

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35013</p> <p>Based on observation, interview and record review, the facility failed to provide timely de-escalation techniques for two sampled residents (Resident #9 and #43) with known mental health diagnoses out of 16 sampled residents. The facility census was 110 residents.</p> <p>Review of the Facility Assessment Tool dated 10/4/24 showed:</p> <p>-The facility accepts residents with Psychiatric/Mood Disorders, including:</p> <p>--Psychosis, Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder, Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that needs interventions, Personality disorder, Schizoaffective Disorder, Explosive Disorder.</p> <p>-Psychosocial/Spiritual Supports include:</p> <p>--Building relationship with the residents and engagement in conversation.</p> <p>--Determine resident references and routines are; what makes a good day for the resident; what upsets the resident and incorporate the information into the care planning process. Ensuring staff have the information when providing care. The treatment and care preferences should be recorded.</p> <p>--Support emotional and mental well-being, support helpful coping mechanisms.</p> <p>--Support resident having familiar belongings.</p> <p>--Provide culturally competent care team about the resident preferences and practices with regards to culture and religion stay open to requests and preferences and work to support those as appropriate.</p> <p>-Identify hazards and risks for residents.</p> <p>--Offer and assist resident and family caregivers or other proxy as appropriate to be involved in person centered care planning and advance care planning.</p> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265721
		If continuation sheet Page 1 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--Provide family/ representative support.</p> <p>-Staffing for Behavioral Health services was adequate by needs and referrals or by declines noted.</p> <p>Review of the facility's Behavioral Emergency Policy revised 6/26/24 showed:</p> <p>-The purpose of the policy was to provide safe treatment and humane care to the residents in a behavioral emergency crisis and to outline steps to follow to correctly care for the resident in a behavioral crisis.</p> <p>-To provide safe treatment and humane care to the resident in a behavioral crisis, to outline steps to follow to correctly care for the Resident in a behavioral crisis, to ensure that the resident is not being coerced, punished or disciplined for staff convenience.</p> <p>-The licensed nursing staff will assess the resident who is exhibiting behaviors, ensuring that safety of the resident and others is the first priority.</p> <p>-Behavioral emergency which is classified as a Code [NAME] is called when a resident exhibits extreme behaviors such as suicidal, homicidal, self-mutilation, elopement, or resident to resident altercations.</p> <p>-A one to one monitoring of resident will be initiated immediately.</p> <p>-Facility staff should have provided early intervention crisis prevention techniques to de-escalate the resident and/or conflict.</p> <p>-Proactive management was the best plan so all staff should have been able to recognize when a resident had become or could become a danger to themselves or others.</p> <p>-Safe de-escalation techniques should always have been utilized first.</p> <p>1. Review of Resident #9's Preadmission Screening and Resident Review (PASRR, a required assessment tool used to ensure individuals who have a mental disorder, or intellectual disabilities are not inappropriately placed in nursing homes for long term care), dated 07/25/19, showed:</p> <p>-He/She had the following diagnoses:</p> <p>--Bi-Polar Disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>-- Schizoaffective Disorder (a mental condition that causes loss of contact with reality and mood problems).</p> <p>--Schizophrenia (a severe psychiatric disorder with symptoms of emotional instability, detachment from reality, and withdrawal into the self).</p> <p>--Post Traumatic Stress Disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--Borderline Personality Disorder (BPD-a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior).</p> <p>--Polysubstance Abuse (the simultaneous or sequential use of multiple substances,</p> <p>--Dependent Personality Disorder (DPD- a mental health condition characterized by an excessive and pervasive need to be taken care of, leading to submissive and clinging behaviors.</p> <p>-He/she had a history of becoming aggressive if he/she felt put down or disrespected by others.</p> <p>-He/she had poor social skills/social awareness, paranoia, suspiciousness, believing others were out to harm him/her or people who might have been watching him/her.</p> <p>-He/she was very delusional at times, having believed he/she was telepathic.</p> <p>-He/she had a history of auditory and visual hallucination (a sensory perception that does not result from an external stimulus and that occurs in the waking state) and delusions (fixed false beliefs).</p> <p>-He/she was to have had psychiatric follow-up/consultation, medication monitoring, supported community living, individual counseling and group counseling.</p> <p>Review of the resident's Nursing Care Plan dated 11/4/24 showed:</p> <p>-He/she had symptoms of anxiety, delusions with false beliefs and fearful hallucinations.</p> <p>-The facility staff was to encourage the resident to voice any of his/her symptoms to staff so they could assist him/her.</p> <p>-The staff was to limit reassuring touch or take care with any physical touch.</p> <p>-The staff was not to argue with the resident nor were they to have been judgmental.</p> <p>-Staff was to have been aware of their body stance and facial expressions when approaching to the dent.</p> <p>-The staff was not to have gotten into any power struggles with the resident.</p> <p>-The staff was to have offered non-invasive coping mechanisms in attempt to reduce anxiety.</p> <p>-Staff was to take care of any problems or needs that were within their ability to address immediately.</p> <p>-He/she had no Safety Plan in his/her Nursing Care Plan.</p> <p>-He/she had a Behavior Contract.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning) dated 11/26/24 showed he/she:</p> <ul style="list-style-type: none"> <li>-Was cognitively intact.</li> <li>-Had no negative behaviors, hallucinations or delusions during the look-back period.</li> </ul> <p>Review of the resident's Behavior Contract dated 1/12/25 showed:</p> <ul style="list-style-type: none"> <li>-The goals of the Behavior Contract were to have no verbal aggression with peers, no physical aggression with peers, no disrupting the unit and compliance with taking his/her medications.</li> <li>-His/her triggers were not getting his/her needs met and having to wait.</li> <li>-The interventions were to take a shower, take a nap, go outside and to go home.</li> <li>-He/she was rewarded with a meal with the Administrator or a weekly pack of cigarettes.</li> </ul> <p>Review of the resident's Nurse's Notes dated 1/23/25 at 10:03 A.M., showed:</p> <ul style="list-style-type: none"> <li>-The staff heard a loud noise coming from the resident's room.</li> <li>-Upon entry to the room they discovered the resident's TV was broken and across the floor from where it had been.</li> <li>-The resident reported having been upset regarding cigarettes.</li> </ul> <p>Observation on 1/23/25 at 2:35 P.M., showed:</p> <ul style="list-style-type: none"> <li>-The resident asked if he/she could use the phone to call his/her family member.</li> <li>-He/she was told the unit phone was still broken and he/she would have to go up to the front of the facility to make the call.</li> <li>-He/she was told that a staff member would assist him/her in going to make the phone call in a few minutes.</li> <li>-The resident was still waiting to use the phone after 3:15 P.M., when the observation time ended.</li> </ul> <p>Review of the Facility Registered Nurse Investigation (RNI) dated 1/24/25 showed:</p> <ul style="list-style-type: none"> <li>-On 1/24/25 at around 11:15 A.M., the resident came to the Activity Coordinator stating that someone came into his/her room and raped him/her.</li> <li>-The Activity Coordinator reported this to the Administrator who began the investigation.</li> <li>-A physical assessment was completed by the nurse with no trauma noted to the resident's perineal (genital) area.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Per the resident, he/she could not remember what night the person came into his/her room, but he/she could tell the difference between races when it came to sex.</p> <p>-The resident stated this had happened at another facility prior to coming to the current facility.</p> <p>-He/she also stated that he/she had not changed his/her underpants in three days or his/her pants for two days.</p> <p>-The resident stated he/she wanted to go to the hospital no matter what his/her guardian recommended.</p> <p>-He/she said that his/her guardian as well as President Trump were a part of the problem and the reason, he/she was at the current facility.</p> <p>-The resident's roommate, Resident #121, was interviewed and stated he/she was awake and did not hear or see anything.</p> <p>-He/she did not see anyone enter their room or raping Resident #9.</p> <p>-Resident #9 was never able to state if it was a male or female nor what race the person was who allegedly raped him/her.</p> <p>-The resident went to the hospital for medical and psychiatric evaluation.</p> <p>-The investigation concluded the rape did not actually occur as there was no way to prove it.</p> <p>Review of the resident's Nurse's Notes dated 1/24/25 at 12:05 P.M., showed the resident was sent to the hospital after telling the Administrator that he/she had been raped but would not say who or when exactly it happened.</p> <p>Review of the resident's Nurse's Notes dated 1/24/25 at 4:08 P.M., showed the resident stated he/she thought he/she was sexually assaulted either last night or the night before.</p> <p>Review of the resident's Nurse's Notes dated 1/24/25 at 4:39 P.M., showed the resident called his/her guardian stating he/she told the hospital that he/she had lied and he/she was not attacked and refused for a rape kit to have been done.</p> <p>Review of the resident's Nurse's Notes dated 1/24/25 at 6:39 P.M., showed the resident returned from the hospital with no findings.</p> <p>Review of the Activity Coordinator's written statement dated 1/24/24 showed:</p> <p>-He/she was walking to his/her office on the unit when the resident stopped him/her and stated that he/he had been raped in his/her sleep.</p> <p>-The resident was carrying a bag of clothing which he/she stated he/she was wearing when the alleged rape occurred.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident stated he/she did not know who did it and wasn't sure exactly when the alleged rape occurred, but believed it to have been one of the previous two nights.</p> <p>-The Activity Coordinator went and reported the allegation to the Administrator who immediately began an investigation by bringing the resident into his/her office.</p> <p>During an interview on 2/5/35 at 3:00 P.M., the Activity Coordinator said:</p> <p>-On 1/24/25 at around 11:15 A.M., he/she was coming out of his/her office when the resident stopped him/her telling him/her that the resident had been raped.</p> <p>-He/she asked the resident when and by whom.</p> <p>-The resident was not sure but had a bag of his/her clothing in his/her hand, so he/she immediately went to the Administrator's office with the resident and the bag of clothing to report what the resident had said.</p> <p>-The resident had been seemingly more and more escalated over the few days and he/she was not sure why.</p> <p>-The resident could usually have been de-escalated by talking, playing a game or going outside, but those interventions had not worked well that week.</p> <p>Review of the resident's written statement dated 1/24/25 showed:</p> <p>-He/she was raped the night of 1/23/25 or the night of 1/24/25, he/she was not sure which night.</p> <p>-He/she did not take a shower on the evening of 1/23/25.</p> <p>-When he/she took a shower the following morning and removed his/her underwear, there was a spot on the left and he/she noticed something different when he/she removed his/her pants.</p> <p>-This had happened before at another facility but he/she never had proof.</p> <p>-He/she felt loose down there so he/she told the staff.</p> <p>-He/she put all his/her dirty clothing in a bag.</p> <p>-He/she had not changed his/her underpants for three days or his/her pants for two days.</p> <p>-He/she had not noticed issues with his/her underwear the night before in the bathroom, but when he/she went into the shower and the light was better, he/she noticed that it looked like it had when he/she was in the previous facility and believed he/she was raped.</p> <p>-He/she wanted a new guardian as the guardian was part of the problem, along with the president of the U.S.</p> <p>During an interview on 1/28/25 at 2:15 P.M., the resident said:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she had wanted to call his/her family member all the way back on Thursday 1/23/25 in the afternoon.</p> <p>-No one on the unit would ever let him/her make a phone call.</p> <p>-He/she still had not been allowed to call his/her family member.</p> <p>-The phone had been broken for a long time but he/she was not sure exactly when.</p> <p>-The residents on his/her unit had to go out of the unit to the front of the facility to make phone calls.</p> <p>-Not being able to speak with his/her family made him/her upset and cause him/her to have more behaviors.</p> <p>-He/she got so mad and upset when the staff did not do what he/she needed recently, he/she threw a TV up against the wall and broke it.</p> <p>-He/she thought he/she had gotten raped after he/she took a shower on 1/24/35.</p> <p>-He/she did not know exactly when it happened but he/she noticed that his/her underwear had a spot on them and smelled different.</p> <p>-He/she went to the hospital but refused to have any rape testing done.</p> <p>-The hospital said there was not any evidence to show that a rape ever happened.</p> <p>-He/she did not want to talk any further about it.</p> <p>Review of Resident #121's written statement dated 1/24/25 showed:</p> <p>-He/she was awake during the time the rape was alleged and he/she did not hear or see anything.</p> <p>-No one came into the residents' room on either night the resident alleged the rape could have happened.</p> <p>During an interview on 1/20/24 at 2:45 P.M., Resident #121 said:</p> <p>-He/she was roommates with Resident #9.</p> <p>-He/she was awake much of the nights of 1/23/25 and 1/24/25 and never heard anything that sounded like someone was being raped.</p> <p>-He/she never saw anyone come into their room.</p> <p>-He/she did not think anything happened.</p> <p>During an interview on 1/28/25 at 12:43 P.M., Licensed Practical Nurse (LPN) A said:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	

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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The unit phone which the residents used had been out for a couple of weeks as a resident broke it.</p> <p>-The residents could have been taken up to the front of the facility to use that phone and the staff should have been able to take a resident up to use the phone in a timely manner unless that staff member was busy.</p> <p>-He/she would have expected the staff always met the resident's needs in a timely manner as that kept the residents' behaviors under control.</p> <p>-The resident's behaviors had gotten much worse over time.</p> <p>-He/she had known the resident to for eight years and the resident was much more delusional than in the past.</p> <p>-The resident had broken his/her personal TV a week ago and that was not like him/her.</p> <p>-The only thing that de-escalated the resident was to call the Administrator and have him/her calm the resident down.</p> <p>During an interview on 1/29/25 at 3:45 P.M., the Regional Nurse and Administrator said:</p> <p>-The resident and his/her behaviors were well known.</p> <p>-He/she would have expected the staff to take the resident to use the phone without delay.</p> <p>-He/she felt that if the staff addressed the needs, no matter how big or small, it would cut down on the behaviors of the resident.</p> <p>-He/she knew the resident was frequently attention seeking, and therefore would have expected the staff respond accordingly.</p> <p>-He/she believed likely the reason the resident alleged a rape was for attention as he/she had not gotten to make a phone call to his/her family member and likely did not get his/her needs met in a timely manner.</p> <p>During an interview on 2/5/25 at 11:30 A.M., the facility Nurse Practitioner (NP) said:</p> <p>-The resident was one who escalated quickly and was very impatient.</p> <p>-He/she felt the resident would have been one who the staff would have needed to meet the resident's needs in a timely manner and communicate well with the resident if there was a delay.</p> <p>-He/she did not know the phone on the unit was broken, but if the resident wanted to use the phone at the front of the facility, he/she would have expected a staff member take the resident to use the phone in a timely manner.</p> <p>-He/she had been notified the resident alleged rape over the weekend and that the input from the hospital was there was no concern that a rape had occurred.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-This resident had a history of alleging incidents for attention which was another reason it was important to attend to the resident's needs in a timely manner.</p> <p>-He/she believed that one of the reasons this resident had attention seeking and verbal/physical behaviors, such as alleging rape was because the resident did not feel his/her needs were met in a timely manner.</p> <p>-It would have been much easier on the staff if they would have just made time to allow him/her to use the phone instead of all the time it took to investigate and document false allegations, Code Greens or resident altercations.</p> <p>During an interview on 2/5/25 at 1:50 P.M., Certified Medication Technician (CMT) A said:</p> <p>-The phone on the unit was broken and unavailable for a long time.</p> <p>-He/she would help residents to make phone calls if he/she had the time.</p> <p>-If he/she had medication to administer, he/she would not have taken a resident to make a call as he/she would not have had the time.</p> <p>2. Review of Resident #43's PASRR dated 4/24/24 showed:</p> <p>-He/she had the following diagnoses:</p> <p>-- Schizoaffective Disorder.</p> <p>--Schizophrenia.</p> <p>--PTSD.</p> <p>--Major Depressive Disorder (MDD-also known as clinical depression, is a common mental health condition characterized by persistent feelings of sadness, loss of interest, and other symptoms that interfere with daily life.</p> <p>--Obsessive Compulsive Disorder (OCD-a mental health condition characterized by intrusive, unwanted thoughts (obsessions) and repetitive behaviors (compulsions) that can cause significant distress and interfere with daily life.</p> <p>--Personality Disorder (a mental health condition where people have a lifelong pattern of seeing themselves and reacting to others in ways that cause problems. People with personality disorders often have a hard time understanding emotions and tolerating distress.</p> <p>--Generalized Anxiety Disorder (a chronic mental health condition characterized by excessive, persistent, and uncontrollable worry and tension about a variety of everyday events or activities</p> <p>--Avoidant Personality Disorder (a mental health condition characterized by a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation. Individuals with AVPD avoid social interactions due to a fear of being criticized, rejected, or humiliated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she did not like his/her past facility as they did not have a television or anything for him/her to do.</p> <p>-He/she was accused of trying to attack his/her caregiver in a car, however stated he/she grabbed onto the seatbelt as he/she did not believe he/she was being listened to by the caregiver.</p> <p>-He/she had a history of throwing objects and ripping things off the walls at his/her last facility.</p> <p>--He/she was to have had psychiatric follow-up/consultation, medication monitoring, supported community living, individual counseling and group counseling.</p> <p>Review of the resident's Nursing Care Plan dated 11/6/24 showed:</p> <p>-The staff was to provide him/her with activities he/she was interested in.</p> <p>-The staff was to provide the resident with feedback and updated on are and requests.</p> <p>-He/she especially liked to watch sports on television.</p> <p>-He/she liked to read.</p> <p>-He/she had a history of having been resistive to showering and bathing.</p> <p>-The staff was to ensure he/she got at least one shower per week and if he/she resisted, they were to re-approach and try again.</p> <p>-He/she had no Safety Plan in his/her Nursing Care Plan.</p> <p>Review of the resident's quarterly MDS dated [DATE] showed he/she:</p> <p>-Was cognitively intact.</p> <p>-Had hallucinations and delusions.</p> <p>-Had behaviors not directed at others such as:</p> <p>--Hitting or scratching himself/herself.</p> <p>--Pacing and rummaging.</p> <p>--Vocal/verbal symptoms such as screaming, or other disruptive sounds, one to three days a week over the look back period.</p> <p>Review of the resident's Nurse's Notes dated 1/23/25 at 3:06 P.M., showed:</p> <p>-At around noon, the resident was noted with increased physical and verbal aggressive with disruptive behavior.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/ she emptied the trash and laundry barrels out into the floor in the hallway and threw the barrels.</p> <p>-No physical behaviors had been noted in the resident's medical record for several weeks to months.</p> <p>-The staff allowed the resident to vent his/her feelings and he/she stated he/she did not want to live in the facility any longer.</p> <p>-He/she was allowed to call his/her guardian and yelled at the guardian as well.</p> <p>-The psychiatric NP was on site and notified of the behaviors so ordered Olanzapine 10 milligrams (mgs) intramuscularly (IM) as needed for agitation and anxiety which was administered and which he/she handled well.</p> <p>During an interview on 1/29/25 at 3:45 P.M. the Regional Nurse and facility Administrator said the resident did not have a history of a lot of physical behaviors.</p> <p>During an interview on 2/5/25 at 11:30 A.M. the facility NP said:</p> <p>-He/she had never known the resident to have a lot of behaviors.</p> <p>-He/she knew the resident was needy at times but knew the resident to be easy to get along with.</p> <p>-He/she was not aware the resident's light had been broken nor was he/she aware the TV had been broken, both for quite some time.</p> <p>-He/she would have expected that both have been repaired in a timely manner.</p> <p>-He/she understood if the resident got frustrated and upset over not having been able to read or watch sports on TV for so long.</p> <p>-He/she wondered what the problem was that those things had not gotten repaired as soon as they were broken as many of the residents would have wanted to watch the TV especially.</p> <p>-He/she felt if the staff communicated more with each other and the residents, as well as attending to the resident's needs at the time they expressed them, they would have less behaviors on the unit</p> <p>During an interview on 1/23/25 at 2:30 P.M. the resident said:</p> <p>-He/she had been having behaviors lately mainly because he/she was so frustrated about having to wait for long to get things he/she needed.</p> <p>-He/she felt as though no one listened to him/her.</p> <p>-He/she wanted to watch sports on TV, but the TV had been broken for several weeks without it having been replaced.</p> <p>-He/she got angry when he/she could not get simple things that he/she wanted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	

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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-His/her light above his/her bed in his/her room had been broken since early December 2024 and had still not been replaced.</p> <p>-He/she liked to reach but couldn't read in his/her room in the evening as his/her light did not work.</p> <p>-He/she had asked multiple times when he/she was getting a new light and no one could tell him/her.</p> <p>-He/she had also asked to go out to another unit where there was a big screen TV to watch sports but was told he/she could not because of his/her behaviors, which he/she had not had any behaviors for a long time.</p> <p>-He/she just got so frustrated that he/she blew up and threw some things around the unit.</p> <p>During an interview on 1/23/25 at 3:15 P.M. the Administrator said:</p> <p>-He/she had asked for push lights to have been installed under the resident's regular lights until the new lights arrived.</p> <p>-The new lights had been ordered but not yet arrived at the facility.</p> <p>-He/she had a TV available to replace the broken TV on the unit and he/she had requested the TV have been installed as soon as possible.</p> <p>-Resident #117's guardian had agreed to buy a new TV for the unit since it was his/her resident who broke the TV.</p> <p>During an interview on 2/5/25 at 3:00 P.M. the Activity Coordinator said:</p> <p>-He/she never had any issues with the resident.</p> <p>-He/she always saw the resident as very soft spoken and polite.</p> <p>-The resident kept to himself/herself a lot and liked to read.</p> <p>-He/she had a library in his/her office where the residents could get books to read.</p> <p>-He/she was not aware the light in the resident's room was not working and the resident could not see to read in the room.</p> <p>-He/she had no idea why it would have taken so long to get the light fixed.</p> <p>-He/she knew that it took a lot for the resident to get escalated so he/she would have had to have been very frustrated and angry.</p> <p>-Most of the residents did get upset if they had to wait an unreasonable amount of time to get their needs met.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Gregory Ridge Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7001 Cleveland Avenue Kansas City, MO 64132	

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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/6/25 at 2:00 P.M. the Maintenance Director said:</p> <ul style="list-style-type: none"> <li>-He/she had to order a light for the resident's room and the light had just arrived at the facility.</li> <li>-He/she installed some push lights under the resident's existing light the end of last week.</li> <li>-He/she wasn't sure why it took so long to get the push lights installed.</li> <li>-He/she planned on installing the new TV today.</li> <li>-He/she was not sure why the TV had taken so long to get installed.</li> <li>-He/she had used the last TV he/she had in his/her office a while back.</li> </ul> <p>MO00248525</p>