

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45403</p> <p>Based on interview and record review, the facility failed to ensure nursing staff notified the next of kin, physician, and department heads when one sampled resident (Resident #1) missed dialysis on 10/22/24 and 10/24/24, had increased blood pressure, and had a fall on 10/25/24. The resident was hospitalized on [DATE]. The facility census was 91 residents.</p> <p>Review of the facility Coordination of Care Policy, dated 5/20/24, showed:</p> <ul style="list-style-type: none"> -The purpose of the policy was to establish a framework for effective coordination of care for the residents in the facility. -The policy aims to enhance communication among interdisciplinary team members, ensure continuity of care, and improve health outcomes for residents. -Care coordination will be facilitated through effective communication, shared decision-making, and the involvement of residents and their families in the care planning process. -Regular interdisciplinary (IDT) team meetings will be held at least weekly to discuss resident care plans, progress, and any necessary adjustments to treatment. -All team members must document relevant communication in the resident's medical record to ensure continuity of care and shared understanding. -A designated staff member will be responsible for communicating any significant changes in a resident's condition to all relevant team members promptly. <p>1. Review of Resident #1's Admission Record showed the resident readmitted on [DATE] with diagnoses including End-Stage Renal Disease (ESRD), dependence on renal dialysis, and hemiplegia and hemiparesis (total or partial paralysis of one side of the body that results from disease of or injury to the motor centers of the brain), following cerebral infarction (stroke) affecting right dominant side.</p> <p>Review of the resident's Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning), dated 8/1/24, showed the resident severely cognitively impaired.</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: 265820	If continuation sheet Page 1 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's undated Care Plan showed:</p> <ul style="list-style-type: none"> -The resident had a diagnosis of ESRD and was on dialysis Tuesday, Thursday and Saturday at the dialysis center, chair time from 6:30 A.M. to 10:00 A.M. --Monitor hemodialysis access site for signs and symptoms of complications and report abnormal findings to physician and/or dialysis center. -Dialysis: Resident required hemodialysis related to end stage renal failure and was at risk for deficient/excess fluid volume, edema, high blood pressure and infection. -Falls: Resident at risk for fall with or without injury related to altered balance while standing and/or walking, altered mental status, antihypertensive medication, diuretic medication, history of falls, seizure disorder, and unsteady gait. --Monitor for changes in condition affecting risk for falls and notify physician if observed. -Resident had an unwitnessed fall and is at risk for recurring falls, 6/17/24. --Monitor for complications related to the fall and notify physician promptly if observed. <p>Review of the resident's Order Summary Report for October 2024 showed:</p> <ul style="list-style-type: none"> -Dialysis: Complete observation tab, print and send with patient to dialysis, also collect once patient returns and place in the medical records bin to be scanned to the patient chart, one time a day every Tuesday, Thursday and Saturday for dialysis, ordered 4/26/24. -Dialysis center days and times of treatment, Tuesday, Thursday, and Saturday and name of transportation, ordered 4/30/24. -Dialysis pre-weight one time a day every Tuesday, Thursday, and Saturday, ordered 4/26/24. -Dialysis post weight one time a day every Tuesday, Thursday, and Saturday, ordered 4/26/24. <p>Review of the resident's Treatment Administration Record (TAR) for 10/1/24 through 10/31/24 showed:</p> <ul style="list-style-type: none"> -Dialysis: Complete observation tab, print and send with patient to dialysis, also collect once patient returns and place in the medical records bin to be scanned to the patient chart, one time a day every Tuesday, Thursday and Saturday for dialysis- not documented as completed on 10/22/24. -Dialysis center days and times of treatment, Tuesday, Thursday, and Saturday and name of transportation, resident was to be picked up at 5:45 A.M. by a third party transportation company on dialysis days. -Dialysis pre-weight one time a day every Tuesday, Thursday and Saturday- not documented as completed on 10/22/24. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Dialysis post weight one time a day every Tuesday, Thursday and Saturday- documented as other, see nurse's notes on 10/22/24 and 10/24/24.</p> <p>Review of the resident's Nurse's Note, dated 10/22/24 at 2:04 P.M., showed dialysis post weight one time a day every Tuesday, Thursday, and Saturday for weight, no additional notes were signed by Licensed Practical Nurse (LPN) A.</p> <p>Review of the resident's Nurse's Note, dated 10/24/24 at 8:15 P.M., showed dialysis post weight one time a day every Tuesday, Thursday and Saturday for weight- patient did not go to dialysis, signed by LPN A. No further nurse's notes for 10/25/24.</p> <p>Review of the resident's medical record showed no documentation the physician, family, or department heads were notified of the missed dialysis on 10/22/24 or 10/24/24 until 10/26/24</p> <p>Review of the resident's un-witnessed fall report, dated 10/25/24 at 9:30 A.M., showed:</p> <ul style="list-style-type: none"> -The nurse alerted by Certified Nurse Aide (CNA) A that the resident had fallen. -The resident was laying on his/her right side in a fetal position. -No injuries noted. -Predisposing factors, recent change in cognition. -Notifications: Director of Nursing (DON), Family Member A, and Medical Director on 10/25/24 at 10:10 A.M. <p>Review of the resident's Rehab-Status Post-Fall Screen, dated 10/25/24 at 10:16 A.M., showed:</p> <ul style="list-style-type: none"> -The resident had a non-injury fall in room. -No injury noted. -Information reported to IDT at Stand-up Meeting by: no therapist noted, no notes for reporting. <p>Review of the resident's Neurological Assessment Flow Sheet, dated 10/26/24, showed facility staff documented the resident's blood pressure (B/P) was as high as 211/92 (normal 120/80), pupil assessment was normal and hand grasps were greater on the left than the right. The resident was transferred to the hospital from dialysis on 10/26/24 signed by the Unit Manager.</p> <p>Review of the resident's medical record showed staff did not notify the physician of the resident's blood pressure of 211/92 on 10/26/24, prior to being sent to dialysis.</p> <p>Review of the resident's Nurse's Note, dated 10/26/24 at 10:50 A.M., showed the resident left for dialysis at this time transported by a third-party transport company, signed by LPN A.</p> <p>Review of the resident's Nurse's Note, dated 10/26/24 at 7:09 P.M., showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident admitted to the hospital for elevated potassium and low hemoglobin.</p> <p>-Resident transferred from dialysis this morning to the hospital.</p> <p>During an interview on 10/28/24 at 11:50 A.M., the DON said:</p> <p>-The resident missed dialysis on 10/22/24 and 10/24/24.</p> <p>-He/She was not notified of the resident missing dialysis on 10/22/24 and 10/24/24.</p> <p>-The facility had an in-house driver for transport, but the staff failed to notify the driver or supervisors the resident was in need of transport services for dialysis.</p> <p>-The resident had been in the facility for a lengthy amount of time and staff should have known the resident needed to go to dialysis.</p> <p>During an interview on 10/28/24 at 12:09 P.M., Family Member A said he/she had not been notified of the resident's missed dialysis or the resident's fall.</p> <p>During an interview on 10/28/24 at 1:37 P.M., the Nurse Practitioner said:</p> <p>-He/she was not aware the resident had missed dialysis on 10/22/24 and 10/24/24.</p> <p>-He/she was not notified of the resident fall.</p> <p>-He/she would of expected notification of the fall.</p> <p>During an interview on 10/28/24 at 2:10 P.M., Dialysis Center Staff A said:</p> <p>-On 10/22/24 and 10/24/24, the facility called the dialysis center stating transportation did not show up for the resident and they were not sending the resident to dialysis on those days.</p> <p>-When the facility called the dialysis center on 10/26/24, the facility left a message that the resident was not coming due to no transportation.</p> <p>-He/She called back to the facility on [DATE] and spoke to LPN B to inform him/her it was not ok for the resident to not come to dialysis.</p> <p>-He/She advised LPN B on 10/26/24 the resident either needed to come to dialysis or go to the hospital for dialysis treatment.</p> <p>-He/She took care of the resident on 10/26/24.</p> <p>-Upon arrival the resident was out of it when he/she was weighing the resident.</p> <p>-Once the resident was taken back to the dialysis chair, the resident was not responding and his/her face was swollen.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Due to the resident's change in level of consciousness, his/her tongue hanging out of his/her mouth and drooling, emergency medical services (EMS) was called to take the resident to the hospital.</p> <p>-He/She assessed the resident and felt the resident was too unstable to receive dialysis at the dialysis center.</p> <p>During an interview on 10/28/24 at 2:41 P.M., the Unit Manager said:</p> <p>-It was reported to him/her the resident either needed to go to dialysis or to the hospital for dialysis due to missing dialysis on 10/22/24 and 10/24/24 due to no transportation.</p> <p>-He/She had not been made aware the resident had not been to dialysis since the resident returned to the facility on [DATE].</p> <p>-He/She expected to be informed of the resident not being transported to dialysis.</p> <p>-Although the IDT meets daily, he/she did not recall the resident being discussed related to missing dialysis for any reason.</p> <p>-He/she was not notified of the resident fall.</p> <p>During an interview on 10/28/24 at 3:37 P.M., LPN C said:</p> <p>-He/She was the on-call nurse from 10/21/24 through 10/27/24.</p> <p>-On 10/24/24 he/she was notified the resident did not go to dialysis due to no transportation by the charge nurse, he/she advised to give transport a little more time as they could be running late and to pass the information on to LPN A;</p> <p>-Upon arrival at the facility on 10/24/24 LPN A was aware of the transportation concerns, therefore he/she did not pursue any follow up a that time.</p> <p>-He/She was not informed of the resident missing dialysis on 10/22/24 until 10/26/24.</p> <p>During an interview on 10/29/24 at 1:11 P.M., the Medical Director said:</p> <p>-He/She was aware the resident was admitted to the hospital on 10/26/24.</p> <p>-He/She was not informed the resident missed dialysis on 10/22/24 and 10/24/24.</p> <p>-He/She was not aware of the resident's fall on 10/25/24, therefore was not aware of the resident's potential decline due to missing dialysis on 10/22/24 and 10/24/24.</p> <p>-There was no reason for him/her to not be notified as he/she is at the facility every Tuesday and Thursday.</p> <p>During an interview on 10/29/24 at 2:06 P.M., the DON said:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She was not notified of the resident's fall until 10/28/24 during morning meeting.</p> <p>-He/She was not sure if anyone else had been notified, such as the physician and the family.</p> <p>-He/She expected to be notified immediately to begin an investigation.</p> <p>During an interview on 10/29/24 at 3:10 P.M., the Administrator said:</p> <p>-He/She was not made aware of the resident missing dialysis on 10/22/24 or 10/24/24.</p> <p>-He/She was not aware of the resident's fall or potential change in condition on 10/25/24.</p> <p>-He/She was not aware there were concerns related to transportation to dialysis until 10/26/24 when LPN B initiated the alert to department heads.</p> <p>-He/She feels this was preventable and the staff should have alerted him/her, the Medical Director, the DON, the Unit Manager, Social Services, in-house transportation, the Admissions Director, and the family.</p> <p>During an interview on 10/31/24 at 10:16 A.M., LPN D said the expectation is to notify the family, physician, and administrative staff any time there was a change with a resident such as a fall or missed appointment.</p> <p>During an interview on 10/31/24 at 11:29 A.M., LPN A said:</p> <p>-He/She was the nurse for 10/22/24 and 10/24/24.</p> <p>-The relevance of dialysis was life or death.</p> <p>-If he/she had notified someone of transportation concerns, the resident may not have missed dialysis which resulted in the resident's admission to the hospital on 10/26/24.</p> <p>During an interview on 10/31/24 at 12:13 P.M., the Unit Manager said:</p> <p>-He/She expected staff to notify the physician, family, unit manager, DON and any other relevant parties in a timely manner about any changes such as a fall, missing dialysis or any other changes pertaining to a resident.</p> <p>-He/She expected LPN A to make the necessary notifications about the resident not being picked up for dialysis on 10/22/24 and 10/24/24 by 7:30 A.M. on those dates.</p> <p>-He/She felt there was no reason for LPN A to not make the notifications on 10/22/24 and 10/24/24 as there were no emergencies and there was a provider in the building Monday through Friday.</p> <p>During an interview on 10/31/24 at 12:26 P.M., the Social Services Designee said if he/she would have been notified of the resident needing transportation to dialysis, he/she would have assisted with arranging transport.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/31/24 at 12:49 P.M., the DON said if the staff had notified the physician, family, DON or any other department head in real time the resident would not have missed dialysis which resulted in the resident's admission to the hospital.</p> <p>MO00244188</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45403</p> <p>Based on interview, and record review, the facility failed to ensure one sampled resident (Resident #1) who required dialysis three times a week, received physician ordered dialysis services on 10/22/24 and 10/24/24. On 10/26/24, the resident was sent to dialysis and dialysis staff noticed a significant change in condition and sent the resident to the hospital. The resident was admitted to the hospital on 10/26/24 for weight gain, abdominal pain, acute encephalitis (a neurological condition), end stage renal disease, hyponatremia (low sodium), hyperkalemia (elevated potassium), and his/her hemoglobin was low- requiring an immediate blood transfusion before the resident could receive dialysis. The facility census was 91 residents.</p> <p>The Administrator was notified on 10/29/24 at 3:38 P.M., of an Immediate Jeopardy (IJ) which began on 10/26/24. The IJ was removed on 10/30/24 as confirmed by surveyor onsite verification.</p> <p>Review of the facility's Care of a Resident with End-Stage Renal Disease Policy, dated September 2010, showed:</p> <ul style="list-style-type: none"> -Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. -Education and training of staff in the care of ESRD/dialysis residents may be managed by the contracted dialysis facility or by a clinician with special training in ESRD and dialysis care. -Agreement between the facility and the contracted ESRD facility include all aspects of how the resident's care will be managed. -The resident's comprehensive care plan will reflect the resident's needs related to ESRD/dialysis care. <p>Review of the Coordination of Care Policy, dated 5/20/24, showed:</p> <ul style="list-style-type: none"> -The Purpose of the policy was to establish a framework for effective coordination of care for the residents in the facility. -The policy aims to enhance communication among interdisciplinary team members, ensure continuity of care, and improve health outcomes for residents. -Upon admission, a comprehensive assessment of each resident's medical, physical, emotional, and social needs will be conducted by the interdisciplinary team. -Regular interdisciplinary (IDT) team meetings will be held at least weekly to discuss resident care plans, progress, and any necessary adjustments to treatment. -The IDT will regularly monitor the resident's progress toward care plan goals. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Staff member will receive training on the principles of care coordination, effective communication, and the roles of different team members in the coordination process.</p> <p>-Feedback from residents, families, and staff will be solicited to enhance care coordination efforts continually.</p> <p>Review of the facility Transportation Policy, dated 10/1/22, showed the facility will contract with licensed medical transportation vendors for the purpose of transporting patients, either by wheelchair or stretcher, for admission, to and from medical appointments or to and from dialysis.</p> <p>Review of the facility's undated Admissions Coordinator (Director) job responsibilities showed:</p> <p>-Responsible for managing the admissions process for new residents and ensuring a smooth transition into the facility.</p> <p>-Would involve coordinating with prospective residents, their families, and healthcare providers to facilitate the admission process.</p> <p>-Responsibilities include helping communicate and install transportation schedules and norms for the facility and ensuring compliance with all regulatory requirement relation to admission and documentation.</p> <p>1. Review of Resident #1's Admission Record showed the resident readmitted on [DATE], with diagnoses including ESRD, chronic kidney disease, and dependence on renal dialysis.</p> <p>Review of the resident's Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning), dated 8/1/24, showed the resident severely cognitively impaired.</p> <p>Review of the resident's undated Care Plan showed:</p> <p>-The resident had a diagnosis of ERSD and was on dialysis Tuesday, Thursday and Saturday at the dialysis center, chair time from 6:30 A.M. to 10:00 A.M.</p> <p>-Monitor hemodialysis (a medical procedure that filters a patient's blood to remove waste and excess fluid when their kidneys are no longer functioning properly) access site for signs and symptoms of complications and report abnormal findings to physician and/or dialysis center.</p> <p>-Dialysis: Resident required hemodialysis related to end stage renal failure and was at risk for deficient/excess fluid volume, edema (swelling), high blood pressure and infection.</p> <p>Review of the resident's Nurse's Note, dated 10/20/24 at 3:30 P.M., showed the resident readmitted from the hospital with no medication changes, continue current level of care.</p> <p>Review of the resident's Order Summary Report for October 2024 showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Dialysis: Complete observation tab, print and send with patient to dialysis, also collect once patient returns and place in the medical records bin to be scanned to the patient chart, one time a day every Tuesday, Thursday and Saturday for dialysis, ordered 4/26/24.</p> <p>-Dialysis Center days and times of treatment, Tuesday, Thursday, and Saturday and name of transportation, ordered 4/30/24.</p> <p>-Dialysis pre weight one time a day every Tuesday, Thursday and Saturday, ordered 4/26/24.</p> <p>-Dialysis post weight one time a day every Tuesday, Thursday and Saturday, ordered 4/26/24.</p> <p>Review of the resident's Treatment Administration Record (TAR) for October 2024 showed:</p> <p>-Dialysis: Complete observation tab, print and send with patient to dialysis, also collect once patient returns and place in the medical records bin to be scanned to the patient chart, one time a day every Tuesday, Thursday and Saturday for dialysis- not documented as completed on 10/22/24.</p> <p>-Dialysis Center days and times of treatment, Tuesday, Thursday, and Saturday and name of transportation, resident was to be picked up at 5:45 A.M. by a third party transportation company on dialysis days.</p> <p>-Dialysis pre weight one time a day every Tuesday, Thursday and Saturday- not documented as completed on 10/22/24.</p> <p>-Dialysis post weight one time a day every Tuesday, Thursday and Saturday- documented as other, see nurse's notes on 10/22/24 and 10/24/24.</p> <p>Review of the resident's Nurse's Note, dated 10/22/24 at 2:04 P.M., showed dialysis post weight one time a day every Tuesday, Thursday, and Saturday for weight- no additional notes and signed by Licensed Practical Nurse (LPN) A.</p> <p>Review of the resident's Nurse's Note, dated 10/24/24 at 8:15 P.M., showed dialysis post weight one time a day every Tuesday, Thursday and Saturday for weight- patient did not go to dialysis and signed by LPN A.</p> <p>Review of the resident's Neurological Assessment Flow Sheet, dated 10/26/24, showed facility staff documented resident's blood pressure (B/P) as 211/92 (120/80 normal) on 10/26/24 at 4:15 A.M., pupil assessment normal, and hand grasps were greater on the left than the right. Resident transferred to the hospital from dialysis on 10/26/24, signed by the Unit Manager.</p> <p>Review of the resident's Nurse's Note, dated 10/26/24 at 10:50 A.M., showed the resident left for dialysis at this time transported by a third-party transport company, signed by LPN A.</p> <p>Review of the resident's Nurse's Note, dated 10/26/24 at 7:09 P.M., showed:</p> <p>-Resident transferred from dialysis this morning to the hospital.</p> <p>-Resident admitted to the hospital for elevated potassium and low hemoglobin.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Family aware.</p> <p>During an interview on 10/29/24 at 10:47 A.M., Hospital Registered Nurse (RN) A said:</p> <p>-The resident was admitted to the hospital on 10/26/24 with weight gain, abdominal pain, acute encephalitis, ESRD, anemia, and hyponatremia.</p> <p>-The resident received a transfusion due to low hemoglobin, before receiving dialysis on 10/26/24.</p> <p>-The resident received dialysis on 10/26/24 and 10/27/24.</p> <p>-There were additional complications on 10/29/24 and the resident was unable to receive dialysis.</p> <p>During an interview on 10/28/24 at 4:03 P.M., LPN A said:</p> <p>-He/She was the charge nurse for the resident on 10/22/24. He/She knew the resident did not go to dialysis on 10/22/24.</p> <p>-He/She spoke to the dialysis center on 10/22/24 and was told it was too late for the resident to go to dialysis and to resume on the next scheduled dialysis day, 10/24/24.</p> <p>-He/She did not notify or report to anyone the resident had missed dialysis on 10/22/24.</p> <p>-Admissions or Social Services usually set up transportation for dialysis.</p> <p>-He/She was the charge nurse for the resident on 10/24/24.</p> <p>-On 10/24/24, the night nurse had informed the on-call nurse the resident was not picked up for dialysis.</p> <p>-He/She did not notify or report to anyone about the resident not being picked up on 10/24/24 since the on-call nurse had already been contacted.</p> <p>-He/She spoke with Family Member A on 10/24/24, but did not notify him/her the resident had missed dialysis on 10/22/24 and 10/24/24.</p> <p>During an interview on 10/28/24 at 5:38 P.M., Certified Nursing Aide (CNA) A said:</p> <p>-On 10/25/24 he/she could tell the resident was not feeling well and asked to be taken back to his/her room.</p> <p>-On 10/25/24 at 10:30 A.M. he/she found the resident in his/her room on the floor.</p> <p>-He/She notified the nurse of the resident on the floor, the nurse assessed the resident and he/she assisted getting the resident to bed.</p> <p>During an interview on 10/28/24 at 2:41 P.M., the Unit Manager said:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-He/She was unsure who called the dialysis center to inform the center the resident was not coming to dialysis on 10/22/24 and 10/24/24.</p> <p>-The charge nurse was responsible for ensuring the resident went to dialysis.</p> <p>-He/She observed the resident was in his/her room on 10/26/24, had not had breakfast at that time, and appeared to be sleepy.</p> <p>-During his/her engagement with the resident on 10/26/24, the resident stood with minimal assist to place a Hoyer pad under him/her with no issues.</p> <p>-On 10/26/24, he/she observed some swelling around the resident's eyes.</p> <p>During an interview on 10/28/24 at 4:58 P.M., LPN B said:</p> <p>-On 10/26/24 he/she was the charge nurse for the resident.</p> <p>-During report on 10/26/24 at 6:45 A.M., he/she noticed the resident had not left for dialysis.</p> <p>-He/She was told the resident had not been to dialysis all week.</p> <p>-He/She reviewed the resident's chart and noted the resident had returned to the facility on [DATE], ordered dialysis three times per week on Tuesday, Thursday and Saturday.</p> <p>-The resident was to go to dialysis on 10/22/24 and 10/24/24, but transportation was not set up.</p> <p>-He/She notified the DON of the resident not being picked up for dialysis and was instructed to set up transportation and schedule a new chair time with the dialysis center.</p> <p>-He/She was able to arrange a new chair time for 10/26/24 at 11:30 A.M. as well as set up transportation.</p> <p>-The resident was tired after breakfast, but was aware he/she was going to dialysis.</p> <p>-About 30 minutes after the resident left for dialysis, he/she received a call from the dialysis center to inform the facility the resident was not stable enough for dialysis and was sent to the hospital.</p> <p>-When he/she noticed the resident had not been to dialysis, he/she felt it was a priority to get the resident to dialysis.</p> <p>-When he/she spoke to the hospital she was informed the resident had elevated potassium and low hemoglobin which required a blood transfusion before the resident had dialysis.</p> <p>-The resident had been in the facility for some time and everyone knows his/her dialysis schedule.</p> <p>-The resident's admission to the hospital was due to missing dialysis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The Admissions Director was responsible for setting up all dialysis transportation at admission.</p> <p>During an interview on 10/28/24 at 2:10 P.M., Dialysis Center Staff A said:</p> <p>-On 10/22/24 and 10/24/24 the facility called the dialysis center stating transportation did not show up for the resident and they were not sending the resident to dialysis on those days.</p> <p>-When the facility called the dialysis center on 10/26/24, the facility left a message that the resident was not coming due to no transportation.</p> <p>-He/She called back to the facility on [DATE] and spoke to LPN B to inform him/her it was not ok for the resident to not come to dialysis.</p> <p>-He/She advised LPN B on 10/26/24 the resident either needed to come to dialysis or go to the hospital for dialysis treatment.</p> <p>-He/She took care of the resident on 10/26/24.</p> <p>-Upon arrival the resident was out of it when he/she was weighing the resident.</p> <p>-Once the resident was taken back to the dialysis chair, the resident was not responding and his/her face was swollen.</p> <p>-Due to the resident's change in level of consciousness, his/her tongue hanging out of his/her mouth and drooling, emergency medical services (EMS) was called to take the resident to the hospital.</p> <p>-He/She assessed the resident and it was determined the resident was too unstable to receive dialysis at the dialysis center.</p> <p>During an interview on 10/28/24 at 11:38 A.M., the Administrator said:</p> <p>-He/She was made aware of the resident not making it to dialysis on 10/26/24 by LPN B.</p> <p>-The new Admissions Director was not aware he/she was supposed to set up transportation for the resident when the resident was readmitted on [DATE].</p> <p>-The Admissions Director was still learning his/her position and had only been working in the facility for about a week and a half.</p> <p>During an interview on 10/28/24 at 11:50 A.M., the Director of Nursing (DON) said:</p> <p>-He/She was notified on 10/26/24 the resident was not picked up for dialysis.</p> <p>-They tried to locate transportation once he/she was notified.</p> <p>-They were able to get the resident to dialysis.</p> <p>-The resident was sent to the hospital from dialysis due to altered mental status.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	

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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The resident missed dialysis on 10/22/24 and 10/24/24.</p> <p>-He/She was not notified of the resident missing dialysis on 10/22/24 and 10/24/24.</p> <p>-The resident last had dialysis before leaving the hospital on 10/20/24.</p> <p>-Transportation had been canceled when the resident was in the hospital from 10/15/24 through 10/20/24.</p> <p>-He/She said the ball was dropped and the transportation was not set up after the resident returned on 10/20/24.</p> <p>-The facility had an in-house driver for transport, but the staff failed to notify the driver or supervisors the resident was in need of transport services for dialysis.</p> <p>-The resident had been in the facility for a lengthy amount of time and staff should have known the resident needed to go to dialysis.</p> <p>During an interview on 10/28/24 at 12:09 P.M., Family Member A said:</p> <p>-He/She had a meeting at the facility on 10/28/24 related to the resident not being transported to dialysis.</p> <p>-He/She was not aware of the resident missing dialysis on 10/22/24 and 10/24/24.</p> <p>-He/She was contacted by another patient at the dialysis center on 10/26/24 asking why the resident was not at dialysis.</p> <p>-He/She contacted the dialysis center on 10/26/24 and was told the resident did not come to dialysis for the third consecutive scheduled time.</p> <p>-The last time the resident had a dialysis treatment was prior to being discharged from the hospital on 10/20/24.</p> <p>-He/She contacted the facility on 10/26/24 at approximately 8:00 A.M., at which time he/she was told the resident was at the desk and the staff was arranging transport to dialysis.</p> <p>-The resident arrived at the dialysis center on 10/26/24 at approximately 11:00 A.M.</p> <p>-He/She was concerned that upon arrival at the dialysis center the resident was unresponsive and was sent to the hospital.</p> <p>-He/She was told there had been a change in management and the transportation got confused.</p> <p>-This was the first time anything like this has happened at the facility.</p> <p>-He/She was upset that no phone calls were made to him/her and he/she was not aware the resident had missed dialysis.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	

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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-If he/she had known the resident was in need of transportation to dialysis, he/she would have taken the resident him/herself.</p> <p>During an interview on 10/28/24 at 12:35 P.M., the Admissions Director said:</p> <p>-He/She started at the facility on 10/10/24.</p> <p>-He/She was not aware it was his/her responsibility to set up transportation for new admissions or readmissions until 10/26/24.</p> <p>-When a resident is admitted /readmitted he/she is supposed to review the admission documentation within a timely manner.</p> <p>-He/She reviewed admission documents and was aware of the resident's dialysis, but was not aware at that time it was his/her job to set up the transportation for dialysis.</p> <p>-If he/she would have known it was his/her responsibility to schedule the transportation, he/she would have set it up when the resident readmitted to the facility on [DATE].</p> <p>- The resident missing dialysis on 10/22/24 and 10/24/24 could have been prevented had he/she been made aware it was his/her responsibility to set up transportation.</p> <p>-He/She was made aware the resident had missed dialysis on 10/22/24 and 10/24/24 on 10/26/24 when the charge nurse initiated an alert to administrative staff about the resident not having transportation for dialysis.</p> <p>-He/She was aware there was a driver in-house for transportation needs.</p> <p>During an interview on 10/28/24 at 1:37 P.M., the Nurse Practitioner said:</p> <p>-He/She was aware the resident readmitted and did see the resident for readmission on 10/21/24.</p> <p>-Was not aware the resident had missed dialysis on 10/22/24 and 10/24/24.</p> <p>-He/She expected the resident to resume dialysis and staff to communicate with transportation to ensure the residents were getting to dialysis.</p> <p>-The nurses and nurse managers should have ensured the resident was getting dialysis.</p> <p>-The resident's hospital admission was a result of not receiving dialysis for six days.</p> <p>-Missing dialysis had a significant impact on the resident's health status.</p> <p>-The resident had dementia and would not have known whether or not he/she missed or needed to go to dialysis.</p> <p>During an interview on 10/28/24 at 2:41 P.M., the Unit Manager said:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	

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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-He/She was notified on 10/26/24 prior to getting to the facility about the resident not being picked up for dialysis.</p> <p>-It was reported to him/her the resident either needed to go to dialysis or to the hospital for dialysis due to missing dialysis on 10/22/24 and 10/24/24 due to no transportation.</p> <p>-He/She had not been made aware the resident had not been to dialysis since the resident returned to the facility on [DATE].</p> <p>-On 10/26/24 he/she spoke to Family Member A to discuss the resident not being at dialysis since return and reassured him/her that transportation would be set up for the resident to get to dialysis as ordered.</p> <p>-Dialysis transportation was usually set up by the Admission Director at the time a resident was admitted /readmitted to the facility.</p> <p>-He/She was not aware of any checks and balances to ensure transport was in place.</p> <p>-Dialysis appointments were set to populate on the TAR for residents who required dialysis to include the date, time and transportation company.</p> <p>-He/She expected to be informed of the resident not being transported to dialysis.</p> <p>-Although the IDT meets daily, he/she did not recall the resident being discussed related to missing dialysis for any reason.</p> <p>During an interview on 10/28/24 at 3:37 P.M., LPN C said:</p> <p>-He/She was the on-call nurse from 10/21/24 through 10/27/24.</p> <p>-On 10/24/24 he/she was notified the resident did not go to dialysis due to no transportation by the charge nurse, he/she advised to give transport a little more time as they could be running late and to pass the information on to LPN A.</p> <p>-Upon arrival at the facility on 10/24/24 LPN A was aware of the transportation concerns, therefore he/she did not pursue any follow up at that time.</p> <p>-He/She was not informed of the resident missing dialysis on 10/22/24 until 10/26/24.</p> <p>-The resident had been at the facility prior to readmission on 10/20/24 with dialysis transportation in place.</p> <p>-There had not been prior concerns about the resident not making it to dialysis due to transportation in the past.</p> <p>-The Admissions Director was responsible for setting up transportation to dialysis upon admission/readmission of the resident on 10/20/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The resident's admission to the hospital could have been prevented if the transportation concern had been resolved or set up at admission.</p> <p>-The resident has had several hospitalizations related to dialysis.</p> <p>During an interview on 10/29/24 at 11:51 A.M., the Dialysis Center Staff said:</p> <p>-The resident's increased potassium level was a direct result of missing dialysis. Missing dialysis resulted in increased toxins in the body and altered mental status.</p> <p>-He/She had never seen the resident with altered mental status.</p> <p>-The resident had been very compliant with dialysis and had never missed dialysis consistently in the past.</p> <p>-The resident had a recent repair of his/her fistula (dialysis access).</p> <p>-Complications of the fistula could result if not used, causing clotting and/or stenosis (a narrowing of a tubular structure or blood vessel).</p> <p>-The resident's low hemoglobin was a result of missing dialysis due to not receiving the iron and Mircea (a medication to promote red blood cell production) while at dialysis. The resident did not receive the routine laboratory monitoring and medications while at dialysis.</p> <p>During an interview on 10/29/24 at 1:11 P.M., the Medical Director said:</p> <p>-He/She was aware the resident was admitted to the hospital on 10/26/24.</p> <p>-He/She was not informed the resident missed dialysis on 10/22/24 and 10/24/24.</p> <p>-He/She was not aware of the resident's fall on 10/25/24, therefore was not aware of the resident's potential decline due to missing dialysis on 10/22/24 and 10/24/24.</p> <p>-He/She believed the resident's fall on 10/25/24 and admission to the hospital 10/26/24 was the result of missing dialysis on 10/22/24 and 10/24/24.</p> <p>-There was no reason for him/her to not be notified as he/she is at the facility every Tuesday and Thursday.</p> <p>-He/She did not understand why the staff did not ensure the resident was transported to dialysis.</p> <p>During an interview on 10/29/24 at 3:10 P.M., the Administrator said:</p> <p>-He/She was not made aware of the resident missing dialysis on 10/22/24 or 10/24/24.</p> <p>-He/She was not aware of the potential change in condition on 10/25/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Jackson Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 South Jackson Drive Independence, MO 64057	
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 0698</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-He/She was not aware there were concerns related to transportation to dialysis until 10/26/24 when LPN B initiated the alert to department heads.</p> <p>-The resident fall and hospitalization was preventable and the staff should have alerted him/her, the Medical Director, the DON, the Unit Manager, Social Services, in-house transportation, the Admissions Director and/or the family.</p> <p>During an interview on 10/31/24 at 11:29 A.M., LPN A said:</p> <p>-He/She were responsible for the resident on 10/22/24 and 10/24/24.</p> <p>-The relevance of dialysis was life or death.</p> <p>-If he/she had notified someone of transportation concerns, the resident may not have missed dialysis which resulted in the resident's admission to the hospital on 10/26/24.</p> <p>During an interview on 10/31/24 at 12:26 P.M., the Social Services Designee said he/she would have been notified of the resident needing transportation to dialysis, he/she would have assisted with arranging transport.</p> <p>During an interview on 10/31/24 at 12:49 P.M., the DON said if the staff had notified the physician, family, DON or any other department head in real time the resident would not have missed dialysis which resulted in the resident's admission to the hospital.</p> <p>NOTE: At the time of the abbreviated survey, the violation was determined to be at the immediate jeopardy level J. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action be taken to address Class I violation(s).</p> <p>MO00244188</p>		