

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/09/2026
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Grandview		STREET ADDRESS, CITY, STATE, ZIP CODE  6301 East 125th St Grandview, MO 64030	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, the facility failed to notify one closed record sampled resident's (Resident #108) responsible party after the resident fell on 2/14/26 out of two closed record sampled residents. The facility census was 98 residents. On 3/9/26 the Administrator was notified of the past noncompliance which occurred on 2/14/26. On 2/15/26 the facility administration was notified a resident's responsible party was not notified of a change in condition and the investigation was started. The resident's family was notified on 2/15/26. No employees were allowed to work prior to reeducation. The deficiency was corrected on 2/15/26. Review of the facility's policy titled Change in Resident's Condition or Status dated 8/29/25 showed the facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her own authority, the resident's representative(s) where there was an accident involving the resident which resulted in injury and had the potential for requiring physician intervention.1. Review of Resident #108's admission Record showed he/she was admitted to the facility for a respite stay on 2/13/26 with the following diagnoses:-History of Falling.-Dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration of intellectual capacity and function, and impairment of control of memory, judgement, and impulses).Review of the facility's Event Note dated 2/14/26 at 5:07 P.M. showed:-The resident was standing behind a door on the locked memory care unit.-A staff member had opened the door and startled the resident.-The resident then fell to the floor.-The resident fell on his/her right side.-The resident was non-verbal but moaned in pain when his/her right leg was touched.-The resident still had some range-of-motion (ROM) to the right leg.-The resident's hospice (end of life care) company was notified.-The hospice company reported that a nurse was going to see and assess the resident at the facility.Review of the facility's Event Note dated 2/14/26 at 9:30 P.M. showed:-A hospice nurse had come to assess the resident.-The resident had made no complaints of pain at that time.-The resident was able to move his/her leg without complaint.-No new orders were received at that time.-The hospice nurse would follow-up and inform the resident's family.Review of the resident's fall investigation dated 2/16/26 showed:-The hospice nurse stated that he/she would notify the family related to the fall.-There was no noted follow-up completed by the facility to ensure that the resident's family had been notified.Review of the resident's Electronic Medical Record (EMR) on 3/6/26 showed no documentation on 2/14/26 that indicated that the resident's responsible party was notified of the resident's fall.During an interview on 3/6/26 at 2:50 P.M. the Administrator said he/she was aware that the resident's family had not been notified by the facility related to the resident's fall on 2/14/26 until 2/15/26.During an interview on 3/9/26 at 9:34 A.M. Certified Medication Technician (CMT) A said:-Nurses were responsible for notifying a resident's responsible party after a change in condition.-A resident's responsible party should be notified immediately after a change in condition was noticed.-The facility would still be responsible for ensuring that a resident's responsible party was notified after a change in condition even when a hospice nurse said they would notify the family.-The resident's family should have been notified immediately after the resident fell. During an interview on 3/9/26 at 9:49 A.M. Registered Nurse (RN) B said:-Nurses were responsible for notifying (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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