

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2025
NAME OF PROVIDER OR SUPPLIER  Edgewood Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11900 Jessica Lane Raytown, MO 64138	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</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 maintain a clean, comfortable, homelike environment by not sweeping and mopping the floors in the dining room, cleaning the carpet in the common area, cleaning resident rooms and bathrooms and ensuring urine odors were not present throughout the facility. The facility census was 79 residents.</p> <p>Review of the facility Housekeeping - Deep Cleaning Policy dated 6/29/23 showed:</p> <ul style="list-style-type: none"> <li>-Purpose was to ensure all rooms are clean.</li> <li>-Deep cleaning was to be completed as scheduled.</li> <li>-This includes complete pull-outs of furniture in rooms, wall cleaning, floor cleaning (scrubbing and waxing included), restrooms to be cleaned and disinfected, cob webs removed, beds and rails to be cleaned and free of bugs, sprinkler heads to be cleaned, light covers to be clean and free of bugs, over-bed light covers to be cleaned and free of bugs, sink clean, windows to be cleaned and ensure no spider webs, drapes and curtains to be cleaned (including privacy curtains), call lights to be clean and free from dust/dirt build-up, floors at closets and doorways are to be free from wax/dirt build up, etc.</li> <li>-All areas should be monitored on a daily basis and all resident living areas and non-living areas should be clean and odor free.</li> <li>-Daily cleaning: <ul style="list-style-type: none"> <li>--Pick up all trash and put into trash can and empty.</li> <li>--Dust mop or sweep floor.</li> <li>--Submerge rag or sponge in with solution and clean surfaces beginning with touch areas on door and work clock or counter clock wise around the room.</li> <li>--Surfaces are to be cleaned including wall smudges, light and call light and side tables, head/foot board/side rails of bed and windows.</li> <li>--Clean the sink around the light fixtures and dispensers.</li> </ul> </li> </ul> <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #11's MDS dated [DATE] showed the resident was cognitively intact.</p> <p>During an interview on 6/11/25 at 12:43 P.M. Resident #11 said:</p> <ul style="list-style-type: none"> <li>-Housekeeping does not clean their rooms.</li> <li>-He/She can't even remember the housekeeper had cleaned his/her room.</li> <li>-His/her room has been dirty for as long as he/she could remember.</li> </ul> <p>Review of Resident #12's admission Record showed the resident was admitted [DATE] with diagnoses including tobacco use and type 2 diabetes mellitus with hyperglycemia.</p> <p>Review of Resident #12's MDS dated [DATE] showed the resident was cognitively intact.</p> <p>During an interview on 6/11/25 at 1:00 P.M. Resident #12 said:</p> <ul style="list-style-type: none"> <li>-Housekeeping does not come in his/her room regularly and clean.</li> <li>-He/She cannot remember the last time his/her room had been cleaned.</li> </ul> <p>During an interview on 6/11/25 at 1:26 P.M. the Administrator said:</p> <ul style="list-style-type: none"> <li>-There were no job descriptions available in the employee files for the housekeeping staff.</li> <li>-He/She agreed there was food, trash, debris, and spills on the dining room floor that should have been cleaned up.</li> <li>-He/She agreed the build up throughout the facility corners, baseboards and doorways should have been cleaned.</li> <li>-He/She acknowledged the cigarette butts in the courtyard should be cleaned.</li> <li>-He/She acknowledged the unsanitary conditions in resident rooms noted during the facility walk-through.</li> <li>-He/She said there was no longer a floor technician and housekeeping staff had been reduced.</li> <li>-He/She acknowledged the carpet needed cleaning.</li> </ul> <p>MO00255536</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2025
NAME OF PROVIDER OR SUPPLIER  Edgewood Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11900 Jessica Lane Raytown, MO 64138	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure one resident was free from physical abuse when on 5/29/25 Resident #2 touched Resident #1 on his/her shoulder and struck Resident #1 on the buttocks twice, causing Resident #1 to feel violated and pain to his/her buttocks out of 12 sampled residents. The facility census was 79 residents.</p> <p>On 5/7/25 the Administrator was notified of the failure and immediately began an investigation, the residents were separated to ensure safety and law enforcement was contacted. Upon completion of the investigation it was determined the interaction was considered abuse. Training was completed immediately for 100% of all staff on abuse and neglect prior to being allowed to work and completed by 5/30/25. Supervision was increased and Resident #2 was set for alcohol rehabilitation.</p> <p>Review of the facility Abuse and Neglect Policy dated 6/12/24 showed:</p> <p>-Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations.</p> <p>-Physical Abuse is purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner.</p> <p>-Physical abuse includes, but it not limited to, hitting, slapping, punching, biting, and kicking.</p> <p>1. Review of Resident #1's admission Record showed the resident was admitted on [DATE] with diagnoses including borderline intellectual functioning (a specific IQ margin between the formal diagnosis of intellectual disability (ID) and average intellectual function) and paranoid schizophrenia (a form of schizophrenia [a chronic mental illness that interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others] characterized by persistent preoccupation with illogical, absurd, and changeable delusions, usually of a persecutory, grandiose, or jealous nature, accompanied by related hallucinations).</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 5/10/25 showed the resident was cognitively intact.</p> <p>Review of Resident #2's admission Record showed the resident was admitted on [DATE] with diagnoses including alcohol abuse and adjustment disorder (a mental and behavioral disorder defined by a maladaptive response to a psychosocial stressor).</p> <p>Review of the resident's Quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the facility investigation dated 5/29/25 showed:</p> <p>-Alleged sexual conduct.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Edgewood Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11900 Jessica Lane Raytown, MO 64138	

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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>-On 5/29/25 during the 9:00 P.M. smoke break, Resident #2 first touched Resident #1 on the shoulder and then slapped Resident #1 on the buttocks.</p> <p>-Resident #1 reminded Resident #2 there was a no touch policy in place.</p> <p>-As the residents returned inside the building Resident #2 again struck Resident #1 on the buttocks, but with greater force.</p> <p>-At that time Resident #1 reported the incident to the charge nurse.</p> <p>-Following the incident, the residents were separated and interview individually.</p> <p>-Resident #1 gave a verbal and written statement that were consistent.</p> <p>-Resident #2 was relocated to the opposite side of the building.</p> <p>-Physician, administration, and law enforcement were notified.</p> <p>-There was a determination of abuse and a report was filed with the state.</p> <p>Review of Police Report dated 5/29/25 showed:</p> <p>-Law enforcement was contacted at approximately 9:55 P.M. to investigate assault which a resident touched another resident inappropriately.</p> <p>-Resident #2 was using alcohol.</p> <p>-Resident #1 was interviewed and confirmed the allegations of being touched.</p> <p>-Resident #2 was interviewed and denied having contact with Resident #1.</p> <p>-Resident #2 said he/she was at the gas station drinking beer at the time of the alleged incident.</p> <p>-Video footage of the incident was obtained and confirmed Resident #2 was in the facility during the incident.</p> <p>During an interview on 6/5/25 at 2:43 P.M. Resident #2 said:</p> <p>-He/She did not recall being in contact with Resident #1.</p> <p>-He/She was sure he/she was intoxicated.</p> <p>-If he/she was out of character, it was because he/she was intoxicated.</p> <p>-He/She did not recall speaking with law enforcement about the incident.</p> <p>During an interview on 6/5/25 at 3:03 P.M. Resident #1 said:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Edgewood Manor Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11900 Jessica Lane Raytown, MO 64138	
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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>-On 5/29/25 at about 9:00 P.M. Resident #2 touched him/her on his/her shoulder, then hit him/her on the left butt cheek with an open hand as they were walking through the doorway to go smoke.</p> <p>-He/She reminded Resident #2 there was a no touch policy.</p> <p>-On the way back inside, Resident #2 was behind him/her again and hit him/her on the right butt cheek.</p> <p>-The second time Resident #2 hit him/her it was harder than the first time and hurt.</p> <p>-He/She became angry and upset when Resident #2 hit him/her the second time.</p> <p>-He/She went to the charge nurse immediately to report what happened.</p> <p>-He/She recalled smelling alcohol on Resident #2's breath and could tell by the look on Resident #2's face that he/she was drunk.</p> <p>-When Resident #2 hit him/her on the buttocks it triggered a memory for him/her when he/she was sexually assaulted in a previous facility.</p> <p>-He/She felt is was sexual due to it being inappropriate contact.</p> <p>-The second smack was the most upsetting and he/she felt violated.</p> <p>During an interview on 6/5/25 at 4:01 P.M. the Administrator said:</p> <p>-There had not been any disruptions with Resident #2 when he/she was intoxicated prior to the incident with Resident #1.</p> <p>-Resident #2 had a history of alcohol abuse and due to the incident, the resident had been scheduled for rehabilitation for alcohol.</p> <p>-The incident was considered abuse because of the way Resident #1 felt.</p> <p>MO00254995</p>		