

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  26A293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/15/2024
NAME OF PROVIDER OR SUPPLIER  Clara Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3621 Warwick Boulevard Kansas City, MO 64111	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>42955</p> <p>Based on interview and record review, the facility failed to provide proper notification for an immediate discharge for one sampled resident (Resident #1) out of ten sampled residents. The facility census was 86 residents.</p> <p>Review of the facility's Discharge and Transfer Resident policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-The purpose of the policy was for transferring and discharging residents.</li> <li>-All residents who discharged out of the facility under any circumstances will have an order from his/her attending physician.</li> <li>-Procedure: <ul style="list-style-type: none"> <li>--Assess resident condition and determine the needs for transferring or discharging using nursing or professional judgement.</li> <li>--Provide a written instruction with verbal explanation regarding care, treatment, use of medications or devices to the resident or his/her responsible party.</li> <li>-Discharge based on disruptive, dangerous, violent behavior that affect the safe living environment.</li> <li>--Examples included: harm to others, suicidal attempts, physical or sexual violent/abusive behavior that was determined by the Quality Assurance Team/Safety Committee that the behavior was not controllable or able to be redirected.</li> <li>--The Safety Committee initiates the 24-72-hour observation.</li> <li>--The observation included documentation of the number of behavior occurrences, the frequency of occurrences, and the duration of the occurrence.</li> <li>-The discharge can be immediate in an emergency.</li> </ul> </li> </ul> <p>Review of the Protocol for Discharge Planning policy, undated, showed:</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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42955</p> <p>Based on interview and record review, the facility failed to plan for discharge for one sampled resident (Resident #1) out of ten sampled residents. The facility census was 86 residents.</p> <p>Review of the facility's Discharge and Transfer Resident policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-The purpose of the policy was for transferring and discharging residents.</li> <li>-All residents who discharged out of the facility under any circumstances will have an order from his/her attending physician.</li> <li>-Procedure: <ul style="list-style-type: none"> <li>--Assess resident condition and determine the needs for transferring or discharging using nursing or professional judgement.</li> <li>--Provide a written instruction with verbal explanation regarding care, treatment, use of medications or devices to the resident or his/her responsible party.</li> <li>-Discharge based on disruptive, dangerous, violent behavior that affect the safe living environment.</li> <li>--Examples included: harm to others, suicidal attempts, physical or sexual violent/abusive behavior that was determined by the Quality Assurance Team/Safety Committee that the behavior was not controllable or able to be redirected.</li> <li>--The Safety Committee initiates the 24-72-hour observation.</li> <li>--The observation included documentation of the number of behavior occurrences, the frequency of occurrences, and the duration of the occurrence.</li> <li>-The discharge can be immediate in an emergency.</li> </ul> </li> </ul> <p>Review of the Protocol for Discharge Planning policy, undated, showed:</p> <ul style="list-style-type: none"> <li>-The purpose of the policy was to ensure resident rights for placement and to promote independence and rehabilitation.</li> <li>-Documentation for discharge included: <ul style="list-style-type: none"> <li>--Appropriateness of housing.</li> <li>--Availability of transportation.</li> <li>--Assessment of availability of family/other caregivers.</li> </ul> </li> </ul> <p>(continued on next page)</p>		

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