STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26A443	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hope Care Center	115 East 83rd Street Kansas City, MO 64114

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 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 appropriate sanitation of dish and cookware when the facility's dish machine was not dispensing an adequate amount of chemicals to sanitize the food prep and service items. The facility census was 16 residents.A policy regarding dishwasher maintenance or chemical disinfecting was requested and not received.1. Review of the facility's blank Daily Dietary Checklist, undated, showed the kitchen staff were to record water temperature and parts per million (PPM-a unit of concentration that expresses the amount of a substance within a million parts of a solution or mixture) of the sanitizer agent.Review of the facility's dishwasher manufacturers operation manual, undated, showed the minimum PPM chlorine (a chemical used as a disinfectant in water, a bleaching agent) required was 50 PPM.Review of the facility's Dish Machine Log dated August 2025, showed the dishwasher PPM was documented daily as 110 to 70 throughout the month.Observation on 9/4/2025 at 9:55 A.M., showed:-A dishwasher chemical sanitization test strip (a small strip of paper that changes color when exposed to water containing chlorine) indicated there was approximately 10 PPM of chlorine in the water. -The Kitchen Manager immediately ran the dishwasher and retested with a new test strip.-The second test showed it was darker than first test but still below 50 PPM.-There was a bucket located under the dishwasher with hoses that lead from the bucket to the dishwasher, allowing the chemicals to be fed to the dishwasher.-There was a small kink in the hose near the bucket.During an interview on 9/4/2025 at 9:55 A.M., the Kitchen Manager said:-The dishwasher used chemicals for sanitization of the facility's food preparation and service utensils.-He/She used test strips at least daily to check the PPM.-He/She expected the correct amount of chemical to be released to meet sanitization.-He/She noted the kink in the hose, maneuvered the hose and ran the dishwasher again.During an interview on 9/5/2025 at 9:16 A.M., the Kitchen Manager said he/she or the [NAME] checked the dishwasher daily and recorded on the dishwasher log. Observation on 9/5/2025 at 10:43 A.M., showed:-The dishwasher was run by kitchen staff, and a new test strip was used to test the water.-The test strip showed below 50 PPM.During an interview on 9/5/2025 at 1:56 P.M., the Maintenance Director said:-He/She used a Total Dissolved Meter (TDM-a handheld device that measured the total dissolved solids in a liquid) to measure the PPM in the dishwasher water.-The meter showed 70 PPM.-The Kitchen Manager went to the store to get new test strips.-He/She was unsure how old the test strips were.Observation on 9/8/2025 at 11:20 A.M., showed:-The [NAME] ran the dishwasher and used the test strip which showed the chlorine level to be not quite 50 PPM.-The cook ran the dishwasher again and the test strip showed approximately 40 PPM.During an interview on 9/8/2025 at 11:20 A.M., the [NAME] said:-He/She ran the dishwasher and tested the water with the new test strips.(it showed less than 50 PPM)-He/She ran the dishwasher again, using a new test strip, looked at the test strip and noted it was around 40 PPM.-He/She expected the dishwasher chemicals to be correct and use enough to reach 50 PPM.During an interview on 9/9/2025 10:01 A.M., the Administrator said:-The facility did not have policies regarding dishwasher maintenance or chemical disinfecting. -He/She provided a checklist that kitchen staff complete daily. -He/She expected the dishwasher to disinfect the dishes properly with the correct PPM.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Put firmly secured handrails on each side of hallways. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain two handrails firmly attached to the wall outside of resident rooms [ROOM NUMBERS]. This practice potentially affected at least 4 residents who resided in those rooms. The facility census was 16 residents.1. Observation on 9/5/24 at 11:38 A.M. and on 9/8/25 at 11:17 A.M., showed two handrails outside of resident rooms [ROOM NUMBERS] which were not firmly attached to the wall.During an interview on 9/8/25 at 11:17 A.M., the Maintenance Director said:-The handrail had not been loose that long.-A resident from resident room [ROOM NUMBER] used the handrail when he/she left his/her room.During an interview on 9/9/25 at 2:25 P.M., the Maintenance Supervisor said the handrails were checked once per month.

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to prevent the presence of a black substance on the ceiling and failed to repair an eight foot (ft.) long area where a black substance leaked from the ceiling of Furnace room [ROOM NUMBER]. The facility also failed to maintain an outdoor handrail supporting system outside of the kitchen in good repair due to the crumbling of the concrete area which supported that handrail. This practice affected one non-resident use area and at least 7 residents who resided in that area of the facility, that would use the exit discharge (the portion of the means of egress between the building exit and the public way, street, alley, or other similar parcel of land essentially open to the outside air deeded, dedicated, or otherwise permanently appropriated for public use) which went through the service area next to the kitchen. The facility census was 16 residents.1. Observation on 9/8/25 at 9:59 A.M., with the Maintenance Director of furnace room [ROOM NUMBER], showed:-The presence of several areas of a black substance on the ceiling of the furnace room.-An eight ft. long leak from the ceiling to the floor of a black colored substance.During an interview on 9/8/25 at 10:01 A.M., the Maintenance Director said:-He/she was not sure about the origin of the black substance on the ceiling of furnace room [ROOM NUMBER].-The area of the black colored leak had additional leaking when it rained.2. Observation on 9/8/25 at 12:39 P.M., showed:-One post of a handrail at the outdoor exit discharge from the service passageway adjacent to the kitchen was in concrete that was crumbling away. -The crumbled area was 8 inches (in.) high, 12 in. wide and 6 in. long, with visible rust from the metal post.During an interview on 9/9/25 at 9:53 A.M. the Administrator said the concrete was in need of repair and that area had been overlooked previously.