

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 615 SW Oldham Parkway 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37608</p> <p>Based on interview and record review, the facility failed to ensure one sampled resident (Resident #3) was protected from verbal abuse when on 2/27/24 Certified Medication Technician (CMT) A was witnessed screaming in the resident's face telling him/her they were acting fucking stupid, and disrespectful when the resident refused to take his/her medications crushed in pudding and wanted his/her medications whole with water out of six sampled residents. The facility census was 52 residents.</p> <p>Review of the facility's undated Abuse and Neglect Policy showed:</p> <ul style="list-style-type: none"> -The residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical of chemical restraint not required to treat the resident's symptoms. -The facility will not condone any form of resident abuse or neglect. -To aid in abuse prevention, all personal are to report any sings and symptoms of abuse/neglect to their supervisor or to the Director of Nursing Services immediately. -Protect the residents from abuse by anyone including, but not necessarily limited to facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual. -Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. <p>1. Review of Resident #3's Face Sheet showed he/she admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Anxiety (a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome). -Depression (a common and serious medical illness that negatively affects how you feel, the way you think and how you act). <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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Schizoaffective disorder (a combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder - a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>-Dysphagia, oropharyngeal phase (is characterized by the dysfunction of one or more parts of the swallowing apparatus (begins with the mouth and includes the lips, tongue, oral cavity, pharynx, airway, esophagus, and both upper and lower sphincters).</p> <p>Review of the resident's admission Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning), dated 12/27/23 showed:</p> <p>-He/she was cognitively intact.</p> <p>-No swallowing problems.</p> <p>-Physical behaviors occurred four to six days a week.</p> <p>-Verbal behaviors occurred daily.</p> <p>-Other behaviors occurred one to three days a week.</p> <p>-Rejected cares daily.</p> <p>Review of the resident's care plan dated 2/9/24 showed:</p> <p>-He/she had been receiving his/her medications crushed or one pill at a time due to recent difficulty in swallowing medications.</p> <p>-He/she will be able to successfully take his/her medications.</p> <p>-Supervise the resident with taking medications.</p> <p>-He/she will request medications to be left at bedside, do not leave medications at bedside.</p> <p>-Speech Therapy (ST) to evaluate and treat as indicated.</p> <p>-Crush appropriate medications and provide in pudding or applesauce.</p> <p>-2/21/24, ST continues to work with him/her on swallowing medications.</p> <p>-He/she has no difficulty swallowing foods or drinking liquids.</p> <p>-Becomes easily agitated at times.</p> <p>-Make his/her needs known and avoid yelling at others.</p> <p>-Remind to speak calmly as needed.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Do not argue with him/her.</p> <p>-Return later and allow him/her to calm down as needed.</p> <p>-Provide a quite place to calm down when irritated.</p> <p>-Becomes easily agitated and begin to focus on negative thoughts.</p> <p>-He/she is not easily directed.</p> <p>-When he/she refuses care, return later, and re-offer.</p> <p>-Help him/her understand the reasoning behind a difference of opinion.</p> <p>-Identify staff that he/she might have a better connection to.</p> <p>-Altered thought process at times. Do not argue with resident, ensure he/she remains safe.</p> <p>Review of Housekeeping Manager's written statement on 2/27/24 at 10:48 A.M., showed:</p> <p>-He/she was walking by the resident's room and heard CMT A yelling at the resident.</p> <p>-Maintenance went into the resident's room and separated CMT A and the resident.</p> <p>-Maintenance told CMT A to leave the room.</p> <p>Review of the facility's undated investigation summary showed:</p> <p>-Director of Regional Consulting was informed of the incident on 2/28/24 at approximately 1:30 P.M.</p> <p>-Statements were obtained and the resident was interviewed.</p> <p>-Through interview and discussion, the resident as well as the direct witness felt the incident was not abusive, resident felt and expressed that he/she felt safe, however both the resident and CMT A felt it was inappropriate.</p> <p>-New Administrator was informed of this incident, to schedule all staff in-service review customer service, dignity and abuse and neglect with all facility staff members and include a copy of signed acknowledgments.</p> <p>-CMT A received corrective action on 3/1/24, his/her first day back to work following the incident about dignity, abuse, and neglect as well as customer service.</p> <p>Review of the Nutritionist's written statement dated 2/28/24 at 10:48 A.M., showed:</p> <p>-He/she witnessed CMT A yelling at the resident.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she heard the statement fucking stupid, which he/she could not say if it was CMT A calling the resident that or his/her behavior.</p> <p>-But he/she does know that CMT A was yelling at the resident and being very loud.</p> <p>-Maintenance came in and separated CMT A and the resident.</p> <p>Review of Licensed Practical Nurse (LPN) A's dated 2/28/24 at 11:20 A.M., showed:</p> <p>-He/she was called to the resident's room due to CMT A yelling at the resident.</p> <p>-As he/she entered the resident's room, CMT A was coming out of the room continuously yelling at the resident saying, You do not disrespect other people, if you want respect, you have to give respect.</p> <p>-He/she told CMT A that is the resident's room and if he/she does not want you in his/her room, he/she can tell you to get out.</p> <p>-He/she told CMT A that the resident can be disrespectful, and he/she just has to take it and CMT A stated, No I will not be disrespected, that is why nobody wants to work with the resident.</p> <p>Review of the resident's written statement dated 2/28/24 at 3:15 P.M., showed:</p> <p>-CMT A had a mean streak and a terrible foul mouth.</p> <p>-If he/she would turn on the call light typically CMT A would say quit turning your light on.</p> <p>-Today he/she asked CMT A why are you such a dumb ass?</p> <p>-He/she feels safe at the facility a lot of the time.</p> <p>-Some of the staff feel like they do not want to be bothered.</p> <p>Review of Maintenance Manager's written statement dated 2/28/24 at 3:30 P.M., showed:</p> <p>-During call light inspections he/she heard voices getting louder down the hall.</p> <p>-He/she heard the nutritionist say CMT A needed to get out of the resident's face.</p> <p>-He/she entered the resident's room and CMT A and the resident were face to face screaming at each other.</p> <p>-CMT A said something like you're acting fucking stupid.</p> <p>-He/she pulled the privacy curtain and told CMT A to leave the room.</p> <p>-He/she informed the previous Administrator about the incident.</p> <p>(continued on next page)</p>		

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