family member said:-The vents in the facility should be clean and free of dust;-He/She expected the facility to be clean and in good repair;-He/She expected the facility to be feel like home for the resident.During an interview on 05/07/26 at 09:12 A.M., the Maintenance Supervisor said:-He was responsible for cleaning the vents in the facility;-He tried to check the vents for cleanliness and disrepair at least every quarter;-He could not remember the last time the vents were cleaned at the facility;-He was responsible for ensuring the ceiling was clean and in good repair in the dining room;-The hand rail by the dining room should be clean and in good repair;-He was responsible for ensuring the facility is in good repair.During an interview on 05/07/2026 at 10:16 A.M., the Administrator said:- She expected the facility to be clean and in good repair;- She expected the vents to be clean and should be monitored for dust and dirt at least every week or so;- She expected maintenance to be in charge of cleaning of the vents and ensuring the facility is in good repair.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure dependent residents who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene when staff did not provide proper peri-care for three of 12 sampled residents (Resident #6, #11, and #30). The facility census was 32.Review of the facility training and competency, titled, Combined Perineal Care Female and Male, undated, showed:- Once a gloved hand has touched something soiled (old depends, garbage can, used trash bags, etc), it cannot be used to touch something clean without removing gloves and performing hand hygiene;- Having a second clean person can assist with this procedure;- Do not place soiled items on the clean surface or bed;- One wipe, one swipe: no scrubbing or re-using wipes or cloths;- Always wipe away from the peri-area. Do not wipe towards as this can bring bacteria/soilage into the peri-area. Review of the facility training and competency, titled, Combined Catheter Care, undated, showed:- Once care is completed, ensure tubing is strapped to inner thigh;- One wipe, one swipe: no scrubbing or re-using wipes or cloths;- Spread the labia with non-dominant hand, with clean cloth/wipe clean the catheter at point of insertion into urethra using a pen roll to cleanse the entire circumference of the catheter;- Hold catheter in place as dominant hand cleanses the extension of catheter tubing down four inches; Review of the facility policy titled, Supporting Activities of Daily Living (ADL's), revised March 2018, showed:- Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADL's;- Residents who are unable to carry out ADL's independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene;- Residents will be provided with care, treatment and services to ensure that their ADL's do not diminish unless the circumstances of their clinical conditions demonstrate that diminishing ADL's are unavoidable;- Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care) and Elimination (toileting);- The resident's response to interventions will be monitored, evaluated, and revised as appropriate. 1. Review of Resident #6's Significant Change Minimum Data Set (MDS) a federally required assessment tool completed by facility staff, dated 03/27/26, showed:- Cognition was not intact;- Was dependent on staff for completing activities of daily living;- Had an indwelling catheter and was always incontinent of bowel;- Diagnoses of Quadriplegia (paralysis affecting all four limbs), encephalopathy (brain disease that leads to altered mental status), schizophrenia, and psychotic disorder. Review of the resident's care plan, revised 03/31/26, showed:- He/She had a history of Urinary Tract Infections (UTI's) and staff were to monitor, document, and report signs and symptoms of UTI to the provider as needed;- He/She was totally dependent on staff for cares;- He/She required mechanical lift with two staff assistance for transfers. Observation on 05/05/2026 at 7:07 A.M., showed:- Licensed Practical Nurse (LPN) B knocked and entered the resident's room to perform wound care;- LPN B applied enhanced barrier gown, gloves, raised up the bed, and opened the resident's brief and found feces in the brief;- LPN B grabbed a wipe and wiped the feces down the lower abdominal area toward and into the peri-area. There were six swipes noted with a single wipe;- LPN B pressed the soiled wipes down between the resident's legs and left them stored on the chuck beneath him/her;- LPN B continued to perform multiple swipes with one wipe and would pull the resident's red and aggravated looking thigh skin tight to scrub and reach through the leg to the (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's backside;- LPN B began to wipe the resident's backside with multiple swipes with each wipe, from three to six wipes per wipe and then wiped down the buttocks crease toward the peri-area which caused the resident to exclaim, boy, all of that hurts;- LPN B appeared to struggle rolling the resident from side to side, was sweating profusely, and the protective gown slipped down to the LPN's elbows;- LPN B told the resident his/her skin was broken down everywhere. Both of the resident's inner thighs had been bright red and he/she grimaced when touched.- LPN B proceeded to retrieve the soiled wipes from beneath the resident and attempted to roll the resident onto two pillows, the resident said, oww wait, there's a pillow there and the LPN stopped to removed the pillows;- LPN B held the soiled wipes and said, normally I'm supposed to have a trash bag right there (his/her trash bag was on the other side of the bed) and he/she pulled a second trash bag out of a nearby trash can and laid it on the floor;- LPN B said he/she should have raised the bed up a little more; - LPN B completed the procedures and never spread the resident's skin folds;- LPN B changed the resident's clothing and continued to have difficulty positioning the resident which caused the resident to say, oh, my shoulder, my bottom burns, and there is burning in the middle there, under my leg;- There were two trash bags laying on the floor with one by the foot of the resident's bed open with a soiled chuck halfway out on floor and a soiled glove next to bag on the floor. During an interview on 05/05/2026 at 7:58 A.M., LPN B said:- He/She shouldn't wipe feces from the lower abdominal area down to the peri-area;- He/she was supposed to clean the resident with one swipe per wipe;- He/She should have gotten help for the cares; During an interview on 05/05/2026 8:25 A.M., the Infection Control (IC) nurse said: - Nursing staff should try as much as possible to wipe feces away from the peri-area, not into it;- Nursing staff should try to keep the trash contained in the bags and not loose on the floor;- We don't recommend the nursing staff use more than one swipe per wipe and don't leave the trash on the resident's bed. Don't push the used wipes down between the resident's legs. During an interview on 05/07/2026 at 8:08 A.M., Resident #6 said:- He/She thinks it would have been better if there had been another person with the nurse that day;- LPN B wasn't able to do it right and kept saying he/she was too hot;- The poor care made him/her feel very insecure, as if he/she didn't have the right help, as if it was his/her fault and it wasn't his/her fault. He/She was patient with LPN B;- LPN B should definitely get more training. During an interview on 05/07/2026 at 10:55 A.M., the Director of Nursing (DON) said:- Feces should be wiped away from the peri-area;- There should only be one swipe per wipe;- The dirty wipe shouldn't be left on the bed, between the resident's legs. They should be thrown in the trash;- She would expect two staff present for Resident #6's cares;- She would prefer the staff keeps trash to one bag if possible and the trash should not be spilling out into the floor;- All areas where feces touched should be cleaned, including peri-area folds. 2. Review of Resident #11's Quarterly MDS, dated [DATE], showed: -No cognitive impairment; -Incontinent of urine; -Required maximum assist required from staff with toileting hygiene; -Diagnoses included: high blood pressure, malnutrition and high cholesterol. Review of the resident's care plan dated 02/09/26, showed: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident unable to perform ADL's independently related to unsteady balance and gait disturbance; -At risk for developing a pressure ulcer (also called a bedsore) related to incontinence; -Required assistance from nursing staff with personal hygiene. Observation on 05/05/26 at 7:00A.M., showed: -CNA B applied gloves and assisted resident with a transfer to toilet from wheelchair; -CNA B removed resident's saturated incontinence brief and disposed of it in the trash can; -After resident urinated, CNA B assisted resident to stand, pulled up clean brief and pants and then assisted with transfer to the wheelchair; -CNA B did not provide perineal hygiene to resident; -CNA B removed gloves and washed hands. During an interview on 05/07/26 at 8:06A.M., CNA B said that gloves should be changed between dirty and clean tasks and additionally, all areas where urine has touched need to be wiped, including the buttocks, because urine is bad for the skin and can lead to pressure sores. 3. Review of Resident #30's Quarterly MDS dated [DATE], showed: -No cognitive impairment; -Dependent on nursing staff for all hygiene cares, toileting and transfers; -Diagnoses included: Heart failure, high blood pressure and chronic pain. Review of resident's care plan dated 03/25/26, showed: -Assist of two staff and a mechanical lift required for all transfers; -Resident at risk for skin breakdown related to urinary incontinence; -Required perineal care and application of barrier cream (a specialized skincare product that protects skin from external irritants) after incontinence. Observation of CNA A and CNA F on 05/06/26 at 8:45A.M., showed: -Resident was assisted by staff to the toilet using a mechanical lift; -CNA A removed saturated incontinence brief and put brief in trash can; -After urinating in the toilet, resident was assisted to a standing position; -CNA A wiped resident 3 times in his/her front perineal area; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-CNA A removed gloves, performed hand hygiene and applied new gloves while CNA F pulled up clean brief and pants; -Neither CNA A nor CNA F wiped the resident's buttocks or inner thighs; -Resident was assisted into wheelchair and set up at sink to brush hair and teeth; -Staff removed gloves, gathered trash and left room. During an interview on 05/06/26 at 9:00A.M., CNA F said that all areas where urine had touched needs to be wiped because urine on left on skin can cause problems like redness, rashes and sores. 4. During an interview on 05/07/26 at 8:26A.M., LPN A said: -Any area that urine has touched needs to wiped whether the resident was continent or incontinent; -If perineal care is not done properly, it can lead to skin breakdown and cause the resident to have an odor of urine; -He/She applied barrier cream to any resident that has had an incontinence episode; -Poor perineal care can lead to a urinary tract infection. 5. During an interview on 05/07/26 at 11:00A.M., the Director of Nursing said that all perineal areas need to be cleaned after urinary incontinence including penis, thighs and buttocks to help prevent discomfort and skin breakdown.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a residents received the appropriate care and services to prevent urinary tract infections to the extent possible and when the facility staff failed to ensure proper urinary catheter care was performed for one resident (Resident #6), and additionally when the facility failed to collect a physician ordered urine sample for eight days causing delay in start of treatment for one resident (Resident #30) of the 12 sampled. The facility census was 32. Review of the facility training and competency titled, Combined Catheter Care, undated, showed:- Once care is completed, ensure tubing is strapped to inner thigh;- One wipe, one swipe: no scrubbing or re-using wipes or cloths;- Spread the personal folds with non-dominant hand, with clean cloth/wipe clean the catheter at point of insertion into urethra using a pen roll to cleanse the entire circumference of the catheter;- Hold catheter in place as dominant hand cleanses the extension of catheter tubing down four inches. 2. Review of the facility training and competency titled, Combined Perineal Care Female and Male, undated, showed:- Once a gloved hand has touched something soiled (old depends, garbage can, used trash bags, etc), it cannot be used to touch something clean without removing gloves and performing hand hygiene;- Having a second clean person can assist with this procedure;- Do not place soiled items on the clean surface or bed;- One wipe, one swipe: no scrubbing or re-using wipes or cloths;- Always wipe away from the peri-area. Do not wipe towards as this can bring bacteria/soilage into the peri-area. Review of the facility policy titled, Supporting Activities of Daily Living (ADL's), revised March 2018, showed:- Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADL's;- Residents who are unable to carry out ADL's independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene;- Residents will be provided with care, treatment and services to ensure that their ADL's do not diminish unless the circumstances of their clinical conditions demonstrate that diminishing ADL's are unavoidable;- Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care) and Elimination (toileting);- The resident's response to interventions will be monitored, evaluated, and revised as appropriate. 1. Review of Resident #6's Significant Change Minimum Data Set (MDS) a federally required assessment tool completed by facility staff, dated 03/27/26, showed:- Cognition was not intact;- Was dependent on staff for completing activities of daily living;- Had an indwelling catheter and was always incontinent of bowel;- Diagnoses of Quadriplegia (paralysis affecting all four limbs), encephalopathy (brain disease that leads to altered mental status), schizophrenia, and psychotic disorder. Review of the resident's care plan, revised 03/31/26, showed:- He/She had a history of Urinary Tract Infections (UTI's) and staff were to monitor, document, and report signs and symptoms of UTI to the provider as needed;- He/She was totally dependent on staff for cares;- He/She required mechanical lift with two staff assistance for transfers. Review of the facility's infection surveillance sheets showed the resident was prescribed the (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	antibiotic Levaquin 500 milligrams by mouth, twice daily for five days for Escherichia coli (E.coli) organism UTI with altered mental status (AMS), pelvic pain, malodorous urine and symptom onset of 01/18/26, start date of 01/27/26 and stop date 02/01/26. Review of the resident's electronic medical record showed he/she was transferred by ambulance and admitted to a local hospital on [DATE] with diagnoses of AMS and UTI and discharged back to the facility returning by ambulance on 03/23/26. Observation on 05/05/2026 at 7:07 A.M., showed:- Licensed Practical Nurse (LPN) B knocked and entered the resident's room to perform wound care;- LPN B applied enhanced barrier gown, gloves, raised up the bed, and opened the resident's brief and found feces in the brief;- LPN B grabbed a wipe and wiped the feces down the lower abdominal area toward and into the peri-area and catheter insertion point using multiple swipes per wipe. There were six swipes noted with a single wipe;- LPN B pressed the soiled wipes down between the resident's legs and left them stored on the chuck beneath him/her;- LPN B had the resident roll and the catheter was stretched tightly and not anchored to the resident's thigh;- LPN B provided some slack for the catheter tube and wiped the backside with multiple swipes with each wipe, from three to six wipes per wipe and then wiped down the buttocks crease and anus toward the peri-area which caused the resident to exclaim, boy, all of that hurts;- LPN B began to perform the wound care, struggling to position the resident and continuing to stretch the catheter tubing tightly during the process;- The resident's catheter tube was stretched tightly to the resident's right side;- LPN B completed the procedures and did not spread the resident's skin folds or cleaned the catheter tube directly, and did not ensure there was a catheter lock on leg-anchoring device in place for the resident's catheter tubing. During an interview on 05/05/2026 at 7:58 A.M., LPN B said:- He/She shouldn't wipe feces from the lower abdominal area down to the peri-area or catheter tube. Staff should wipe away from the catheter tube/peri-area;- Staff should perform catheter care throughout the day and he/she would have done it then if he/she had more time;- There should be an anchoring device in place for the catheter. During an interview on 05/05/2026 8:25 A.M., the Infection Control (IC) nurse said: - Nursing staff should try as much as possible to wipe feces away from the catheter tubing and peri-area, not into it;- There should be a catheter anchoring device in place if ordered, but it depends on the care plan too as some residents will pull them off. If that's the case it should be well documented. During an interview on 05/07/2026 at 8:08 A.M., Resident #6 said:- LPN B wasn't able to do catheter care right and kept saying he/she was too hot;- The poor care made him/her feel very insecure, as if he/she didn't have the right help, as if it was his/her fault and it wasn't his/her fault;- LPN B should definitely get more training. During an interview on 05/07/2026 at 10:55 A.M., the Director of Nursing (DON) said:- Feces should be wiped away from the catheter tube or peri-area;- There should only be one swipe per wipe;- The dirty wipe shouldn't be left on the bed, between the resident's legs. They should be thrown in the trash;- There should be an anchor for the catheter tube in place or documented clearly why not;- The catheter tube should not be stretched tightly, pulling at the resident;- Catheter care should be performed after or in conjunction with peri-care;- All areas where feces touched should be cleaned, including peri-area folds. Review of Resident #30's Quarterly MDS dated [DATE], showed: -No cognitive impairment; -Incontinent of urine; (continued on next page)

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	265855	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linden Woods Village	2901 NE 72nd Street Gladstone, MO 64119

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Dependent on nursing staff for all hygiene cares, toileting and transfers; -Diagnoses included: Heart failure, high blood pressure and chronic pain. Review of resident's care plan dated 03/25/26, showed: -Assist of two staff and a mechanical lift required for all transfers; -Resident at risk for skin breakdown related to urinary incontinence; -Required perineal care and application of barrier cream (a specialized skincare product that protects skin from external irritants) after incontinence. Review of the resident's Electronic Medical Record (EMR) showed: -Nurse's progress note, dated 02/12/26 indicated resident had complaints of burning and irritation when urinating, the nurse practitioner was notified and an order received for a UA (Urinary Analysis); -Nurse's progress note dated 02/16/26, that a device had been placed in resident's toilet for urine collection; -Results dated 02/21/26 from a UA collected 02/20/26 indicated urine tested positive for the bacteria Klebsiella pneumoniae; -No new medication or additional lab work ordered after facility notification of positive result; -Nurse's progress note dated 02/26/26 indicated resident had continued complaints of urinary discomfort and had new reports of bladder pain and fullness, provider to be notified of resident condition; -Physician order dated 02/26/25 for Bactrim DS (an antibiotic) for seven days for treatment of UTI; Observation on 05/06/26 at 8:45A.M., showed CNA A and CNA F: -Assisted the resident to the toilet using a mechanical lift; -CNA A removed saturated incontinence brief and put in trash can; -CNA A assisted the resident to a standing position; -CNA A wiped resident 3 times in his/her front perineal area; -CNA A removed gloves, performed hand hygiene and applied new gloves while CNA F pulled up clean brief and pants; -Neither CNA A nor CNA F wiped the resident's buttocks or inner thighs; -Staff removed gloves, gathered trash and left room. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 05/07/26 at 10:40A.M., Resident #30 said: -When there was a delay in collecting ordered UA, he/she felt bad and had to have a shot of antibiotics; -He/She does not know why there was a delay in urine collection as he/she uses the toilet several times daily, but it seems that there is often a delay in care on the weekends; -He/She expected the staff to provide proper perineal care as he/she is no longer and to do it and that is why he/she is at facility. During an interview on 05/06/26 at 9:00A.M., CNA F said that all areas where urine has touched, including inner thigh and buttocks, need to be wiped because urine on left on skin can cause problems like redness, rashes and sores. During an interview on 05/07/26 at 8:26A.M., LPN A said: -Any area that urine has touched needs to wiped whether the resident was continent or incontinent; -If perineal care is not done properly, it can lead to skin breakdown and cause the resident to have an odor of urine; -Poor perineal care can lead to a urinary tract infection; -After an order is received, collection should be done as soon as possible, so that treatment can initiated if indicated; -Delay in collection or testing of urine sample can lead to worsening symptoms for the resident. During an interview on 05/07/26 at 11:00A.M., the Director of Nursing said: -All perineal areas need to be cleaned after urinary incontinence; -Urine should be collected the day an order is received for a UA; -A delay in analysis of urine and the start of antibiotic treatment can cause increased pain to the resident, and could lead to Urosepsis (a life-threatening condition where a UTI spread to the kidneys and enters the bloodstream); -It is not reasonable that a urine sample was not collected until eight days after initial urinary complaints and physician order received; -The laboratory comes to the facility each Monday, Wednesday and Friday to pick up collected blood and urine samples.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review, the facility failed to ensure the medication error rate was less than five percent with an error rate of 24% out of 29 opportunities, when the staff crushed medications for administration that were not supposed to be crushed, additionally when the facility staff failed to administer medication with sufficient water and with, or after food as ordered by the physician. This affected one of 12 sampled residents (Resident #16). The facility census was 32. Review of the facility undated policy titled, Medication Administration Competency: General Guideline, showed staff were supposed to compare the order in the Medication Administration Record (MAR) three times prior to medication administration. Review of the facility undated policy titled, Medication Administration Competency: Oral Medications, showed: -Refer to and follow instructions if medication has additional recommended administration directions (e.g. give with food, with 120 milliliters (mLs) of water); -Crush medications only after ensuring the medication is NOT on the Do Not Crush list; -Do not crush sustained or extended-release medications. Review of the manufacture guidelines 2024., showed that Donepezil (a medication used to treat dementia): -Should be swallowed whole; -Do not crush, break or chew the medication; -Donepezil should be taken at bedtime as it can cause people to become dizzy or drowsy. Review of the manufacture guidelines 2020 showed that Meloxicam (a medication used for arthritis or inflammation) should be swallowed whole; do not crush, break or chew the medication. 1.Review of Quarterly MDS (Minimum Data Set), a mandatory assessment completed by facility staff., dated 4/24/26., showed:-Cognition intact;-Diagnoses: Dementia, diabetes, respiratory failure;-Required assistance with Activities of daily living. Review of Resident #16's Physician Order Sheet, dated 05/05/26, showed:-An order that staff can crush medications if appropriate; -An order for Meloxicam 7.5mg with instructions to take with food and plenty of water; -An order for Metoprolol Succinate Extended Release tablet 25mg (a medication used to treat high blood pressure) with instructions that include not to crush; -An order for Potassium Chloride 20 milliequivalent (MEQ) (a supplement) with instructions not to crush medication, to give with or after food and at least 120 mL of water to avoid GI irritation. Observation on 05/05/26 at 6:23A.M., showed: -CMT B obtained medications, did not verify orders, then placed all medication into a single medicine cup; -CMT B used a crusher to crush all medications, mixed crushed tablets with two spoonful's of applesauce in a medication cup; -Medications administered included Meloxicam, Metoprolol Succinate, Donepezil and Potassium Chloride; -CMT B hand fed medications to the Resident while he/she was still in bed and provided approximately 60mLs of water to the resident during medication administration. During an interview on 05/05/26 at 6:23A.M., CMT B said the Medication Administration Record (MAR) indicated which medications cannot be crushed or have special instructions and that he/she received a report each day with resident's medication administration preferences. During an interview on 05/07/26 at 11:00A.M., the Director of Nursing said that he/she expected physician orders to be followed, and that medications should not be crushed unless ordered to do so, and CMT B should not have crushed the medications.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure proper storage and labeling of medications and biologicals when the facility had an open bottle of lorazepam (an anti-anxiety medication) with no open date for one resident (Resident #8) and three open bottles of stock medications used for multiple residents with no open date. Additionally, when the facility had three opened bottles of glucose control solution (solutions used for daily calibration/testing of bedside blood glucose machines) with no open date. This had the potential to affect all residents with orders for these medications. The facility census was 32.The facility did not provide a policy regarding storage and labeling of medications and biologicals. Review of the facilities undated Healthcare Professional Operator's Manual for the Medline Evencare ProView Blood Glucose Monitoring System (the blood glucose monitoring machine and products used by facility), showed: -Always check the expiration date of the control solution, do not use expired solution; -Record the date on the bottle when opening a new bottle of control solution; -Discard any unused control solution three months after the opening date; -Control solutions are good three months after opening date or until the last day of the month of expiration; whichever comes first. 1.Observation of the nurse's medication room on [DATE] at 9:25A.M., showed an opened bottle of lorazepam with no open date with a pharmacy label for Resident #8. Review of Resident #8's Comprehensive MDS (Minimum Data Set), a mandatory facility assessment completed by facility staff on [DATE]., showed:-Cognition was not intact;-Required staff assistance to provide medications;-Diagnoses: Anxiety, heart failure, diabetes. An observation of the Nurse medication cart located on the East Hall on [DATE] at 8:15A.M., showed: -An open bottle of Aspirin 81mg (used as a heart health supplement) with no open date; -An open bottle of acetaminophen 650 milligram (mg) (used for pain and fever) with no open date; -An open bottle of Vitamin B12 25 microgram (mcg) (a supplement) with no open date; -An open multi-use vial of high glucose control drops and two open multi-use vials of regular glucose control drops, each with no open dates. During an interview on [DATE] at 8:15A.M., Registered Nurse (RN) A said: -Staff were supposed to write the date on the bottle or container when opening for initial use; -He/She was unsure of how long glucose control drops are good for use after opening; -He/She would need to check with the Director of Nursing (DON) to find out what the facility policy is. During a follow up interview on [DATE] at 10:00, RN A said that he/she discarded the oral medications and discussed with the DON the guidelines for the glucose control drops and it was confirmed that the drops are good to use until the manufacturer's expiration date on each bottle. During an interview on [DATE] at 9:25A.M., Licensed Practical Nurse (LPN) A said he/she thought that multi-use bottles of medications are good for 28 days after opening and that medicines start to lose their efficacy if used past expiration dates. During an interview on [DATE] at 11:00A.M., the DON said that all medications should be dated with date they are opened. After opening, a multi-dose bottle of Lorazepam is good to use for 30 days.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program when the facility staff did not wear proper Personal Protective Equipment (PPE) when providing high contact cares for one resident (Resident #3), when the facility staff did not change gloves and perform hand hygiene between dirty and clean tasks (Resident #11) and additionally when the staff failed to sanitize vital sign equipment (blood pressure cuff, thermometer, etc.) between uses on residents (Resident #3 and #11). This affected two of 12 sampled residents. The facility census was 32.Review of the facility policy titled, Enhanced Barrier Precaution (EBP), dated 3/2024, showed:-EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employs targeted gown and glove use during high contact resident care activities;-EBP was indicated for a resident with an indwelling device (instrument inserted into the body to remain for an extended period), even if the resident is not known to be infected or colonized with MDRO;-EBP was utilized when staff perform resident dressing, bathing, transferring from one chair or bed to another and providing hygiene. Review of the facility undated policy titled, Hand Hygiene Competency, showed:-Gloves are disposable and for single use only;-Hands should be sanitized before applying gloves;-Gloves must be changed between dirty and clean tasks/cares. 1. Review of Resident #3's Comprehensive Minimum Data Set (MDS- a federally mandated assessment completed by facility staff), dated 03/05/26, showed:-No cognitive impairment;-Dependent on staff for care of Supra Pubic Catheter (a tube surgically inserted through the stomach and into the bladder, connected to an external collection device to drain and collect urine);-Dependent on staff and use of mechanical lift for transfers from bed to chair, etc;-Diagnoses included: High blood pressure, kidney disease and obstructive uropathy. Review of the resident's care plan dated 02/25/26, showed:-He/She was unable to perform his/her own Activities of Daily Living (ADL) independently due to limited mobility;-Direct care staff were supposed to wear gowns and gloves for all personal cares as resident had a suprapubic catheter;- The resident will remain free from infection. Observation on 05/06/26 at 5:15 A.M. showed:- Registered Nurse (RN) B entering residents room without applying gown or gloves and taking in vital sign equipment;-RN B assessed residents vitals with facility equipment using a blood pressure cuff and thermometer;-RN B administered medications to the resident;-RN B left resident's room with vital sign equipment, wheeled it up the hall and plugged it in without cleaning equipment after use. During an interview on 05/06/26 at 5:20A.M., RN B said that he/she should have worn a gown and gloves to assess vital signs to protect resident from infection and that he/she should have cleaned vital sign equipment after use. Observation on 05/06/26 at 6:40A.M., showed Certified Nurses Aide (CNA) A and CNA B entered the EBP room without appropriate PPE to provide morning care. Transferred the resident from the bed to wheelchair, provided peri care, personal grooming and dressing to resident without wearing isolation gowns. During an interview on 05/06/26 at 6:40A.M., CNA A said that staff were supposed to wear gowns and gloves with the resident as he/she had a urinary catheter. Wearing a gown helps prevent them from infection. 2. Review of Resident #11's Quarterly MDS, dated [DATE], showed:-No cognitive impairment;-Required maximum assist required from staff with toileting hygiene;-Diagnoses included: High blood pressure, malnutrition and high cholesterol. Review of the resident's care plan dated 02/09/26, showed:-Resident was unable to perform ADL's independently related to unsteady balance and gait disturbance;-At risk for developing a pressure ulcer (also called a bedsore);-Required assistance from nursing staff with personal hygiene;-Resident had foot wounds. Observation on 05/05/26 at 7:00A.M., showed:-CNA B applied gloves, did not apply isolation gown and assisted the resident to transfer to the toilet from the bed; -CNA B removed the resident's saturated incontinent brief and put in the trash can;-CNA B applied a new brief and pants for the resident and provided a clean shirt;-CNA B assisted the resident to stand, pulled up the brief and pants and transferred (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident to the wheelchair;-CNA B then touched the resident's face with his/her same gloved hand and told the resident he/she would shave the resident after breakfast;-CNA B set up toothbrush and toothpaste for the resident at the sink with the same used gloves on;-CNA B then removed gloves and washed hands his/her before leaving the room;-CNA B did not change his/her gloves after they were soiled and did not wash his/her hands after becoming soiled. During an interview on 05/07/26 at 8:06 A.M., CNA B said he/she should have changed his/her gloves and washed his/her hands between dirty and clean tasks. 3. During an interview on 05/07/26 at 8:40A.M., the Infection Preventionist said:-Vital sign equipment should be sanitized after each use;-Staff are educated on EBP and have skills checkoffs and competencies when hired and several times throughout the year;-All staff are expected to follow EBP guidelines for patient safety and infection control. During an interview on 05/07/26 at 11:00A.M., the Director of Nursing said that all nursing staff were expected to remove gloves, perform hand hygiene and then apply new gloves when transitioning from a dirty task to a clean task. Blood pressure cuffs and thermometers should be cleaned between residents.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on interview and record review, the facility failed to ensure an assessment of the Level I preadmission screening resident review (PASARR) assessment (used to identify individuals with mental illness or intellectual/developmental disabilities completed before admission to the nursing facility) was completed before admission for one resident (Resident #6). The affected one of 12 sampled residents. The facility census was 32.The facility did not provide a PASARR policy. 1. Review of Resident #6's Significant Change Minimum Data Set (MDS) a federally required assessment tool completed by facility staff, dated 03/27/26, showed:- Cognition was not intact;- Was dependent on staff for completing activities of daily living;- Diagnoses of Quadriplegia (paralysis affecting all four limbs), encephalopathy (brain disease that leads to altered mental status), schizophrenia, and psychotic disorder. Review of the resident's care plan, revised 03/31/26, showed:-He/She had the special instruction that stated Resident is on palliative services. Please do not use the term Hospice in front of resident instead use the term palliative;-He/She used psychotropic medications (medications that affect the mind, emotions, and behavior) and anti-anxiety medications related to schizophrenia, mood disorder with phsychotic features, and dementia with behavioral features;-He/She was totally dependent on staff for cares. Review of the resident's medical record showed that no documentation of a Level I PASARR had been completed. During an Interview on 05/07/2026 at 9:08 A.M., the MDS coordinator said;- The first authorization process is when the PASSAR gets collected and he/she would pick up the residents after that first process which was handled by the Administrator;- The facility got the resident placed on hospice and the resident was being helped with his/her mental health issues by seeing a social worker with hospice who is well versed in dealing with mental disorders. During an Interview on 05/07/2026 at 9:14 A.M., The Director of Nursing (DON) said:- The facility did not have social services at this time and there hadn't been one for six months;- The facility had been unable to locate a PASSAR for the resident. During an Interview on 05/07/2026 at 10:55 A.M., The DON said:- A PASSAR level one pre-screening should be completed on a resident before admission to the facility;- They had not been aware of the requirement to complete the screening but were aware now.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview and record review, the facility failed to provide care and services that meet professional standards when the facility failed to properly document pain and urinary continence status on weekly assessments for one of 12 sampled residents (Resident #30). The facility census was 32.Review of Resident #30's Quarterly Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 04/08/26, showed:-No cognitive impairment;-Reported frequent pain;-Always incontinent of urine;-Dependent on nursing staff for all hygiene cares, toileting and transfers;-Diagnoses included: Heart failure, high blood pressure and chronic pain. Review of the care plan dated 03/25/26, showed:-Resident had chronic pain to arm, legs, and back due to osteoarthritis;-Staff to monitor and record pain characteristics every four hours while awake including quality (sharp, burning), severity (pain score 1-10), anatomical location, onset, duration and aggravating or relieving factors. Review of the Electronic Medical Record (EMR) showed:- Weekly Long-Term Care (LTC) Evaluation dated 04/19/26, documented by nursing staff, (with information gathered during verbal shift to shift report, as well as through documentation review), had no indications of pain (verbal or non-verbal) for the prior seven days and that the resident was continent of urine; -Nursing staff documented 04/13/26 to 04/19/26 the resident remained continent three shifts and was incontinent 18 shifts;- Weekly LTC Evaluation dated 04/26/26, was documented as having not pain for the prior seven days as well as being continent of bladder; -Nursing staff documented 4/20/26 to 4/26/26 the resident remained continent two shifts and was incontinent 17 shifts;-Weekly LTC Evaluation dated 05/03/26, documented by nursing staff, where resident is documented as continent of urine; -Nursing documentation from 04/27/26 to 05/03/26 that resident had remained continent five shifts and was incontinent 14 shifts;-Nursing staff documented 04/13/26-04/26/26 the resident rated his/her pain score, of 1 or more,14 out of the 56 physician ordered pain assessments, of which there was no additional information provided such as quality, onset, location. Review of the medication administration record (MAR) dated 04/2026 showed:- The facility staff documented 04/13/26-04/19/26: 28 administrations of scheduled oral pain medications, seven administrations of as needed oral pain medication, and 21 administrations of two types of topical pain relief (patch and cream);-The facility staff documented 4/20/26-4/26/26: 28 administrations of scheduled oral pain medications, five administrations of as needed oral pain medication, and 21 administrations of topical pain relief. During an interview on 05/07/26 at 10:40A.M., the resident said he/she had pain every day, for years, in several locations and preferred to take oral pain medications around the clock to prevent pain from getting bad. During an interview on 05/07/26 at 5:06A.M., Certified Nurse Aide (CNA) B said he/she documented each resident's continence status towards the end of each shift including this resident. During an interview on 05/06/26 at 8:20A.M., RN A said:-Pain medication should not be administered if the resident was reporting no pain;-He/She tried to not administer scheduled pain medication when resident reports no pain, but resident is insistent to prevent pain from returning, so he/she does administer the medication at resident's request; -It was not reasonable for a Weekly LTC Evaluation for this resident to indicate that he/she had no pain as he/she received scheduled pain medications multiple times each day. During an interview on 5/7/26 at 9:40A.M., the MDS Coordinator said he/she obtained information for the MDS submission from all areas of the EMR including continence information from the nursing documentation; and additionally, that he/she expected the facility staff documented accurately in all areas, as this can affect resident care including pain management, care plans and financial reimbursement. During an interview on 5/7/26 at 11:00A.M., the Director of Nursing said:-Pain score can be documented as zero when administering scheduled pain medications to assist with the prevention of recurring pain;-Pain score should never be a zero for an as needed pain medication;-A reported pain score of zero is acceptable for scheduled pain medications to keep pain at a tolerable level;-Weekly LTC Evaluations should indicate pain on residents that are on scheduled (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265855	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linden Woods Village	2901 NE 72nd Street Gladstone, MO 64119

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pain medications;-He/She expected staff to document accurately to ensure resident receives adequate care;-EMR documentation is used by facility, physicians and other service providers to gather information about residents.