

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  04/03/2025
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35013</p> <p>Based on interview and record review, the facility failed to maintain one sampled resident's (Resident #99) dignity when Receptionist A opened the resident's package without permission and then verbalized to another resident that the resident got him/her in trouble out of six sampled residents. The facility census was 115 residents.</p> <p>Review of the facility policy for Resident's Rights revised 7/5/23 showed:</p> <ul style="list-style-type: none"> <li>-Residents had the right to a dignified existence, self-determination and communication with access to persons and services inside and outside the facility.</li> <li>-The facility was to have promoted the rights of each resident.</li> <li>-Residents had the right to voice grievances without discrimination or reprisal.</li> <li>-Residents had the right to prompt communication and resolution to their grievances.</li> </ul> <p>Review of the facility's policy titled Dignity and Respect, revised on 6/29/23 showed:</p> <ul style="list-style-type: none"> <li>-Every resident had the right to be treated with dignity and respect.</li> <li>-All staff would speak to and treat all residents with dignity and respect.</li> </ul> <p>1. Review of Resident #99's facility Admission Record showed he/she was admitted as his/her own responsible person on 1/13/23 with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Spasmodic Torticollis (also known as cervical dystonia, is a neurological disorder characterized by involuntary muscle contractions in the neck, leading to abnormal head and neck movements and postures, often causing pain and discomfort.</li> <li>-Schizophrenia (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).</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Post Traumatic Stress Disorder (a mental health condition that develops after experiencing or witnessing a traumatic event).</p> <p>Review of the Resident #99's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning) showed he/she was moderately cognitively intact.</p> <p>Review of the resident's undated Nursing Care Plan showed:</p> <p>-He/she was at risk for anxiety.</p> <p>-The facility staff was to refrain from arguing, getting into power struggles and assist him/her to find the cause of the anxiety episode.</p> <p>During an interview on 4/3/25 at 2:30 P.M., the resident said:</p> <p>-He/she had been at the facility over a year and was his/her own responsible party.</p> <p>-He/she received packages frequently and had package tracker applications on his/her phone to alert him/her when a package arrived at the facility.</p> <p>-He/she knew the process was for the receptionist to notify the Activity Director to come and get the package.</p> <p>-The Activity Director or someone from that department was to allow him/her to open his/her package, log the contents and make sure to put what he/she got on the inventory sheet.</p> <p>-When Receptionist A opened the resident's package, and the contents were on top of the opened box.</p> <p>-He/she informed Receptionist A that he/she was not to open packages belonging to residents without the resident present.</p> <p>-Receptionist A argued with the resident stating he/she was told he/she had to open the packages.</p> <p>-He/she then went and reported the incident to the Activity Director.</p> <p>-Receptionist A a couple of days later was pointing at him/her and saying, He/she was the one who got me in trouble.</p> <p>-Receptionist A's comments and opening of his/her package made him/her mad and embarrassed.</p> <p>-He/she did not share the incident with anyone until he/she called the hotline to report it.</p> <p>Review of Resident #205's quarterly MDS dated [DATE] showed he/she was admitted on xx and was cognitively intact.</p> <p>During an interview on 4/3/25 at 2:40 P.M. Resident #205 said:</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she was there when Resident #99 had his/her package opened without his/her presence.</p> <p>-Receptionist A told him/her that Resident #99 had gotten him/her into trouble.</p> <p>-Resident #99 was angry and the comments embarrassed him/her.</p> <p>Review of Receptionist A's employee file showed he/she had been educated on both resident rights and communicating effectively.</p> <p>During an interview on 4/3/25 at 3:30 P.M. the Director of Nursing (DON) said:</p> <p>-He/she would have expected Receptionist A to have followed the protocol for opening residents' packages and not have opened the package without the resident's presence.</p> <p>-He/she would have expected Receptionist A to have not discussed the incident or discipline with any residents or in front of anyone publicly.</p> <p>During an interview on 4/3/25 at 3:45 P.M. the Administrator said:</p> <p>-He/she would have expected Receptionist A to have never opened the resident's package without the resident's knowledge.</p> <p>-Receptionist A had been educated on the process for packages as well as resident's rights so would have expected him/her to have known better than to have opened the package without the resident having been present.</p> <p>-He/she would have expected Receptionist A to have never blamed the resident for having been disciplined.</p> <p>During an interview on 4/11/25 at 12:00 P.M. Receptionist A said:</p> <p>-He/she had only been employed at the facility for a few weeks.</p> <p>-He/she had not been made aware that he/she was not supposed to open residents' packages.</p> <p>-He/she never spoke about his/her discussion with his/her supervisor with any other residents or staff after the fact.</p> <p>-He/she never pointed at any residents stating they had gotten him/her into trouble.</p> <p>MO00251875</p>		

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>35013</p> <p>Based on interview and record review, the facility failed to follow their facility policy by opening one sampled resident's (Resident #99 ) personal package without the resident's permission, causing the resident to be upset and angry that he/she was not allowed to open his/her own package out of six sampled residents. The facility census was 115 residents.</p> <p>Review of the facility policy for Resident's Rights revised 7/5/23 showed:</p> <ul style="list-style-type: none"> <li>-Residents had the right to a dignified existence, self-determination and communication with access to persons and services inside and outside the facility.</li> <li>-The facility was to have promoted the rights of each resident.</li> <li>-Residents had the right to voice grievances without discrimination or reprisal.</li> <li>-Residents had the right to prompt communication and resolution to their grievances.</li> <li>-Residents were to have been able to receive their mail promptly and unopened by facility staff.</li> <li>-Residents were to have been able to retain and use their personal possessions as space permitted.</li> </ul> <p>1. Review of Resident #99's facility Admission Record showed he/she was admitted as his/her own responsible person on 1/13/23 with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Spasmodic Torticollis (also known as cervical dystonia, is a neurological disorder characterized by involuntary muscle contractions in the neck, leading to abnormal head and neck movements and postures, often causing pain and discomfort.</li> <li>-Schizophrenia (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).</li> <li>-Post Traumatic Stress Disorder (a mental health condition that develops after experiencing or witnessing a traumatic event).</li> </ul> <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) showed he/she:</p> <ul style="list-style-type: none"> <li>-Was moderately cognitively intact.</li> <li>-Had no negative behaviors during the review period.</li> </ul> <p>Review of the resident's undated Nursing Care Plan showed:</p> <ul style="list-style-type: none"> <li>-He/she was at risk for anxiety.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The facility staff was to refrain from arguing, getting into power struggles and assist him/her to find the cause of the anxiety episode.</p> <p>-He/she had issues with PTSD.</p> <p>-Facility staff was to encourage him/her to express his/her emotions in a safe environment.</p> <p>-Facility staff was to reduce situations which had caused signs of PTSD and/or stressors.</p> <p>-Facility staff was to establish consistent routines for the resident.</p> <p>During an interview on 4/3/25 at 2:00 P.M. the facility Administrator said:</p> <p>-The Activity staff was to be present when residents opened packages so they could log in any new items and add items to the residents' inventory sheet.</p> <p>-Receptionist A was very new to the facility and the position.</p> <p>-He/she could not recall if he/she had a conversation with Receptionist A after he/she mistakenly opened the resident's personal package.</p> <p>-There had been a lot going on at the facility and he/she could not recall if he/she had spoken to Receptionist A or not.</p> <p>-Receptionist A would have been educated on what to do if a package arrived for a resident and would have also been educated on resident rights and customer service.</p> <p>During an interview on 4/3/25 at 2:30 P.M. the resident said:</p> <p>-He/she had been at the facility over a year and was his/her own responsible party.</p> <p>-He/she received packages frequently and had package tracker applications on his/her phone to alert him/her when a package arrived at the facility.</p> <p>-He/she knew the process was for the receptionist to notify the Activity Director to come and get the package.</p> <p>-The Activity Director or someone from that department was to allow him/her to open his/her package, log the contents and make sure to put what he/she got on the inventory sheet.</p> <p>-A couple of weeks prior, he/she got an alert on his/her phone that he/she had a package arrive at the facility so he/she went and told Receptionist A his/her package had arrived.</p> <p>-Receptionist A told the resident that he/she had no package.</p> <p>-He/she knew there was a package as he/she had gotten the alert on his/her phone and saw the truck arrive at the facility, asking Receptionist A to please go check for the package.</p> <p>(continued on next page)</p>		

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