

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  Kingswood		STREET ADDRESS, CITY, STATE, ZIP CODE  10000 Wornall Road Kansas City, MO 64114	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview and record review, the facility failed to ensure one sampled resident (Resident #1) was treated with dignity and respect when on 5/14/25 Registered Nurse (RN) A grabbed the resident's arm, held it in place while the resident was resisting care resulting in a moon shaped skin tear out of three sampled residents. The facility census was 55 residents.</p> <p>The Administrator was notified on 5/22/25 at 5:12 P.M. of the past noncompliance which began on 5/14/25. The facility in-serviced all staff on the facility's resident rights, abuse and neglect policies. RN A was terminated on 5/16/25. The deficiency was corrected on 5/14/25.</p> <p>Review of the facility Resident Rights Policy dated 2001, revised in 2/2021 showed:</p> <ul style="list-style-type: none"> <li>-Employees shall treat all residents with kindness, respect, and dignity.</li> <li>-These rights include but not limited to: <ul style="list-style-type: none"> <li>--A dignified existence.</li> <li>--Self-determination.</li> <li>--Exercise his/her rights as a resident as a resident of the facility and as a resident or citizen of the United States.</li> <li>--Exercise his/her rights without interference, coercion, discrimination or reprisal from the facility.</li> </ul> </li> </ul> <p>1. Record review of Resident #1's Profile Face Sheet showed he/she had the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Hemiplegia (a condition characterized by paralysis affecting one side of the body, typically the face, arm, and leg) following a stroke affecting his/her right dominant side.</li> <li>-Major Depressive Disorder (a state of intense sadness or despair that has advanced to the point of being disruptive to a individual's social functioning and/or activities of daily living).</li> <li>-Reduced mobility.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Aphasic (is an impairment in a person's ability to comprehend or formulate language because of damage to specific brain regions).</p> <p>Review of the resident's undated Care Plan showed:</p> <p>-He/She had impaired decision making related to hemiplgia following a stroke and major depressive disorder.</p> <p>--Provide cues and supervision for safety awareness.</p> <p>--Avoid use of restraints.</p> <p>--Respect resident's rights to make decisions.</p> <p>-He/She is aphasic related to history of a stroke.</p> <p>--Allow to lip read.</p> <p>--Staff to speak slowly and calmly.</p> <p>--Offer a quite environment to allow for effective communication.</p> <p>--He/She was able to communicate needs through gestures and can effectively wave and use his/her left arm as needed to shoo you away.</p> <p>-He/She was max assist for all transfers and cares.</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 5/8/25 showed he/she:</p> <p>-Was severely cognitively impaired.</p> <p>-Was rarely/never understood by others.</p> <p>-Was able to understand others.</p> <p>-Had no behaviors.</p> <p>-Did not reject cares.</p> <p>Review of the facility's Suspected Abuse Investigation dated 5/14/25 showed:</p> <p>-On 5/14/25, at approximately 11:00 A.M., agency Certified Nurses Aide (CNA) A went and got RN A to assist him/her with attempting to get the resident out of bed as the resident had previously refused.</p> <p>-Policy was to get the nurse and if the resident refuses after multiple attempts allow the resident to refuse and document the refusal and notify the physician.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-CNA A and RN A went into the resident's room to attempt to get him/her out of bed.</p> <p>-The resident refused to get out of bed and began to swing his/her left arm wildly towards both staff members.</p> <p>-RN A grabbed the resident's left arm to stop him/her from flailing his/her arm.</p> <p>-When RN A grabbed the resident's left arm he/she caused a small moon shaped skin tear by the resident's elbow.</p> <p>-The resident calmed down and eventually agreed to get out of bed.</p> <p>-CNA A notified the Director of Nursing (DON) of the incident around 1:30 P.M.</p> <p>-RN A indicated he/she put a note into the resident's medical record stating what had happened.</p> <p>-A skin assessment was completed on the resident and showed a small moon shaped skin tear on his/her left arm by the elbow.</p> <p>-The resident was interviewed by social services.</p> <p>-When asked what happened the resident pointed to his/her left arm.</p> <p>-Resident shook his/her head back and forth when asked if it hurt.</p> <p>-When asked if the encounter with staff was aggressive or rough the resident stated yes, did this staff member hurt you he/she stated yes.</p> <p>-The resident was asked if he/she was upset over the incident, and he/she stated no.</p> <p>-The resident was asked if he/she understood what he/she was being asked and he/she stated yes and pointed at an open area on his/her arm and stated 1 - 2 at the two red marks on his/her left arm.</p> <p>-When asked if he/she wanted RN A to stay out of his/her room he/she stated yes.</p> <p>-Resident appeared to be very irritated with each question.</p> <p>Review of the resident's Interdisciplinary Note dated 5/14/25 at 11:3 A.M. by RN A showed:</p> <p>-Resident resistant to care this morning.</p> <p>-Resistant to incontinent care and Activities of Daily Living management.</p> <p>-Resident verbally and physically aggressive to him/her.</p> <p>-Resident attempted to hit him/her with closed hand.</p> <p>-Resident deflected from action.</p> <p>(continued on next page)</p>		

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