

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2025
NAME OF PROVIDER OR SUPPLIER Rehab of Kansas City South		STREET ADDRESS, CITY, STATE, ZIP CODE 8033 Holmes Kansas City, MO 64131	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure odors were not pervasive on the 300 Hall. The facility census was 89 residents.</p> <p>Review of the facility Resident Rights Policy dated 8/2020 showed:</p> <ul style="list-style-type: none"> -All residents have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility including those specified in this policy. <p>1. During an interview on 6/16/25 at 3:18 P.M. Family Member A said:</p> <ul style="list-style-type: none"> -He/She visited in the facility approximately five times over the last three months. -During the visits there was the presence of strong body odor smell of feces and urine. -The facility is unclean. -He/She was so overwhelmed with the smell he/she was unable to pay attention to anything else. -He/She was unable to stay and visit with his/her family member due to the smell. <p>During an interview on 6/17/25 at 2:15 P.M. the Housekeeping Supervisor said:</p> <ul style="list-style-type: none"> -If there are odors in the facility, it is not because of housekeeping, it is usually due to resident's medical conditions. -A resident on the 300 hall often has strong odors. -If he/she smell odors he/she will clean and deodorize the area. -Housekeeping staff can get more deodorizers if needed. <p>Observation on 6/17/25 at 2:30 P.M. showed a strong odor around resident room [ROOM NUMBER]-308 and extended throughout the hallway to the activity room at the end of the hall.</p> <p>Observation on 6/18/25 at 1:41 P.M. showed the Regional Registered Nurse Consultant acknowledged</p> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265758
		If continuation sheet Page 1 of 8

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the extremely strong odor throughout the 300 Hall.</p> <p>MO00255924</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the failed to ensure an allegation of possible misappropriation of resident's funds was investigated timely when on 5/23/25 Resident #2's family reported a \$300 charge from the resident's CashApp on his/her phone out of 12 sampled residents. The facility census was 89 residents.</p> <p>Review of the facility Abuse and Prohibition Program policy dated 10/24/22 showed:</p> <ul style="list-style-type: none"> -The purpose was to ensure the facility established, operationalized, and maintained an abuse prevention and prohibition program designed to screen and train employees, protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting abuse, neglect, mistreatment, misappropriation, and crime in accordance with federal and state requirements. -Each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. -The facility has a zero-tolerance for abuse, neglect, mistreatment, and/or misappropriation of resident property. -Staff must not permit anyone to engage in abuse, neglect, mistreatment, or misappropriation of resident property. -The Administrator is responsible for coordinating and implementing the facility's abuse prevention policies, procedures, training programs, and systems. -Facility staff are mandatory reporters. -Facility owners, operators, employees, managers, agents, and contractors are obligated by the Elder Justice Act and any state specific regulations to report known or suspected instances of abuse of elder or dependent adults. -The facility will not impede or inhibit a facility staff member's reporting duties, nor will facility staff be reprimanded or disciplined for reporting abuse. -The facility has a strict non-retaliation policy for good faith reporting in compliance with the Elder Justice Act and any other state specific laws. -Failure to report suspected or known abuse may result in legal action against the individual(s) withholding such information. -In order to facilitate reporting, ensure confidentiality, and promote order at the facility, the administrator, or his/her designee, shall be the individual who reports known or suspected instances of abuse of residents at the facility to the proper authorities. -Facility staff will report known or suspected instances of abuse to the administrator, or his/her designee. <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-All mandated reporters will report reasonable suspicion of a crime against a resident when it is objectively reasonable for a person to entertain a suspicion of conduct that appears to be financial abuse, physical abuse, neglect, abandonment, isolation, abduction, or other treatment resulting in physical harm or pain or mental suffering, deprivation of goods or services that are necessary to avoid physical harm or mental suffering.</p> <p>-The facility will report allegations including misappropriation of resident property.</p> <p>--Immediately, but no later than two hours after forming the suspicion, if the alleged violation involves abuse or results in serious bodily injury to state survey agency, adult protective services, law enforcement, and the ombudsman.</p> <p>--No later than 24 hours after forming the suspicion, if the alleged violation does not involve abuse and does not result in serious bodily injury to the state survey agency, adult protective services, law enforcement, and ombudsman.</p> <p>-Reporting requirements are based on real (clock) time, not business hours.</p> <p>-The administrator will provide the state survey agency, law enforcement and the ombudsman with copy of the investigative report within five days of the incident.</p> <p>-Failure to file a report within the required time frames may result in disciplinary action, up to and including termination.</p> <p>-If multiple staff become aware of the same incident, facility staff may choose to submit individual reports or submit a joint report containing each staff member's name and information about the suspected abuse from each staff person.</p> <p>-The facility will post a notice that informs facility staff of their reporting obligation and the right to file a complaint with the Department of Public Health if they feel that they facility has retaliated against them for making the report.</p> <p>-Anyone who fails to report within mandated timeframe's will be subject to a civil money penalty of not more than \$200,000 and the covered individual who failed to report may be excluded from participation in any Federal health care program.</p> <p>1. Review of Resident #2's admission Record showed the resident was admitted on [DATE] with diagnoses including legal blindness, muscle weakness and cognitive communication deficit.</p> <p>During an interview on 5/15/25 at 6:11 P.M. the Hospital Social Worker said:</p> <p>-There were concerns about a \$300 charge from the resident's CashApp that was traced back to a nurse in the facility.</p> <p>-He/She was under the understanding law enforcement had been contacted related to the missing money.</p> <p>During an interview on 6/18/25 at 1:46 P.M. the Social Worker said:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She had the resident's phone when the family came to retrieved the phone.</p> <p>-The charge nurse had reported to him/her there was another resident going to Resident #2's room asking about the phone repeatedly.</p> <p>-The nurse took the phone and locked it up in the medication cart.</p> <p>-When he/she came into the facility the nurse brought him/her the phone.</p> <p>-The resident's spouse came for the phone.</p> <p>-The phone was dead and was charged in the facility.</p> <p>-When the family looked on the phone and the CashApp was reinstalled and reviewed by the family.</p> <p>-There was an allegation at that time of a transaction the family did not recognize.</p> <p>-The son of the resident stated him/her to find out who did it and to get law enforcement involved.</p> <p>-He/She did interview the nurse and the resident's spouse.</p> <p>-The spouse did not want to file a grievance.</p> <p>-He/She did suggest the spouse dispute the charges.</p> <p>-He/She brought up the allegations the following day in the morning meeting with department heads.</p> <p>-He/She did not contact law enforcement or participate in investigation.</p> <p>-He/She understood the phone was locked up by the nurse two days prior the being turned over to him/her.</p> <p>-He/She did not report the allegations to Department of Health and Senior Services or law enforcement.</p> <p>-He/She was told to complete a grievance about the phone.</p> <p>-He/She completed a grievance on 6/18/25 and gave it to the Administrator.</p> <p>-He/She was a mandated reporter and felt this was a reportable incident.</p> <p>-He/She did not report as the Administrator was aware and usually did the reporting in the facility.</p> <p>During an interview on 6/18/25 at 2:20 P.M. the Human Resource (HR) person said:</p> <p>-He/She was coming upstairs and noticed the family was upset as they came out of the Social Services office and recalled the allegation of misappropriation being discussed in morning meeting.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She was a mandated reporter and felt this was a reportable incident.</p> <p>-He/She did not report the allegation as the interim Administrator was aware and usually did the reporting in the facility.</p> <p>During an interview on 6/18/25 at 2:25 P.M. the Business Office Manager (BOM) said:</p> <p>-He/She did recall the allegations being brought up in morning meeting.</p> <p>-He/She was not aware if there was an investigation.</p> <p>-He/She was a mandated reporter and felt this was a reportable incident.</p> <p>-He/She did not report the allegation as the interim Administrator was aware and usually did the reporting in the facility.</p> <p>During an interview on 6/18/25 at 2:37 P.M. the Interim Administrator said:</p> <p>-He/She was filling in for the Administrator who was on medical leave through late April.</p> <p>-The Social Worker mentioned the allegations about the resident's money being taken through a CashApp.</p> <p>-He/She told the Social Worker to see if the family could bring proof of the money transaction.</p> <p>-There was no further information brought to him/her.</p> <p>-He/She asked the son to prove the transaction occurred.</p> <p>-He/She said the Administrator was responsible to investigate allegations of abuse and/or neglect.</p> <p>-He/She did not conduct an investigation because the family would not return his/her calls and no other information was brought to him/her.</p> <p>-He/She did not document his/her attempts to contact the family or the initial allegations.</p> <p>During an interview on 6/24/25 at 11:07 A.M. the Administrator said:</p> <p>-He/She has been in contact with the resident's spouse and has offered to replace the money.</p> <p>-He/She requested the screen shot of the transaction to continue his/her investigation.</p> <p>-He/She asked the Assistant Director of Nursing (ADON) to contact the spouse to obtain information.</p> <p>-The spouse has not provided any information from the resident's phone.</p> <p>-Allegations of misappropriation should be investigated and reported.</p> <p>MO00254321</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain the toilets securely in place in the 100 and 300 Hall Spa Rooms, 200 Hall Spa Room toilet was blocked with equipment, 400 Hall Spa Room was inaccessible and the toilet in room [ROOM NUMBER] was inoperable. From 6/15/25 to 6/16/25 Resident #3 was unable to utilize his/her toilet and when using the 100 Hall Spa Room toilet it moved causing him/her to become unbalanced and fearful of using the toilet. Resident #3 then attempted to utilize the 300 Hall Spa Room toilet to find it was not secured. This practice potentially affected all residents who utilized the spa bathroom toilets. The facility census was 89 residents.</p> <p>1. During an interview on 6/17/25 at 1:56 P.M. the Administrator said:</p> <ul style="list-style-type: none"> -He/She was informed on 6/15/25 at approximately 4:00 P.M. about a toilet being clogged. -He/She contacted a plumber to fix the toilet. -The plumber was unable to get the toilet fixed and returned the next day. -The plumber was able to unclog the toilet on 6/16/25. <p>During an interview on 6/17/25 at 1:59 P.M. the Maintenance Director said:</p> <ul style="list-style-type: none"> -There had been no concerns about the shower/spa rooms or work orders for any of them. -There was a concern about a clogged toilet on 6/15/25 which was resolved on 6/16/25. -The resident had access to spa room toilets during the repair of his/her clogged toilet. <p>Observation on 6/18/25 at 1:38 P.M. showed:</p> <ul style="list-style-type: none"> -The 100 Hall spa (shower) room toilet was not bolted in place. -The toilet was moved easily 90 degrees. <p>Review of Resident #3's admission Record showed the resident was admitted on /22/25 with diagnoses including hemiplegia and hemiparesis (total or partial paralysis of one side of the body that results from disease of or injury to the motor centers of the brain), following a cerebral infarction (stroke) affecting the right dominant side and asthma.</p> <p>During an interview on 6/18/25 at 1:39 P.M. Resident #3 said</p> <ul style="list-style-type: none"> -He/She was unable to use his/her bathroom [ROOM NUMBER]/15/25 through 6/16/25. -When attempting to use the bathroom in the 100 Hall spa room, the toilet moved causing him/her to become unsteady and fearful of falling and/or injury. -He/She said there were other toilets that were not bolted down as well. <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 6/24/25 at 4:09 P.M. showed:</p> <ul style="list-style-type: none"> -Spa room on 300 Hall, the toilet was not bolted down and moved 90 degrees. -Unable to access 400 Hall Spa room. -200 Hall Spa room filled with equipment, that blocked access to the toilet. <p>During an interview on 6/24/25 at 4:10 P.M. the Assistant Director of Nursing (ADON) said:</p> <ul style="list-style-type: none"> -He/She was not aware of the toilets not being bolted down in the 100 and 300 Hall spa rooms. -He/She was not able to access the 400 Hall Spa room and was not sure why the door would not open. -He/She was shocked he/she was able to move the toilet 90 degrees with no resistance. -He/She confirmed the toilets were not safe for use. <p>During an interview on 6/24/25 at 4:35 P.M. the Maintenance Director said:</p> <ul style="list-style-type: none"> -He/She has not received any concerns related to the toilets other than the clogged toilet. -He/She has not been informed of any safety concerns related to any toilets in the facility. -He/She said the 400 Hall Spa room door should open. -The 200 Hall Spa room was used to store extra equipment. -He/She denied knowledge of the 100 and 300 Hall Spa room toilets not being bolted down. -He/She said all toilets should be secured. -He/She will bolt the toilets down immediately. <p>MO00254912</p>		