

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265870	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2025
NAME OF PROVIDER OR SUPPLIER  Northland Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4301 NE Parvin Road Kansas City, MO 64117	

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 0809  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.  (continued on next page)

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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to serve meals in accordance with facility policy and scheduled mealtimes. This affected two of five sampled residents (Resident #1 and Resident #2) The facility census was 97. Review of facility undated policy titled Dining Service Mealtimes, included, there should be no more than 14 hours between the time the evening meal is offered, and the breakfast meal is offered, or 16 hours if a substantial evening snack is provided. A substantial evening snack included a protein source and a fruit or bread source. Review of the facility mealtimes posted in the hallways and dining room showed:-Breakfast is served at 8:30 A.M.-Lunch is served at 12:30 P.M.-Dinner is served at 5:30 P.M. 1. Review of resident's care plan, dated 12/26/25, showed the resident had potential for nutritional problems and had intervention to provide and serve diet as ordered by the physician. Review of Resident #1's admission Sheet, dated 12/29/25, showed diagnosis of acute osteomyelitis left ankle (rapid bone infection), stroke, moderate protein-calorie malnutrition, diabetes, dementia, depression, PTSD, heart disease, and kidney disease and was admitted to the facility on [DATE]. Observation and interview with Resident #1 and CNA A on 12/29/25 at 9:50 A.M. showed: - The resident said he/she was admitted to the facility two days ago and this was the second day in a row that staff had not brought him/her breakfast. He/She was very hungry, and it makes him/her feel like the staff doesn't care when meals are not served. Observation showed no breakfast tray in the residents room;- At 9:56 A.M. CNA A entered the room to remove the breakfast tray but there was nothing to remove. The staff member said he/she did not realize that resident had not been served breakfast and he/she will go to the kitchen to get him/her a breakfast meal;- At 10:29 A.M. CNA A brought the resident a breakfast tray, 2 hours late. 2. Review of Resident #2's admission Sheet, dated 12/29/25, showed diagnoses of a fractured left femur, cognitive communication deficit, osteoporosis (bone disease), GERD (acid reflux), and an anxiety disorder. Review of the resident's care plan, revised 12/22/25, showed:- Resident had GERD, avoid overeating, provide small frequent meals rather than three large ones;- Resident had potential nutrition risk related to anxiety. Provide and serve diet as ordered. Observation on 12/29/25 at 10:16 A.M., showed breakfast delivered to the resident's room over 1.5 hours late. During an interview on 12/29/25 at 1:30 P.M., the resident said he/she had gotten a breakfast meal late, after 10:00 A. M. the past two days. He/she would prefer to be served around 8:30 A.M. because when breakfast is served late, it runs too close to the next meal which is lunch time that starts at 12:30 P.M. It makes him/her feel like he/she has been forgotten by the staff and gives him/her anxiety because he/she isn't sure if the staff are going to deliver the meal to him/her that day. During an interview on 12/29/25 at 12:45 P.M., Certified Nursing Assistant (A) said:- The kitchen staff take meal tickets to the Certified Medical Technicians (CMT) for breakfast and lunch and the CMTs find out what the resident wants to eat for those meals. The tickets are then turned back into the kitchen. When staff members deliver trays to residents, they check the tickets to what is on the tray and to make sure it's accurate. When new residents are admitted , staff are usually notified through admission paperwork the same day. When he/she does his/her oncoming walk through with the off going staff member on the shift they both will go room to room and update resident status from the previous shift. That's when he/she will see that there is a new resident and they are accounted for and cared for by the staff without anyone falling through the cracks and getting missed for meals. CMT A was not sure why Resident #1 and Resident #2 received their breakfast meals late. During an interview on 12/29/25 at 1:15 P.M., the Dietary Manager (DM) said:- New admission residents will trigger an email or message the same day to the DM. Within 48 hours the resident will be asked about likes and dislikes for meals and have this entered into their electronic medical record so meal tickets will print out properly. Until that time, the nursing staff will use blank meal tickets to get the resident's order for each meal and keep the kitchen informed if the resident is eating in their room or in the dining room. If a resident doesn't show up in the dining room, the kitchen staff will catch this because they do an audit of residents on site versus the residents served during the meal right after the dining room has completed being served, which is normally 30 minutes after the start of the meal. Those not attending the dining service will automatically get a hall tray delivered to their room. Residents should receive their meal within an hour of the official start time for each meal. During an interview on 12/29/25 at 2:10 P.M., the Administrator said breakfast is at 8:30 A.M, lunch at 12:30 P.M., and dinner is at 5:30 P.M. He/she expects residents to receive their meal within one hour of the beginning of each meal service, even if that meal is being delivered with hall trays and this included meals for all newly admitted</p>		