STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265308	A. BUILDING _____ B. WING _____	C 05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW MARK REHAB AND HEALTHCARE CENTER	11221 NORTH NASHUA DRIVE KANSAS CITY, MO 64155

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 628 SS=D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or	F 628		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 5-22-25

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.

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F 628	Continued From page 1 discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights,	F 628		

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F 628	Continued From page 2 including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the	F 628		

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F 628	Continued From page 3 State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes,	F 628		

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F 628	Continued From page 4 but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to provide an appropriate discharge when staff failed to provide written notice of discharge that included the date and location the resident would be discharge to, statement of appeal rights and the name, address, or telephone number of the Office of the State Long Term Care Ombudsman (advocates for the residents in nursing facilities) to one sampled resident (Reisdent #1). The facility's census was 161. Review of facility policy regarding Transfer and Discharge, revised 10/24/22, showed: - The facility may not transfer or discharge a resident while the appeal to the notice of transfer/discharge is pending, unless it is documented that failure to transfer or discharge the resident would endanger the health or safety of the resident or other individuals; - In cases in which 30 days' notice is not possible, the notice of transfer or discharge should be	F 628		

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F 628	Continued From page 5 provided to the resident or resident representative as soon as practicable; - Documentation of written or telephone acknowledgement of the resident's transfer by the resident's representative may occur after the transfer in an emergency; - Documentation relating to resident's transfer/discharge will be maintained in the resident's medical record; - The Notice of Proposed Transfer/Discharge must be completed by the facility and sent to any legally authorized representative of the resident and to at least (1) family member; - Before the facility transfers a resident to a hospital the facility will provide written information to the resident or his/her resident representative which covers the bed hold policy and it's duration; - In an emergency transfer/discharge to a hospital the facility will: notify the attending physician, notify the receiving facility that the transfer is being made, notify the resident's representative; - Prior to discharging the resident, the facility will prepare a Discharge Summary and will document the summary in the resident's medical record; - The medical record will contain written documentation from the resident's attending physician that the resident is transferred/discharged because it is necessary for the resident's welfare and resident's needs cannot be met in the facility; - Documentation and education provided to a resident or his/her resident representative in preparation for transfer/discharge will be provide in a language that he/she understands; Review of Resident #1's Admission Record, dated 5/2/25, showed: -Admitted from acute care hospital on 4/8/25; - Resident has a DPOA invoked;	F 628		

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F 628	Continued From page 6 - Diagnoses: Congestive heart failure, neurocognitive disorder with Lewy bodies (a neurodegenerative disorder characterized by progressive cognitive impairment, visual hallucinations, and motor symptoms like Parkinsons), repeated falls, difficulty in walking, unsteadiness on feet, restlessness and agitation, dementia, and acute kidney failure; Review of Resident's Care Plan, revised 4/22/25, showed: - Resident is on Hospice; - Resident is at risk for elopement and door seeking, hospice services to evaluate and adjust medications as needed; - Resident has trauma from working as a police officer and homicide detective. Evaluate recommendations of psychiatric/behavioral health professions and implement as appropriate; - Resident has a behavior problem related to Lewy Body Dementia having vivid hallucinations and delusions. Administer medications as ordered and monitor/document side effects. Psychiatry to evaluate and treat; Review of the residents progress notes in the Electronic Medical Record showed: - Progress Note: 4/23/25 Family member notified that EMS was at the facility to transfer resident to hospital facility; - Progress Note: 4/23/25 Resident transferred to hospital facility and family member notified; - Progress Note: 4/23/25 Bed hold policy sent with resident to ER; - No copy of bed hold policy found during review of electronic records; - Progress Note: 4/24/25 Behavior committee met on 4/24 to review that on 4/23 resident was very agitated, staff tried to use de-escalation	F 628		

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F 628	Continued From page 7 techniques, which were not successful. Resident punched a staff member in the mouth, exit seeking, having strong delusions. Resident was transported to a hospital facility with family and provider involved and Hospice aware; - Progress Note: 4/29/25 Social Services department notified family member through "Carefeed" that resident was discharged from the facility; - No record of resident/representative involvement in the development of a discharge plan which would address the discharge needs of the resident; During an interview on 5/2/25 at 10:35 A.M., the Social Services Director said: - He/she had little involvement with the transfer of the resident from the facility. - This was a facility initiated unplanned transfer and the day after the transfer is when she was notified that it had occurred; - As far as she could remember no one had ever had a planned transfer to this hospital, it was only used for evaluation purposes and treatments; - Social services would not have handled this transfer but instead the Admissions department would have completed it; - "Carefeed" is a corporate communication system utilizing automated emails and phones calls to send out announcements or contact families with routine information. If Social Services was tasked to contact a family member about a transfer they would never use "Carefeed" because it's too informal and not reliable that information actually reaches the recipient; - The requirement for notifying a resident of a planned discharge is 72 hours advance notice and for a facility initiated non-emergency transfer, facility staff are required to provide 30 days	F 628		

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F 628	Continued From page 8 advance notice to the resident and family; During an interview on 5/2/25 at 11:00 A.M., the DON (Director of Nursing) said: - On 4/23/25 he called 911 to have the resident transferred for medical health evaluation after the resident struck a staff member; - After the resident transferred to the hospital facility, the DON met with the Unit Manager, other team members and the Administrator and it was decided that the resident would not be accepted back to the facility because of the resident's aggression, exit seeking on an unlocked unit, and due to the resident refusing medications and treatments; - The initial call to the family of the resident was made by LPN A but the DON does not know who contacted the residents DPOA once the decision was made to not accept the resident back to the facility; During an interview on 5/2/25 at 11:45 A.M., LPN A said he/she told the family member that resident was being sent to the hospital for a medical evaluation due to behaviors. The family was given a choice on which hospital to send the resident for evaluation. LPN A did not know that the resident would not be accepted back at the facility. During an interview on 5/2/25 at 12:57 P.M. the facility Admissions Coordinator said: - He/She remembers the resident was initially screened with a yellow status which means more research needs to be done in order to approve them for admission to the facility. - The residents status was upgraded to green after research was completed, which means the facility had the capabilities to meet the needs of	F 628		

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F 628	Continued From page 9 the resident; - Currently the admissions team is looking for another facility to accept the resident which has a locked unit capable of providing the necessary security and care. - He/She had no communication with the family with regards to discharge plans or placement. - No one had told him/her that the resident was not coming back to the facility at the time the reisdent was transferred to the hospital; During an interview on 5/2/25 at 1:36 P.M., the residents DPOA said; - He/she had not received a call or notification from facility staff regarding transferring the reisdent from the facility or notification of discharge. - Another family member had been communicating with the facility; During an interview on 5/3/25 at 10:15 A.M., a Family Member A said: - He/she was contacted by the facility just before resident was transferred out to the hospital. - He/she told the facility which hospital the resident should be sent to for evaluation and the facility staff member told him/her that the resident was being transferred was due to behavioral issues that day. - When the family member arrived at the hospital, he/she was told by hospital staff that the facility was not allowing the resident to return and they would not accept the resident back to the facility. - The family member confirmed that he/she never received a copy of the bed hold policy, Notice of Proposed Transfer/Discharge or information regarding the residents right to appeal; - It was not the family member's choice that the resident be discharged from the facility;	F 628		

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F 628	Continued From page 10 - Since being discharged to the hospital, the reisdent has been confused because of their new surroundings, has experienced rigidity of their extremities, and has at times displayed bouts of fear; - The resident has experienced physical and psychosocial harm because the facility staff failed to provide appropriate planning and notice regarding discharge; During an interview on 5/6/25 at 10:15 A.M., the Administrator said: - At the time of transfer on 4/23/25 the facility was In the process of looking for alternate locations because of the resident's hallucinations and behaviors. Initially we just wanted the resident evaluated but looking at all the factors the resident needed a secure unit designed for him/her; - I think that the Charge Nurse LPN A notified the family of the transfer decision; - The goal of the transfer was to evaluate the resident and every family has the opportunity to appeal the decision but I do not know who told the family about their rights to appeal; - There was no conversation that she knew of with the hospital facility on agreeing to take on the resident full time; On 5/6/25 Review of record review of documents supplied by the facility on 5/6/25 showed: - Notice of Proposed Discharge/Transfer, dated 4/23/25 signed by the Social Services Director. - Proposed discharge date 4/23/25 to a hospital facility and that notification was provided to the resident and family via phone call and document given to resident. - Reason for discharge is listed as necessary for resident's welfare and the facility cannot meet	F 628		

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F 628	Continued From page 11 individual's needs; - Bed Hold Policy for resident, signed by the Social Services Director, dated 4/23/25, provided to resident and family verbally and copy provided at the time of transfer (no persons name listed); During an interview on 5/6/25 at 3:00 P.M., Hospital Employee A said: - Resident #1 was not accepted back by the facility and remains in the hospital. - The hospital is not equipped to provide long-term care for patients. - The facility staff did not inform the hospital staff they would not be accepting Resident #1 back to the facilty until after the resident had been transferred to the hospital. - The hospital is not an appropriate level of care as they are unable to provide long-term care. - Hospital staff did not agree to accept the resident on a long term basis and had only intended to provide evaluative care. MO00252657	F 628		

Missouri Department of Health and Senior Services

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A4119	19 CSR 30-85.042(105) Records Required for Transfer In the event the resident is transferred from the facility, the resident shall be accompanied by a copy of the medical history, transfer forms which include the physical exam report, nursing summary, and report of orders physicians prescribed. II/III This regulation is not met as evidenced by: Class III Refer to F623 MO00252657	A4119		
A8015	19 CSR 30-88.010(15) 30 Day Notice-Transfer/Discharge No resident shall be transferred or discharged except in the case of an emergency discharge unless the resident, and the next of kin, or a legally authorized representative or designee, and the resident's attending physician and the responsible agency, if any, are notified at least thirty (30) days in advance of the transfer or discharge, and casework services or other means are utilized to assure that adequate arrangements exist for meeting the resident's needs. In the event that there is no next of kin, legally authorized representative or designee known to the facility, the facility shall notify the appropriate regional coordinator of the Missouri State Ombudsman's office. II This regulation is not met as evidenced by: Class II Refer to F623	A8015		

Missouri Department of Health and Senior Services

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A8015	Continued From page 1 MO00252657	A8015		
A8017	19 CSR 30-88.010(17) Discharge Appeal Rights No resident may be discharged without full and adequate notice of his or her right to a hearing before the department's Administrative Hearings Unit and an opportunity to be heard on the issue of whether his or her discharge is necessary. Such notice shall be given in writing no less than thirty (30) days in advance of the discharge except in the case of an emergency discharge and must comply with the requirements set forth in 19 CSR 30-82.050. II/III This regulation is not met as evidenced by: Class II Refer to F623 * Higher classification merited due to the effect on the resident. MO00252657	A8017		

PLAN OF CORRECTION

Provider/Supplier Name:	New Mark Rehab and Healthcare Center
Street Address, City, Zip:	11221 North Nashua Drive Kansas City, MO 64155
Date of Survey:	5/2/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F628	Resident #1 no longer resides at the facility. Current residents who reside at the facility have the potential to be affected. The notice of discharge form will include the date and location the resident will be discharged to, statement of appeal rights and the name, address and telephone number of the office of the state long term care ombudsman. DON and Designee started in-servicing facility staff on 5/14/2025 on appropriate discharge notice, Transfer/Discharge and Bed-Hold Policy. Admin or designee will in-service the Social Services and IDT on providing an appropriate discharge notice. Admin or designee will in-service the licensed nurses on providing an appropriate discharge notice. Admin or designee will audit 3 discharges a week to ensure an appropriate discharge notice was given to the residents. If issues are identified then an appropriate discharge will be provided to the resident and 1:1 education will be provided by the admin or designee. Results of the audit will be forwarded to the QAPI committee for review and recommendations for continued compliance.	5/22/2025
A8015	Refer to F628	
A4119	Refer to F628	
A8017	Refer to F628	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.