STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265721	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gregory Ridge Health Care Center	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)
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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(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	Based on interview and record review, the facility failed to provide adequate supervision, when the facility staff did not provide ordered 1 on 1 supervision in direct line of sight per policy for one sampled resident (Resident #2) who had a known history of self-harm. On 9/19/25, the resident was able to self-harm by cutting him/herself on the left arm with scissors which resulted in a 7cm x 3-centimeter (cm) laceration. The resident was afraid because he/she could not get the bleeding to stop and the laceration required 8 sutures. The facility census was 108 residents.The Administrator was notified on 10/8/25 at 11:30 A.M. of the Past Non-Compliance Immediate Jeopardy (IJ) which occurred on 9/19/25. The facility immediately completed education on one-to-one staff observations, documentation for one-to-one, including where to be in relationship to the resident and never closing resident doors while outside the resident's room, and implemented audits to ensure compliance. The deficiency was corrected on 9/24/25. Review of the facility's Intensive Monitoring Policy, revised 4/30/24, showed:-The purpose of the policy was to ensure a system was in place for residents who required increased monitoring for crisis, behavioral, and/or psychiatric issues. -Residents who required more intensive monitoring due to crisis, behavioral/psychiatric symptoms were to be monitored by the facility staff.-Intensive monitoring was defined as periodic (hourly, every two hours, or every shift) check completed on a resident by a facility staff member.-One-to-one monitoring was completed by a designated employee assigned by a Facility Supervisor for residents who required intensive monitoring of a dedicated staff member within eyesight of the resident.-Residents who were showing poor impulse control including crisis, behavior and/or psychiatric issues may be placed on intensive monitoring or one-to-one/two-to-one monitoring at the discretion of the administrative staff or Facility Supervisor.-Based on the assessment of the resident, either intensive monitoring or one-to-one/two-to-one monitoring was to be implemented.-Resident on any type of intensive monitoring was to have an assigned employee within eyesight of the resident until the resident stabilized or returned to prior level of function.-Education on the reasoning of the intensive monitoring, including resident triggers and interventions.-The employee was to therapeutically interact with the resident while monitoring the resident.-The facility's Interdisciplinary Team was to address the resident's behavioral concerns and ensure interventions were in place to address the resident's needs including psychiatry follow-up, counseling, and any medical needs.-Once the resident stabilized and/or returned to prior level of function, the facility's Interdisciplinary Team was to meet and discuss whether to continue or discontinue the intensive monitoring.-The facility staff was to document all completed intensive monitoring. 1. Review of Resident #2's Preadmission Screening and Resident Review (PASRR, a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care), dated 12/19/24, showed:-He/she had the following diagnoses:--Schizophrenia (a severe psychiatric disorder with symptoms of emotional instability, detachment from reality, and withdrawal into the self).--Anxiety Disorder (a psychiatric disorder causing feelings of persistent anxiety). --Schizoaffective Disorder (a mental condition that causes loss of contact with reality and mood problems). --Bi-Polar Disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).--Borderline Personality Disorder (BPD - a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior).--Mood Disorder (a variety of conditions characterized by a disturbance in mood as the main feature).--Major Depressive Disorder (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living).--Obsessive Compulsive Disorder (OCD, an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear, or worry; by repetitive behaviors aimed at reducing the associated anxiety; or by a combination of such obsessions and compulsions).--Autism or Autism Spectrum Disorder (a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave).-He/she had behavioral difficulties and/or mental illness symptoms requiring 24-hour monitoring/management.-He/she had a history of hitting the wall in his/her last facility, breaking his/her hand, as well as taking a razor to his/her arm and making a deep laceration.-The resident had a history of numerous placement situations and hospitalizations usually for self-harm or threatening harm to others. -He/she also had multiple suicide attempts including overdosing and cutting himself/herself.-The resident's family voiced concerns the resident would kill himself/herself while cutting.-He/she had a long history of medication non-compliance along with his/her self-harming behaviors, erratic behaviors with multiple psychiatric hospitalizations -The resident had shown that his/her cutting were not suicidal, but instead to