STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265377	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jefferson Health Care	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident's environment was free from accident hazards, when one resident (Resident #1) was not secured appropriately with a lap belt in the facility van during transport on 9/8/25 and the resident was ejected from his/her wheelchair. The resident's face hit the console/cup holder in front of him/her, resulting in his/her lip bleeding and swelling and facial bruising. The resident was admitted to the hospital for observation. Facility staff did not call 911 or notify any facility staff at that time. The facility census was 64 residents. The Administrator was notified on 9/18/25 of the past noncompliance immediate jeopardy which began on 9/9/25. The facility immediately completed education for staff on the appropriate transportation policies and procedures. A checklist for transporting residents was put in place. Supervisor ride-along with drivers were instituted for training. A system of auditing the checklists was put in place. The IJ deficiency was corrected on 9/9/25.Review of the facility's undated policy of Transporting a Resident in the Facility Van Showed:-The wheelchair should be properly positioned in the vehicle, facing forward.-Wheelchair brakes should be locked appropriately.-Resident should be secured to the wheelchair using the vehicle seatbelt.-In case of an accident or emergency: immediately turn off the ignition; assure the safety of all passengers; the police should be notified; in the event of an injury, 911 should be called; the facility should be notified in the case of accident/emergency.1. Review of Resident #1's admission Record face sheet showed the resident was admitted to the facility on [DATE] with the following diagnosis: end stage renal (kidney) disease.Review of the resident's annual Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning), dated 6/23/25, showed he/she was cognitively intact.Review of the resident's Care Plan Report, dated 1/27/25, showed-He/She had additional diagnoses of: Legally blind left eye; Partially blind right eye.-He/she had impaired visual function and was at risk for injury. Interventions included monitoring for decline in mobility, sudden visual loss, signs or symptoms of acute eye problems, and decline in ability to perform activities of daily living, double vision, hazy vision, blurred or tunnel vision. Provide large-printed material.-He/She was primarily independent with activities of daily living (ADLs) but had some weakness and unsteadiness. He/she had no lasting mobility deficits.-He/She was at risk for falls. Interventions included using a wheelchair for long distance mobility; he/she did ambulate independently to the bathroom in his/her room at times.Review of Transportation Driver A's Transporting a Resident in the Facility Van training, dated 8/4/25, showed:-He/She was able to park the van in a secure area to load/unload a resident.-He/She demonstrated proper wheelchair positioning inside the vehicle; wheelchair facing forward.-He/She demonstrated wheelchair safety by locking the brakes appropriately.-He/She was able to secure the wheelchair frame to the floor of the vehicle using the four point strap system; two straps in the front of the wheelchair and two straps in the back of the wheelchair. Never attached straps to removable parts of the wheelchair. Flipped buttons to adjust front straps and flipped switches on back strap box to adjust.-He/She demonstrated straps were tight without any slack in them.-He/She was able to secure a resident to the wheelchair using the seatbelt; always used the across chest belt and always used lap belts.-He/She was able to describe the facility policy in case of accident/emergency including immediately turning off the ignition; assuring the safety of all passengers; notifying the police; in the event of an injury to call 911; notifying the facility of accident/emergency; and the driver should remain with the vehicle, complete police report, return the vehicle back to the facility or oversee its transport to an alternate location. Review of the facility's Timeline of Events, dated 9/9/25, showed:-11:15 A.M., the Director of Nursing (DON) received a call from Dialysis Nurse A at the dialysis center stating the resident had reported receiving a facial injury during transport from the facility to the hospital for a scheduled procedure.-11:20 A.M., the DON and administrator called Transportation Driver A to obtain a statement of events during transport. He/she stated he/she was close to the facility and preferred to speak in person. -11:40 A.M., Transportation Driver A returned to the facility and gave a statement of events to the DON and administrator of what had occurred during the transport of Resident #1 from the facility to the hospital at approximately 8:45 A.M.-12:10 P.M., the DON called the dialysis center and spoke to Dialysis Nurse A requesting the resident be sent to the ED for a precautionary evaluation.-1:00 P.M., Self report called to the SA and full investigation initiated. Transportation Driver A was suspended during the investigation.-2:00 P.M. , a call was received from Dialysis Nurse A stating the resident had agreed to go to the emergency department (ED) for evaluation and was sent via ambulance to the hospital.7:20 P.M., the hospital was