

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER John Knox Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 NW Pryor Road Lees Summit, MO 64081	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based on interview and record review, the facility failed to ensure one sampled resident (Resident #1) was fully informed of his/her care prior to receiving the care out of three sampled residents. The facility census was 117 residents.</p> <p>On 4/30/25 the Administrator was notified of the past non-compliance which occurred on 4/28/25. Facility staff were educated on resident rights and resident's right to informed care. The deficiency was corrected on 4/29/25.</p> <p>Review of the facility's policy titled Resident Rights dated 1/3/23 showed:</p> <ul style="list-style-type: none"> -Residents had the right to receive service with reasonable accommodation of their individual needs and preferences except when their health and safety, or that of another resident's, would be endangered. -Residents had the right to be informed of all aspects of their care including to participate in the planning of their care and treatment and any changes in care and treatment. -Residents also had the right to refuse treatment and to be informed of the consequences of such refusal. <p>1. Review of Resident #1's Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <ul style="list-style-type: none"> -Presence of Cardiac Pacemaker (an artificial device for stimulating the heart muscle and regulating its contractions). -Encounter for Surgical After Care Following Surgery on the Circulatory System. <p>Review of the resident's care plan dated April 2025 showed:</p> <ul style="list-style-type: none"> -The resident had admitted to the facility following a pacemaker placement on 4/2/25. -The staff were to assist with bathing and hygiene as indicated. -The resident needed partial to moderate assistance from staff with toilet transfers. <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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident was at risk for developing skin problems with the intervention for staff to apply a moisture barrier as needed.</p> <p>Review of the resident's Physician Order Sheet (POS) dated April 2025 showed no order for any type of barrier cream (a topical formulation used to place a barrier between the skin and contaminants that may irritate the skin).</p> <p>Review of the resident's admission Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 4/12/25 showed:</p> <p>-The resident was cognitively intact.</p> <p>-The resident needed partial/moderate assistance (helper does less than half the effort) with toileting hygiene.</p> <p>Review of the facility's abuse allegation investigation dated 4/28/25 showed:</p> <p>-On the morning of 4/28/25 the resident had reported to Physical Therapist (PT) A that he/she had been sexually violated by one of the Certified Nurses Aide (CNA)'s on 4/25/25.</p> <p>-During the Director of Nursing (DON) interview with the resident, the resident stated the following:</p> <p>--A CNA had come to help him/her out of the bathroom.</p> <p>--The CNA stated, I noticed there is barrier cream.</p> <p>--The CNA proceeded to put the cream on the resident's perineal (area extending from the anus to the vulva in the female and to the scrotum in the male) area.</p> <p>--The resident felt that the way that the CNA had placed the cream on the resident was assault.</p> <p>--The barrier cream had started to burn, so he/she started yelling and crying for the nurse to come help him/her.</p> <p>--The nurses assisted him/her in cleaning off the barrier cream and the nurse had stated to him/her that he/she was hoping he/she doesn't make a big deal about this, the CNA was trying to help.</p> <p>-The DON had tried to explain to the resident that applying barrier cream was facility protocol for skin protection.</p> <p>-The resident had stated understanding of the practice, but still felt violated.</p> <p>-CNA A had told the DON the following:</p> <p>--He/She had been watching the hallway for another CNA who was on break.</p> <p>--He/She had responded to the resident's call light from the bathroom.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--He/She saw that there was barrier cream in the resident's bathroom.</p> <p>-He/She noticed that the resident's buttocks was reddened, so he/she applied the barrier cream to the resident.</p> <p>--He/She had been told by the resident that the resident was sensitive to creams.</p> <p>--He/She reported that he/she was unaware of the resident's sensitivity due to the resident being on a different hall than he/she worked.</p> <p>-Register ed Nurse (RN) A told the DON the following:</p> <p>--CNA A had assisted the resident off the toilet while the assigned CNA was on break.</p> <p>--When CNA A came out of the resident's room, the resident started crying and stated that the cream was burning.</p> <p>--RN A assisted the resident in cleaning off the cream on the resident's buttocks.</p> <p>--The resident had not reported to RN A that he/she had felt violated at any time during that interaction.</p> <p>--RN A had told the resident that CNA A was just being helpful but the resident had not agreed and continued to state that the cream burned.</p> <p>-In conclusion the investigation the following was found:</p> <p>--The facility acknowledged that the resident felt violated by the fact that CNA A had applied the barrier cream to the resident's perineal area.</p> <p>--The application of a skin barrier cream was standard nursing protocol for any resident with incontinence.</p> <p>--The resident had a reddened buttocks upon admission, so the application of the barrier cream would have been standard protocol.</p> <p>--The facility felt that CNA A could have more clearly stated that he/she was going to apply the barrier cream to the resident's perineal area.</p> <p>--If CNA A had appropriately informed the resident, then the resident may have felt more comfortable.</p> <p>During an interview on 4/30/25 at 9:15 A.M. the resident said:</p> <p>-The incident occurred on 4/25/25 sometime in the morning.</p> <p>-He/She was really upset about the whole situation.</p> <p>(continued on next page)</p>		

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