

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026
NAME OF PROVIDER OR SUPPLIER Carriage Square Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4009 Gene Field Road Saint Joseph, MO 64506	

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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review the facility failed to provide timely access to resident electronic medical records (EMR), staff list, and resident matrix (a document listing all resident's and their clinical characteristics) from 1/27/2026 at 9:50 A.M. through 1/27/2026 at 12:00 P.M. This resulted in the surveyors being unable to timely review necessary records to conduct the survey and review of care provided to residents. The facility census was 98. No policy regarding providing access to medical records in a timely manner was provided by the facility. During an Interview on 1/27/26 at 9:50 A.M. the Administrator and Director of Nursing (DON) were provided with a list of items needed that included a resident matrix (a comprehensive, mandated document used by nursing homes to list all current residents and track key clinical care categories including resident room numbers. The document defines patient care categories for residents, aiding in the selection of a sample, for surveys.) and access to EMR so the surveyors could conduct the abbreviated survey process. During an Interview on 1/27/26 at 11:19 A.M. the Administrator provided the surveyors with a list of staff and said he would provide surveyors access to the electronic medical records, resident roster, and resident matrix when he received authorization from his regional team members to provide surveyors with that information. Observation on 1/27/26 at 12:42 P.M. showed surveyors were provided EMR access and a resident matrix. During an Interview on 1/27/26 at 5:12 P.M. the Administrator said the protocol of the company is that documentation is reviewed by regional corporate team members before information is provided to surveyors.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265336	If continuation sheet Page 1 of 1