STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26A293	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clara Manor Nursing Home	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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to ensure they employed a Registered Nurse (RN) for eight consecutive hours per day, seven days per week. The facility census was 88. The facility did not provide the requested nurse staffing policy.Review of the staffing sheets for May 2025 showed no RN scheduled for eight consecutive hours on 05/02, 05/10, 05/11, 05/22 and 05/23.During an interview on 10/17/2025 at 02:40 P.M., the Administrator said they should have RN coverage eight hours a day, seven days a week.

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 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, record review, and interviews, the facility failed to store, prepare and serve food in accordance to professional standards of food service safety when staff failed to date, label, and store food items correctly, failed to maintain environmental and cleanliness standards for the kitchen, failed to adhere to proper standards for personal hygiene and handwashing, and failed to perform daily temperature checks on kitchen equipment. The facility census was 88. Review of facility's Dietary Department Policy, undated, showed:- All dietary services personnel shall at all times wear clean, washable clothes, they are required to keep their hands and fingernails clean at all times;- Staff shall store, prepare, distribute and serve food under sanitary conditions and in a manner that protects it against contamination and spoilage in accordance with food service requirements of Missouri regulations;- Food spoils at room temperature in two hours;- Containers of food are stored on clean surfaces, off the floor, and in a manner to protect them from contamination;- Effective procedures are established for the cleaning of all equipment and work areas;- Procedures for hand washing will be posted in appropriate areas;- Toxic items shall be properly stored, used and disposed of properly;- Hand washing facilities, including hot and cold water, soap in dispenser, and individual paper towels shall always be available in the dietary department;- Facility personnel entering the dietary area will be responsible for the same standards of cleanliness as those required of the dietary staff;- Food in unlabeled contains shall not be accepted or retained;- Weekly checks for labeling and for expired foods will be accomplished;- Temperature checks will be done daily;Request for facility's leftover policy was not provided;Observation in the kitchen on 10/14/25 at 10:00 A.M., showed:Stand-up Refrigerator near ice machine:- Grease and food stains on vents under refrigerator doors;- Juice containers, 15 jugs, no date on when made or use by date, sitting inside of refrigerator;- Three sandwiches in plastic bags no dates or labels on bags;- Two Styrofoam cups unlabeled, 8oz each with no use by dates;- Leftover cheese slices re-sealed with no use by date or label;- 20 individual servings of tarter sauce prepared in-house with no labels or use by dates;- 20 individual servings of cocktail sauce prepared in-house with no labels or use by dates;- Four 32 oz containers of soy milk expired June 2025;- No thermometer in the refrigerator and outside temperature gage is broken;Observation in the kitchen on 10/14/25 at 10:15 A.M., showed:- Kitchen area baseboards near the steam line had heavy dirt on tiles covering a 15 x 6 area near the floor. Corner tile was broken and heavy with dirt over exposed wall area; Stand-up Refrigerator near microwave and bread toaster:- Heavy oily grime on top of refrigerator exterior door, top lip;- Heavy food stains and rust on front of entire refrigerator and freezer doors;- Ground beef large sealed roll, defrosting inside of refrigerator with no label or dates;- Leftover minestrone soup dated 10/11 has no use by date;Walk-in Refrigerator:- Three packages of re-sealed sliced turkey no use by dates or labels;- Black mold-like substance covering the back wall of the refrigerator over a 2' by 2' area;- Sign on front of refrigerator door reads All items must have receipt date and use by date on the package otherwise the item will we disposed of;Walk-in Freezer: - One case of nutritional chocolate shake stored on the floor of the freezer;Dry Storeroom:- 15 gallon plastic storage bins of flour, sugar, and yellow corn meal had no labels and no dates;- Orange gelatin 24oz package resealed with no open or use by dates;- Three bags of brown gravy mix resealed with no open or use by date;- One bag of cane sugar resealed with no open or use by date;Observation in the kitchen on 10/16/25 at 8:50 A.M., showed:- No hand soap at the hand washing station in the kitchen;- Non-kitchen staff member enters the kitchen without washing hands and uses ice scoop to get ice out of the ice machine and load a container;- Dietary Aide (D) came into the kitchen from dumping trash and did not wash hands. Observation in the kitchen on 10/16/25 at 9:00 A.M., showed:- Dietary Aide (D) eating in the kitchen from a tray;Stand-up Refrigerator near ice machine:- One sandwich in a plastic bag without a label or use by date;- 15 juice jugs unlabeled and without a use by date; - Styrofoam cup 8oz with an unknown liquid and no use by (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	date;Stand-up Refrigerator near bread toaster:- Log of meat defrosting on bottom rack, no label or use by date;- One package of turkey unsealed, sliced 32oz plastic bag, not dated with use by date;- Grated carrots 5 pound package unopened with no receipt date or expiration date on bag;Observation in the kitchen on 10/15/25 at 9:45 A.M., showed:- Heavy dirt and oily grime on bottom shelf underneath sink next to the ice team machine covering a 2' x 5' area;- 128 fluid oz hand sanitizer plastic container stored on a shelf underneath the rear area of the three sink cleaning station next to food times of liquid smoke and 1.32 gallons of balsamic vinegar;- 1.32 gallon jug of balsamic vinegar is covered in dirt and dried grime;- Two plastic bags of 32oz bath and body wash stored on the other side of the balsamic vinegar and liquid smoke;- The overhead of the grill area had visible streaks of grease coming from the overhead baffles covering a 12 foot area;Observation in the kitchen on 10/16/25 at 11:30 A.M., showed:- Food debris stains and crumbs from breakfast on two steam line food containers lids;- Stove top not cleaned, baked burnt food encrusted on the burner area of all six burners;- Six sausage links in a metal bin from today's breakfast meal that ended at 8:30 A.M., sitting uncovered on the kitchen preparation table;- Plate of fried eggs uncovered sitting on back table of kitchen from today's breakfast meal that ended at 8:30 A.M.;- Three ceiling tiles over and near the food preparation area had strings of hanging dust one inch in length; - Dietary Aide (D) left the kitchen to the outside trash area and returned to the kitchen to work in the dishwashing area without washing his/her hands and then went to the kitchen preparation area to help stage desserts for the lunch time meal;- Three tier storage cart in kitchen with containers of peanut butter and jelly on the top tier has rusted shelves on each level of the cart. Each rusted tier is two foot by one foot area; Observation in the kitchen on 10/16/25 at 12:15 P.M., showed:- Dietary Aide (B) returning to the kitchen from the dining room with gloves hands, touching the sweaty back of Dietary Aide (C) while passing each other in the kitchen. Dietary Aide (B) without washing hands upon entering kitchen or changing gloves prepares BBQ condiment for a resident by pouring sauce into a plastic 2oz cup;- Industrial fan sitting on shelf running with visible dust caked on exhaust screen grill blowing air directly onto uncovered desserts on foot cart which is also uncovered;- Dietary Aide (B) re-entered the kitchen from outside corridor, took off gloves and put on new gloves without washing hands and started handling food trays and touching food with gloved hands;Observation in the kitchen on 10/16/25 at 12:40 P.M., showed:- Dietary Aide (A) wearing gloves and placing smoked beef from serving line to all individual plates served using his/her hands and not using any tongs or kitchen tools;- Dietary Aide (A) while filling food trays from the steam line was wearing a soiled shirt Record Review of stand up Refrigerator and stand up Freezer near microwave and bread toaster on 10/16/25 at 11:45 A.M., showed:- Last temperatures taken and recorded show 10/13/25 with no temperatures taken on 10/14 through 10/16/25;During an interview on 10/16/25 at 1:20 P.M., the DM said:- The jugs of juice are made fresh daily and are to be used the same day they are made and then disposed of at the end of the day;- The Styrofoam cups contain Kool-Aid for the residents to drink;- The temperature gage on the stand-up refrigerator is broken but staff uses the thermometer inside the refrigerator to take temperatures daily;- Anyone entering the kitchen, especially staff should wash their hands immediately;- Staff should wash their hands between glove changes;- Staff should come to work in clean jeans and a shirt which are comfortable fitting without holes and not frayed. Exposed skin should be covered to avoid burns and for sanitary reasons;- Staff are allowed to eat in the staff break room or in the dining room and should not eat food in the kitchen;- There should be hand soap and paper towels at the hand washing station in the kitchen at all times;- Food containers or packages that are opened should contain a label with the date of when it was opened/resealed, food item name, and use by date;- The staff doesn't label the juice containers since we don't keep them as leftovers even though they are stored in the refrigerator;- Leftover beef should be kept for two days, one day for chicken, no leftover seafood, and two days for pork;- Condiments are changed out every three days;During an interview on 10/17/25 at 10:30 A.M., the Administrator said:- She would not expect dust to be hanging from the overhead in the kitchen over food preparation areas;- She would not (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	expect an industrial fan which is dirty to be blowing on uncovered food and this is something that she has spoken to staff about before to not use those fans in the kitchen;- She would not expect black mold to be on the wall surfaces of the refrigerator;- She would expect staff to use kitchen tongs or some sort of equipment where they were not touching the meat with their hands when serving it to residents;- She would expect staff to take daily temperatures of the refrigerator and freezer;- She would expect staff to wash their hands between gloves changes;- She would expect leftovers to be resealed, dated and have a use by date on the packaged item;- She would expect kitchen surfaces to be free of built-up food debris and dirt;- She would not expect breakfast items to be left out uncovered and unrefrigerated in the kitchen for three hours;

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure four of the 18 sampled Residents (Resident #2, #6, #8, and #12) reviewed for unnecessary medications, and/or their representative were informed of the risks and benefits of a physician ordered antipsychotic, antidepressant, or anti-anxiety medication. The facility census was 88. Review of the facility's Resident Rights Dignity and Privacy policy, undated, showed:- Residents have a right to know about their medical condition and treatments;- Make decisions about their medical care and activities;- Have the right to be informed of all aspects of your care, to participate in planning your care and treatment, including any changes in care and treatment;- Have the right to refuse treatment and to be informed of the consequences of such refusal.1. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/17/25, showed:- Resident had severe cognitive impairment;- Diagnosis: coronary artery disease, diabetes, anxiety disorder, depression, bipolar disorder, and psychotic disorder;- High risk drug classes: antipsychotic, antidepressant, and hypoglycemic.Review of Resident's Care Plan, dated 9/15/25, showed:- Resident receives an anti-psychotropic medication for a delusional disorder;- Educate resident/family/caregivers about risks , benefits and the side effects and/or toxic symptoms of psychotropic medication drugs being given.Review of Resident's Order Summary Report, dated 10/16/25, showed Abilify Oral Tablet 10 milligrams (antipsychotic medication),one tablet daily for delusions was started on 8/7/25. Record review of Resident's Medical Records showed there was no documentation of informed consent for the use of antipsychotic medications for the resident.2. Review of Resident #6's Annual MDS, dated [DATE], showed:- Resident had moderate cognitive impairment;- Diagnosis: cancer, hypertension, depression, and schizophrenia;- Medications included antipsychotic and a antidepressant.Review of Resident's Order Summary Report, dated 10/16/25, showed Quetiapine Fumarate oral tablet 200 milligrams (antipsychotic), once daily at bedtime for mood disorder ordered on 7/28/25.Record review of Resident's Medical Records showed no documentation of informed consent for the use of antipsychotic medications for the resident. 3. Review of Resident #8's Annual MDS, dated [DATE], showed:- Resident was cognitively intact;- Diagnosis: atrial fibrillation (heart rhythm disorder), hypertension, GERD (acid reflux), kidney disease, diabetes, cerebral palsy, stroke, and depression;- High risk drug classes: antianxiety, antidepressant, opioid, and hypoglycemic;Review of Resident's Care Plan, dated 8/19/25, showed:- Resident uses anti-anxiety medication for anxiety disorder. Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms of Buspar;- Resident receives an antidepressant medication. Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms of Celexa and Wellbutrin.Review of Resident's Order Summary Report, dated 10/16/25, showed:- Order date 7/26/25 Bupropion HCL ER oral tablet extended release 150 milligrams (antidepressant), once daily for depressive disorder;- Order date 7/26/25 Buspirone HCL oral tablet 15 milligrams (anti-anxiety), three times daily for anxiety disorder;- Order date 7/26/25 Citalopram Hydrobromide oral tablet 40 milligrams (antidepressant), once daily for major depressive disorder.Record review of Resident's Medical Records showed no documentation of informed consent for the use of anti-anxiety or antidepressant medications for resident.During an interview on 10/15/25 at 10:05 A.M., the Resident said:- He/she did not recall being counseled on the risks and benefits of taking anti-anxiety or antidepressant medications;4. Review of Resident #12's Quarterly MDS, dated [DATE], showed:- Resident had severe cognitive impairment;- Diagnoses: cancer, hypertension, non-Alzheimer's dementia, depression, and psychotic disorder;- High risk drug classes: antipsychotic, anticonvulsant, and antidepressant.Review of Resident's Order Summary Report, dated 10/16/25, showed:- Order date 8/76/25 Seroquel oral tablet 25 milligrams (antipsychotic), once daily for depression;- Order date 7/25/25 Sertraline HCL oral tablet 50 milligrams (antidepressant), once daily for major depressive (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	disorder.Record review of Resident's Medical Records showed no documentation of informed consent for the use of antipsychotic or antidepressant medications for the resident;During an interview on 10/17/25 at 9:30 A.M., the Administrator said:- There currently is no process for obtaining informed consent from residents for the use of psychotropic, anti-anxiety or antidepressant medications.

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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, interview, and record review, the facility failed to provide a homelike environment in the dining room when basic utensils and condiments were not made available, sandwiches were served in plastic bags and residents were not asked what they wanted to eat before being served. Additionally, the facility failed to ensure a homelike environment in the resident hallways by not properly overseeing facility pets which caused unpleasant odors for two Residents (Residents #31 and #43). The facility census was 88.Review of the facility's Resident Rights-Dignity and Privacy Policy, undated., showed all Residents have the right to not have their life regulated beyond what is necessary in providing resident services;Request for policy covering Homelike Environment could not be provided;1. Review of Resident #13's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/1/25, showed:- Resident was cognitively intact:- Diagnosis: cancer, atrial fibrillation (heart rhythm disorder), heart disease, heart failure, hypertension, GERD (kidney disease), diabetes, anxiety disorder, depression, and epilepsy;During an interview on 10/17/25 at 8:53 A.M., the Resident said:- He/she expects the litter boxes to be filled with cat litter. He/she finds the smell unpleasant enough when they do have cat litter but when they are missing the litter it's a horrible smell and should not happen. It has happened on various occasions that there is no litter. 2. Review of Resident #43's Quarterly MDS, dated [DATE], showed:- Resident was cognitively intact;- Diagnosis: hypertension, kidney disease, depression, and anxiety disorder; Observation on 10/15/25 at 3:00 P.M. on the first-floor hallway, showed:- A litter box at the end of the south hall was empty. A facility cat entered the litter box and defecated. A strong odor was observed coming from the box and permeating the area covering15 square feet. During an interview on 10/17/25 at 9:15 A.M., the Resident said:- Cat litter boxes in the hallway are unsightly, unsanitary and he/she hated the smell of them. 3. Review of Resident #8's Annual MDS, dated [DATE], showed:- Resident was cognitively intact;- Diagnosis: atrial fibrillation (heart rhythm disorder), hypertension, GERD (acid reflux), kidney disease, diabetes, cerebral palsy, stroke, anxiety disorder, and depression;Observation on 10/17/25 at 9:30 A.M. on 1st floor hallway, showed the Resident was pushing his/her walker to his/her room with a single plastic spoon lying on the dirty seat cover of the walker. During an interview on 10/17/25 at 9:31 A.M., the Resident said:- He/she carried the spoon around to stir coffee throughout the day. Otherwise, he/she had to knock on the locked kitchen door on the ground floor to ask for a spoon since there are none available at the coffee station. There's cream and sugar that can be added to the coffee but nothing to stir the coffee once the condiments are added. There have been times when no one will answer the door to the kitchen and in those cases he/she can't get a spoon. If I was living at home I would have access to a metal spoon and any silverware I needed whenever I wanted. It's frustrating to go all the way downstairs just to get a spoon. 4. Review of Resident #51's Annual MDS, dated [DATE], showed:- Resident was cognitively intact;- Diagnosis: viral hepatitis and diabetes;During an interview on 10/15/25 at 9:02 A.M., the Resident said:- The kitchen staff don't ask what we want to eat before the meal, they just bring out the tray the same as for everyone else. Does not feel like home not having a choice on what I want to eat before it's served. Also the facility only gives him/her one napkin to use during the meal. If you want more you have to get a staff member's attention to go into the kitchen and get another napkin for him/her to use. The resident was frustrated that there are no napkins on the tables or bottles of condiments available to use. - Meals are served on plates but they are served on a tray like at a cafeteria and not at home. At home he/she doesn't eat on a tray, he/she eats with silverware and plates placed on a table. The condiment baskets have barely enough items in them and seldom match what is being served for the meal. 5. Review of Resident #77's admission MDS, dated [DATE], showed:- Resident is cognitively intact:- Diagnosis: GERD (acid reflux), thyroid disorder, epilepsy, (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	anxiety disorder, bipolar disorder, schizophrenia, post traumatic stress disorder, and psychotic disorder;During an interview on 10/14/25 at 11:53 A.M., the Resident said:- He/she is not provided with any menu cards to order his/her menu items from. Doesn't feel like he/she had any choice on what food to eat that day, which doesn't feel like home. He/she placed spoon on empty cream and sugar packets because the staff doesn't provide a napkin until the meal is served. It doesn't feel very sanitary to rest the spoon on the table which doesn't feel that clean. It's very frustrating. - He/she can get a substitute, but it's normally just a peanut butter and jelly sandwich. It's served in a plastic bag which he/she would not do at home and it doesn't feel fresh. He/she can't tell how long it's been sitting in the refrigerator or when it was made. 6. Observation on 10/14/25 at 11:46 A.M., showed:- Each table had a basket condiment bowl but the bowl contents are not consistent from table to table. One bowl contained multiple salt and pepper packets, one bag of saccharin, no sugar and no creamer;- The dining room had self-serve water and coffee stations. There were no napkins for the residents and no spoons at the drink station or in dining room for residents to stir coffee or beverages.Observation on 10/14/25 at 12:30 P.M. in the dining room showed LPN B and CMT B sitting in the back of the dining room for the entire meal talking and CMT B administering medications as needed for residents at the table he/she was sitting at.During an interview on 10/14/25 at 12:35 P.M., LPN B said I don't need to ask residents if they wanted something else to eat even if they barely touched their meal. They are all alert and orientated and don't need assistance eating so if they want something else they just need to call out and I will get them what they want. Observation of the dining room on 10/15/25 at 11:59 A.M., showed:- [NAME] being served for today's meal. The condiment bowls had some jellies, salt, and pepper but nothing that would normally go on rice;- No spoons at the drink station for the residents to stir coffee;- Three residents drinking coffee with empty creme and/or sugar packets and no utensils to coffee;- Two residents served sandwiches in plastic bags on the food tray;- There are no condiments on the trays that are brought out to the residents;- One resident grabbed three butter packages from a condiment bowl for his/her rice. There were no more butter packages for the other two residents that were eating rice; During an interview on 10/17/25 at 10:10 A.M., the Administrator said:- She would expect that when rice is served to the residents that butter and soy sauce would be available on the tables;- Condiments should be on each tray that is brought out to the residents and condiments not used should go into the baskets on each table for other residents to use;- She would expect plastic ware to be available for residents and they would not have to knock on a locked kitchen door to get help for a spoon or napkin;- She would expect extra napkins on the table for residents so they would not have to ask staff for one each time they needed another napkin during the meal;- She would not expect residents to be served sandwiches in a plastic bag;- The cat litter boxes should be free of odors and full of cat litter. The facility orders the cat litter and picks it up but sometimes there is a lapse between it being cleaned out and the box being replenished with cat litter;- The staff are responsible for re-filling the cat boxes in the facility;

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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. Based on observation, interview, and record review, the facility failed to ensure there were no expired stock medications in the medication carts, failed to ensure all stock medications were dated when opened, failed to label an inhaler with the resident's name for one of the 18 sampled residents (Resident #1), and failed to date opened pens of Insulin for two of the 18 sampled residents, (Resident #73 and #79). The facility census was 88.Review of the facility's Using Stock Medications policy, dated 2024, showed:- Check or place the appropriate labels on the container. Initial name, title, and date.Review of the facility's Insulin Administration policy, dated 2024, showed:- The nurse shall label the insulin with a date and initials upon opening;- The nurse shall dispose of the insulin after 28 days (or as recommended by the manufacturer) from the date labeled on the bottle.Review of the facility's policy, Storing Medications, dated 2024 showed:-Outdated, contaminated, or deteriorated drugs, and those in containers which were cracked, soiled or without secure closures were to be immediately withdrawn from stock.During an Observation and interview on 10/16/2025 at 7:58 A.M., Licensed Practical Nurse (LPN) A was passing medication using the two hall Certified Medication Technician (CMT) medication cart and showed:- Resident #73's Lantus insulin pen was opened and had no open date written on the tag on the pen;- LPN A said he/she would normally date the insulin pens when he/she opens them, but he/she doesn't usually use the CMT medication cart.During an Observation and interview on 10/16/2025 at 8:14 A.M., of LPN A passing medication using the two hall Certified Medication Technician (CMT) medication cart showed:- Resident #79's Lispro insulin pen was opened and had no open date written on the tag on the pen;- LPN A said, same as with the last pen, he/she would normally date the insulin pens.During an Observation and interview on 10/16/2025 at 8:36 A.M., LPN A passing medication using the two hall CMT medication cart showed:- One bottle of facility stock stool softener was unsealed and had not been dated when opened. The bottle had a 9/26 expiration date;- LPN A said he/she would date the bottles when opened normally, but this wasn't his/her usual medication cart.Observation and interview on 10/16/2025 at 9:20 A.M., CMT A passing medication using the two hall CMT medication cart showed:- Resident #1's Symbicort inhaler had no resident identifier on the actual inhaler. Resident name was on the box only;- CMT A said the inhaler should be labeled with the resident's name and then wrote the resident's name on the inhaler. He/She said the inhalers usually have a label on them from the pharmacy, but this one did not.During an Observation and interview on 10/16/2025 at 9:37 A.M., CMT A passing medication using the two hall CMT cart showed:- One bottle of facility stock B12 vitamin was unsealed and had not been dated when opened. The bottle had an 8/26 expiration date;- CMT A said the bottle should have had an opened date but does not.During an Observation and interview on 10/16/2025 at 9:48 A.M., CMT A passing medication using the two hall Certified Medication Technician (CMT) medication cart showed:- Two bottles of geri-tussin, one unsealed with no opened date and both bottles had an expiration date of 12/23; - One bottle of antacid tablets was unsealed with no opened date and had an expiration date of 6/25;- One bottle of milk of magnesia was unsealed with no opened date and had a 4/26 expiration date;- One bottle of zinc was unsealed with no opened date and had an expiration date of 4/25;- The CMT A said the staff try to look at the expiration dates and update the medication cart on the weekends. If the cart is out of a medication or a medication is expired the nurse would try to get or replace the medication. He/She did not notice the expired medications.During an Observation and interview on 10/16/2025 at 10:15 A.M., LPN B:- Was inspecting two hall medication room and noticed an expired, medication secured in the emergency kit in the medication room refrigerator;- LPN B said he/she didn't know where the emergency kit would go or who to give the emergency kit to for disposal;- The emergency kit had expired on 1/24 and contained one bottle of Lantus insulin, one bottle of Aspart insulin, and two foil packs of suppositories.- LPN B said the staff have been trying to (continued on next page)

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	26A293	A. Building B. Wing	10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clara Manor Nursing Home	3621 Warwick Boulevard Kansas City, MO 64111

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	get someone to come get the expired emergency kit, but no one knows who it goes to for disposal.During an Observation and interview on 10/16/2025 at 12:00 P.M., CMT A:- Was inspecting the two hall night shift CMT cart, noted four boxes of stock artificial tears that had an expiration date of 6/24;- CMT A said he/she normally tries to get rid of the expired medications and the staff would get ahold of the Administrator who has the keys to the supply room, and she can replace them. During an Observation and interview on 10/16/2025 at 3:20 P.M., LPN C:- Was inspecting the one hall day shift nurse's cart, and noted one package of glucagon that had an expiration date of 6/29/25;- LPN C said he/she would take care of it and get the expired glucagon replaced. During an interview on 10/17/2025 at 9:55 A.M., the Administrator said:- There should definitely not be expired medications in the medication carts or in the medication room refrigerators;- Regarding the expired emergency kit, she told LPN A, last week that it needed to be destroyed;- The insulin pens and the stock medications should be dated when they are opened;- The resident's inhalers should have their names on them. Usually, the pharmacy had a label on it already, but staff should make sure it is there. During an interview on 10/17/2025 at 11:11 A.M., LPN B said:- There should not be expired medications in carts or refrigerators;- The insulin pens and the stock medications should be dated when they are opened, and the resident's inhalers should have their names on them.

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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 ensure staff provided care in a manner to prevent infection or the possibility of infection when staff did not use proper Enhanced Barrier Precaution (EBP) signage for two residents with indwelling medical devices Resident #42 and #85 and when Certified Medical Technician (CMT) A failed to wash his/her hands and apply clean gloves before he/she administered medications for two residents Resident #79 and Resident #70. This affected four of the 18 sampled residents (Resident #42, #85, #79 and #70). The facility census was 88. Review of the facility's Enhanced Barrier Precautions policy, undated, showed:- Enhanced Barrier Precautions (EBP) are intended to be used for the duration of a resident's stay in a facility. A transition back to Standard Precautions alone might be appropriate for residents placed on EBP solely because of the presence of a wound or indwelling medical device when the wound heals or the device is removed;- Gowns and gloves are the minimum level of Personal Protective Equipment (PPE) required for these high-contact resident care activities. However additional PPE may be required;- An indwelling medical device provides a direct pathway for germs in the environment to enter the body and cause infection. Examples include indwelling urinary catheters, feeding tubes, and tracheostomy tubes;- EBP are indicated for residents with indwelling medical devices;- EBP is used when performing high-contact resident care activities including dressing, transferring, providing hygiene, and device care or use;- The facility provided a copy of the sign that should be applied near the resident's door that would remind staff to stop a utilize EBP for high-contact resident activities. 1. Review of Resident #42's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/12/25, showed:- Cognitive skills intact;- The resident required substantial assistance from staff for transfers, toilet use, showers, dressing, and personal hygiene;- Diagnoses included: neurogenic bladder (a condition where the nerves that control the bladder are damaged or malfunctioning, leading to problems with urination), osteoporosis (a condition that weakens bones, making them more prone to fractures), and high blood pressure. Review of the Resident's care plan, revised 10/9/25, showed:- The resident had a suprapubic catheter related to neurogenic bladder;- The resident required Enhanced Barrier Precautions (EBP) related to suprapubic catheter;- The nursing staff were to use EBP when performing high contact resident care activities including hygiene, changing linens, device care or use. Review of the Resident's Physician Order Sheet (POS), showed:- Prescriber order written on 9/19/25: EBP for residents with specific high-risk conditions, such as indwelling medical devices. Observation on 10/14/25 at 10:40 A.M., showed:- No EBP sign on or near the resident #42's door;- No EBP supply box inside or outside near the resident's room. 2. Review of Resident #85's care plan, dated 7/31/25, showed:- The resident had an indwelling foley catheter related to neurogenic bladder;- The resident required EBP related to foley catheter;- The nursing staff were to use EBP when performing high contact resident care activities including hygiene, changing linens, device care or use. Review of the Resident's Quarterly MDS, dated [DATE], showed:- Cognitive skills intact;- The resident used a wheelchair but was independent on all activities of daily living (ADL's);- Diagnoses (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	included: neurogenic bladder and high blood pressure. Review of the Resident's Physician Order Sheet (POS), showed:- Prescriber order written on 9/19/25: EBP for residents with specific high-risk conditions, such as indwelling medical devices. Observation on 10/14/25 at 9:48 A.M., showed:- No EBP sign on or near resident #85's door;- No EBP supply box inside or outside near the resident's room. Observation on 10/15/2025 at 12:25 P.M., showed: - No EBP signs on or near resident #85 or #42's doors;- No EBP supply boxes inside or outside near the residents' rooms. During an interview on 10/16/2025 at 11:58 A.M. Licensed Practical Nurse (LPN) A said:- EBP would be used if it is a contagious respiratory issue, catheter, or something like that;- The staff would put signs outside the resident's door and a supply box outside the resident's room with gowns, gloves, and bags;- If there was a resident with a catheter the staff were supposed to utilize the PPE when providing cares;- There was supposed to be a sign and box outside the resident rooms if they have a catheter, but they are not there and he/she was not sure if the protocol had changed, but they used to be there. During an interview on 10/16/2025 at 3:25 P.M., Registered Nurse (RN) C said there should be EBP signs outside the rooms that require them. Observation on 10/17/25 at 8:44 A.M., showed the EBP signs have been placed beside the doors of resident #42 and #85. During an interview on 10/17/2025 at 9:55 A.M., the Administrator said:- If a resident had an order for EBP there should be a sign and a supply box outside the room;- She wasn't happy when she found out staff weren't utilizing the EBP signs and the supply boxes;- The EBP signs were up now but she thinks a staff member decided to take all the boxes downstairs and she was trying to locate them;- The residents with indwelling catheters, who are on dialysis, who have draining wounds, and a nephrostomy are the residents here with issues that would require EBP. During an interview on 10/17/2025 at 11:11 A.M., LPN B said:- If a resident had an order for EBP, there should be a sign and supply box outside the room;- The EBP should be utilized for residents who have catheters. Observation on 10/17/2025 at 11:57 A.M., showed:- The EBP signs and the EBP supply boxes had been recently placed per facility policy outside the resident rooms that required them. 3. Review of the facility's undated Hand Washing Policy, showed:-All care staff must apply proper hand washing before, after and between resident care;-Nursing staff must comply with hand washing policy;-Hand washing should be done when handling clean and contaminated, medication or treatment administration and after touching unsanitary objects. Review of Resident #79's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff dated 07/22/25, showed:-No cognitive impairment;-Independent with Activities of Daily Living (ADL)s;-Diagnoses included schizophrenia, Post Traumatic Stress Disorder (PTSD, a mental health condition that's caused by an extremely stressful or terrifying event) and diabetes. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #79's care plan dated 7/22/25 showed a diagnosis of Diabetes. 4.Review of Resident #1's Quarterly MDS, dated [DATE]/25, showed:-Cognitively intact;-Substantial assist with ADLs;-Diagnosis included schizophrenia, high blood pressure and diabetes. Review of Resident #1's care plan dated 9/3/25 showed a diagnosis of diabetes. Observation on 10/15/25 at 12:21 P.M., showed:-CMT A walked down the hall with gloved hands;-CMT A held an insulin pen in his/her right hand and entered resident #79's room;-CMT A administered the insulin to resident #79;-CMT A did not remove his/her gloves or wash his/her hands before or after he/she gave resident #79 the insulin;-CMT A wore the same gloves and exited resident #79's room and walked up the hall to the medication cart;-CMT A opened the medication cart with the same gloved hands and placed resident #79's insulin pen in the cart;-CMT A used the same gloved hands and opened the second drawer of the medication cart;-CMT A used the same gloved hands and prepared resident #1's medications; -CMT A used the same gloved hands and opened the Medication Administration Records (MAR)s for the 200 hall and wrote resident #1's medications in the MAR;-CMT A entered resident #1's room and administered the resident's medications;-CMT A did not change his/her gloves or wash his/her hands before or he/she administered resident #1's medications;-CMT A wore the same gloves and exited resident #1's room and then went back to the medication cart;-CMT A failed to change gloves or wash/sanitize his/her hands before he/she administered resident #79's insulin and when he/she administered resident #1's medications. During an interview on 10/15/25 at 01:08 P.M., CMT A said:-He/She did not realize he/she had not changed gloves and/or washed hands between resident #79 and #1;-He/She should not walk down the hall with gloved hands;-He/She should have washed his/her hands and change gloves before she gave resident #79 his /her inulin;-He/She should have washed his/her hands and applied clean gloves before she gave resident #1 his/her medications. During an interview on 10/15/25 at 01:22 P.M. Licensed Practical Nurse (LPN) A said:-Staff should change gloves and wash hands in between residents;-Staff should not walk in the halls with gloves on;-He/She expected staff to practice good hand hygiene. During an interview on 10/16/25 at 1:25 P.M., Registered Nurse (RN) B said:-Staff should wash hands and apply clean gloves before and after each resident;-CMT A should not have walked down the hall with gloves already on. During an interview on 10/17/25 at 10:14 A.M., the Administrator said:-She expected CMT A to change his/her gloves and wash his/her hands before he/she gave resident #79 insulin;-She expected CMT A to wash his/her hands and apply clean gloves before he/she gave resident #1 his/her medication;-Staff should not have walked down the hall with gloved hands.

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F 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident has the right to receive notices in a format and a language he or she understands. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to protect the resident's rights, when the facility did not post the State Survey Agency contact information for Residents (Residents #13, #38, and #86) and anyone else who wanted to file a complaint. The facility census was 88. Review of facility's Resident Rights-Dignity and Privacy policy, undated, showed:- All residents have the right to complain and be heard;- Residents have the right to free access to any representative of the state or federal government. 1. Review of Resident #38's Quarterly Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 9/30/25, showed:- The resident is cognitively intact;- Diagnosis: diabetes, cerebral palsy, anxiety disorder, bipolar disorder, and depression.During an interview on 10/17/25 at 8:15 A.M., the Resident said the only way to contact the state is to look up the number online from my computer. He/she doesn't recall the number being posted anywhere in the building. 2. Review of Resident #86's Minimum Data Set (MDS) information was not available. During an interview on 10/17/25 at 9:15 A.M., the Resident said He/she did not know where the state phone number was posted in order to make a complaint to the state agency regarding the facility. 3. Review of Resident #13's Annual MDS, dated [DATE], showed:- Resident was cognitively intact:- Diagnosis: cancer, atrial fibrillation (heart rhythm disorder), heart disease, heart failure, hypertension, GERD (kidney disease), diabetes, anxiety disorder, depression, and epilepsy.During an interview on 10/17/25 at 10:10 A.M., the Resident said he/she thought the phone number to contact the state was in the private telephone room that the residents use to make phone calls. He/she doesn't recall seeing it anywhere else.Observation of the facility on 10/16/25 at 2:25 P.M., showed there was no posted information regarding the state telephone number or how residents could file a complaint. During an interview on 10/17/25 at 10:30 A.M., the Administrator said the number to contact the state used to be posted in the private telephone room that the residents use and must have been taken down when the rooms were painted a few months ago. All residents should have access to the State Survey Agency information at any time and it should be posted.

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to protect the rights of residents, when the facility did not provide access to read or view the most recent State Survey Inspection conducted at the facility. This affected all residents. The facility census was 88.Review of the facility's undated Resident Rights-Dignity and Privacy Policy showed all Residents have the right to examine results of facility inspections including plans of correction.1. Review of Resident #86's Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, was not available. During an interview on 10/17/25 at 9:15 A.M., the Resident said he/she had not seen the state survey book and had not known where it was supposed to be kept for review. 2. Review of Resident #13's Annual MDS, dated [DATE], showed:- The Resident was cognitively intact:- Diagnosis: cancer, atrial fibrillation (heart rhythm disorder), heart disease, heart failure, hypertension, GERD (kidney disease), diabetes, anxiety disorder, depression, and epilepsy;During an interview on 10/17/25 at 10:10 A.M., the Resident said he/she does not know where the state survey book was located. Observation of the facility on 10/17/25 at 8:30 A.M., showed no posted signs on the ground floor, 1st floor, or 2nd floor of the facility indicating where the state survey book was located for the facility residents to review. During an interview on 10/17/25 at 10:30 A.M., the Administrator said the state survey book used to be at the front desk for residents to review. The Administrator did not know where it was currently located.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one Resident (Resident #77) remained free from smoke and fire hazards when the facility failed to prevent a resident from smoking in an unauthorized location in the facility. The facility census was 88.Review of facility's undated, Smoking Policy, showed;- Residents are to only smoke in posted designated areas during designated times posted on the first and second floors. An assigned staff member will monitor smoking activity;- Staff will make rounds every hour to monitor residents who are identified with risk behavior from history of smoking in non-designated areas;- If a resident is found to be noncompliant with the smoking policy, they will be placed on a 15 minute to an hourly monitoring process for 14 days;- Non-designated/prohibited smoking areas are Resident rooms, restrooms, shower rooms;- Designated Smoking Areas: Car port, Front Porch, Second Floor smoking area.1. Review of Resident #77's admission Minimum Data Set, a federally mandated assessment instrument completed by facility staff, dated 8/7/25, showed:- Resident is cognitively intact:- Diagnosis: GERD (acid reflux), thyroid disorder, epilepsy, anxiety disorder, bipolar disorder, schizophrenia, post-traumatic stress disorder, and psychotic disorder;During an interview on 10/16/25 at 9:00 A.M., the Resident said, Resident #37 is my roommate and he/she smokes in the bathroom multiple times during the week, and it makes me nervous and scared! He/she was worried that roommate will start a fire in the room.Observation on 10/16/25 at 9:15 A.M. showed the smell of cigarette smoke coming from the Resident's bathroom was strong.2. Review of Resident #37's Quarterly MDS, dated [DATE], showed:- Resident was cognitively intact;- Diagnosis: hypertension, hip fracture, stroke, and anxiety disorder;Review of the resident's Care Plan, dated 7/15/25, showed the resident can smoke unsupervised. The resident should be instructed about smoking risks and hazards and about smoking cessation aids that are available. Notify the charge nurse immediately if it is suspected that the resident has violated facility smoking policy. Observation on 10/15/25 at 10:40 A.M. showed the resident outside his/her room with a pack of cigarettes poking out of his/her pocket;During an interview on 10/15/25 at 10:43 A.M., the Resident said, I sometimes smoke in the bathroom of my room, because it's so far to walk to the smoking area outside.During an interview on 10/16/25 at 2:20 P.M., Housekeeper A said he/she monitors resident rooms for smoking through the smell and observation of ashes or the yellowing of the walls. If he/she had an indication that a resident had smoked in an unauthorized location, he/she would contact the charge nurse. It had been six months or more since he/she had known of anyone smoking in their room.During an interview on 10/17/25 at 9:12 A.M., the Executive Assistant said:- He/she passes out cigarettes to residents and buzzes residents through the doors so they can smoke in designated smoking areas. Residents can smoke on the 2nd floor in an enclosed area that is locked during meals but otherwise is open to the residents at all times. Residents can smoke on the 1st floor outside seating area, or they can also smoke on the ground floor outside in the entrance parking lot. They are not allowed to smoke in their rooms or inside the facility except for the 2nd floor enclosed area. - The smoking policy had no constraints on when residents can smoke but they must smoke in designated areas. This would be a fire and safety hazard to smoke in their rooms. If anyone is suspected or caught smoking in their room, they are put on an hourly wellness check to see where they are in the building and to make sure, they are not smoking in an unauthorized area. Currently there are no residents on the hourly monitoring program. During an interview on 10/17/25 at 10:30 A.M., the Administrator said:- Residents are not allowed to smoke in their rooms or bathrooms;- Housekeeping monitors for smoke in resident rooms when they are doing their cleaning and will report to the charge nurse if they smell cigarette smoke;- Housekeeping will also look for cigarette butts, ashes, smells and yellowing of walls as indicators of residents smoking in their room.