

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26E084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Myers Nursing & Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2315 Walrond Avenue Kansas City, MO 64127	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42984</p> <p>Based on interview and record review, the facility failed to meet the required discharge requirements for one resident (Resident #1) out of three sampled residents. The facility census was 68 residents.</p> <p>Review of the facility's Protocol for Discharge Planned dated 2022 showed:</p> <ul style="list-style-type: none"> -Residents who were admitted to the facility would be assessed for potentials upon admission, quarterly and whenever needed as wished or voice by the resident or facility professional staff. -The Quality Assurance (QA) committee discussed the potential discharge (immediate discharge, involuntary discharge) to investigate and analyze if the discharge was the best interest for the residents in the facility and/or for the resident who was discharged . -The QA committee would carefully monitor and discuss before making the decision and consult with the resident's primary physician, family or designated power of attorney (DPOA). When the committee agreed with the decision, the director of operations would be notified and discussed. -The director of operations would authorize the discharge notice. The facility would obtain the physician's order for discharge. -The administrator would issue the letter of notice to the resident and family. <p>1. Review of Resident #1's Admission Record face sheet showed he/he was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Anxiety disorder, (persistent and excessive worry about various aspects of life). -Depression, (a mental illness characterized by feelings of sadness, hopelessness and lack of interest or pleasure in activities once enjoyed). -Adjustment disorder, (a mental health condition characterized by emotional and behavioral symptoms in response to a stressor or group of stressors). -He/She was his/her own responsible party. <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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Quarterly Minimum Data Set (MDS-a federally mandate assessment tool required to be completed by staff), dated 2/6/24, showed he/she was cognitively intact.</p> <p>Review of the resident's Notice of Discharge (Immediate Notice) dated 4/29/24 effective at 2:15 P.M. showed:</p> <ul style="list-style-type: none"> -The safety of individuals in the facility was endangered due to clinical or behavioral status of the resident. -The health of individual in the facility would otherwise be endangered. -The reason for the discharge was his/her physical attempt for suicide by taking a pair of scissors and trying to cut his/her left wrist and continued verbalization of suicide. -Due to the seriousness and/or violent nature of the discharge, filing the appeal would not allow him/her to remain in the facility until the hearing was held unless a hearing officer found otherwise. -There was no discharge location. <p>During an interview on 5/10/24 at 9:46 A.M., Ombudsman A said:</p> <ul style="list-style-type: none"> -The resident had filed an appeal effective 5/10/24. -The facility had been notified. -The facility would be recommended to take the resident back from the hospital. -There was no letter provided for discharge to the resident or the hospital. -There was a letter the resident signed in the ambulance and sent to the Ombudsman's office, however a copy was not given to the resident. -The resident was in crisis when he/she signed. <p>Review of the resident's Order of Dismissal of discharge date d 5/15/24 showed:</p> <ul style="list-style-type: none"> -The facility discharged the resident on 4/29/24. -The discharge notice failed to meet the requirements for the discharge notice. -The discharge notice failed to contact the required information prescribed in the provisions of 19 CSR 30-82.050, Specifically : --(4)(B)5. that filing an appeal will allow a resident to remain in the facility until the hearing is held unless a hearing official finds otherwise; --(4)(B)6. The location to which the resident is being transferred or discharged . <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The facility did not meet the requirements for appropriate discharge to the resident.</p> <p>During an interview on 5/20/24, Ombudsman A said:</p> <p>-The letter provided to the resident was invalid, so the hearing unit sent a dismissal of the discharge notice.</p> <p>-The letter did not have the information that the resident was allowed to remain in the facility until the hearing decision and it did not have a location for new placement.</p> <p>-On 5/10/24, Ombudsman B reached out to the facility and spoke with the social worker and administrator on-site, advocating for the resident to come back, since the discharge letter was invalid and the resident was in mental health crisis when he/she signed it.</p> <p>-On 5/15/24, the hospital social worker reached out to the facility and the facility social worker said he/she could not return.</p> <p>During an interview on 5/30/24 at 3:00 P.M., Social Worker A said the resident got a copy of his/her discharge notice when he/she signed it.</p> <p>During an interview on 5/31/24 at 3:00 P.M., the Administrator said:</p> <p>-He/She made the decision to discharge the resident.</p> <p>-He/She got a letter stating the resident's discharge was inappropriate from [NAME] City. By that time the resident had already been placed at another facility.</p> <p>MO00235779</p>

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42984</p> <p>Based on interview and record review, the facility failed to permit one sampled resident (Resident #1) to return to the facility out of three sampled residents. The facility census was 68 residents.</p> <p>1. Review of Resident #1's Admission Record face sheet showed he/he was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Anxiety disorder, (persistent and excessive worry about various aspects of life). -Depression, (a mental illness characterized by feelings of sadness, hopelessness and lack of interest or pleasure in activities once enjoyed). -Adjustment disorder, (a mental health condition characterized by emotional and behavioral symptoms in response to a stressor or group of stressors). -He/She was his/her own responsible party. <p>Review of the resident's Care Plan dated 11/7/23 showed:</p> <ul style="list-style-type: none"> -The resident had a diagnosis of depression and was being medicated and observed for it. -The resident did not have any care planning for behaviors. <p>Review of the resident's Quarterly Minimum Data Set (MDS-a federally mandated assessment tool required to be completed by staff for care planning), dated 2/6/24, showed he/she was cognitively intact.</p> <p>Review of the resident's Nurse's Notes dated 4/29/24 at 2:00 P.M. showed he/she had a suicidal attempt and was transferred to the hospital.</p> <p>Review of the resident's Social Service Progress Notes dated 4/29/24 at 2:20 P.M. showed the resident was served an immediate discharge notification for suicidal attempt and ideation.</p> <p>Review of the hospital Progress Notes dated 5/2/24 showed:</p> <ul style="list-style-type: none"> -The facility was contacted to inquire about discharge and return at 12:51 P.M. -Qualified Mental Health Professional/Social Worker A (QMHP) asked to speak with someone regarding discharge arrangements for the resident. He/she was transferred to the DON. -The DON asked for the resident's name and responded that he/she had been discharged . -The DON refused to state a date. He/She responded to each question that he/she didn't have the patient's information in front of him/her and refused or was unable to provide details to QMHP's questions. <p>(continued on next page)</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The administrator made the decision of not allowing the resident to come back.</p> <p>During an interview on 5/31/24 at 3:00 P.M., the Administrator said:</p> <p>-He/she had made the decision the resident could not return to the facility after the resident hospital stay. He/she had discharged the resident.</p> <p>-He/She did not talk to an ombudsman, but got a letter stating the resident's discharge was inappropriate from [NAME] City. By that time the resident had already been placed at another facility.</p> <p>During an interview on 6/5/24 at 2:00 P.M., Hospital Social Worker A said:</p> <p>-The facility did not provide any paperwork for the resident.</p> <p>-The hospital staff checked through the resident's clothing and found nothing.</p> <p>-The resident signed his/her discharge notice while being transported by the EMTs.</p> <p>MO00235779</p>