

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 01/22/2026
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** Based on interview and record review the facility staff failed to notify one sampled resident's (Resident #4) representative out of 14 sampled residents after a fall with injury. The facility census was 102 residents. The Administrator was notified on 1/22/26 of Past Non-Compliance, which occurred on 12/8/25. Nursing staff completed in-service training on when and who to notify after a change in condition on 12/8/25. The nurse who failed to notify the resident's family after a fall was individually counselled and educated on his/her failure to follow the facility's fall policy on 12/11/25. The deficiency was corrected 12/11/25. Review of the facility's policy titled Assessing Falls and Their Causes, revised 3/2018, showed that staff was to notify the resident's family when a resident fell. Review of the facility's policy titled Change in a Resident's Condition or Status, revised 2/2021, showed:-The facility promptly notified the resident's representative of changes in the resident's medical/mental condition and/or status.-Unless otherwise instructed by the resident, a nurse would notify the resident's representative when the resident was involved in any accident or incident that resulted in an injury, there was a significant change in the resident's physical, mental, or psychosocial status, or when it was necessary to transfer the resident to a hospital/treatment center. 1. Review of Resident #4's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning), dated 11/15/25 showed:-The resident had moderate cognitive impairment.-The resident had the diagnoses of Huntington's Disease (HD- an inherited disorder that causes nerve cells (neurons) in parts of the brain to gradually break down and die. The disease attacks areas of the brain that help to control voluntary (intentional) movement, as well as other areas. -Cognitive Communication Deficit (difficulty with talking, understanding, or interacting due to impaired cognition). Review of the resident's admission Record, dated 1/22/26 showed:-The resident's Durable Power of Attorney (DPOA) with contact information. -The resident's DPOA was the resident's emergency contact #1. -The resident's DPOA was the resident's responsible party. Review of the resident's fall incident report, dated 12/8/25 at 12:25 A.M., showed:-The nurse was alerted by the resident's roommate that the resident fell out of bed.-When the nurse entered the room, the resident was on the floor with blood on his/her mouth.-The resident had a red mark on the back of his/her head. -The nurse called an ambulance, the DON (Director of Nursing), and the resident's doctor to notify them of the resident's fall and injuries.-The resident was transported to the hospital by the ambulance at 1:08 A.M. Review of the resident's change of condition, post fall review, dated 12/8/25 at 1:28 A.M., showed the reason for the assessment was due to a recent fall. During an interview on 1/22/26 at 2:00 P.M., Licensed Practical Nurse (LPN) C said:-He/She was the charge nurse on duty when the resident fell on [DATE].-He/She sent the resident to the hospital due to injuries that the resident received from the fall.-He/She notified the doctor and the DON of the resident's fall. -He/She did not notify the resident's DPOA when the resident fell and was sent to the</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 2

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>hospital.-He/She was aware that the resident had a responsible party and was not his/her own person.-He/She knew that he/she was supposed to contact the resident's DPOA about the fall and transfer to the hospital but forgot to do so.-He/She received education after the incident from the facility and was told to always notify a resident's DPOA or representative when a resident fell.-The resident returned to the facility from the hospital after receiving sutures for a laceration he/she sustained from the fall.-The resident's DPOA went to facility after the resident was transferred back to the facility from the hospital and was upset about not being notified about the resident's fall and injuries at the time of the fall. During an interview on 1/22/26 at 2:30 P.M. the resident's DPOA said:-He/She was not notified when the resident fell on [DATE] by the charge nurse on duty.-He/She was notified of the resident's fall by a family friend who worked at the facility eight hours after the fall occurred. -The family friend was not a nurse and was not the person who was responsible for notifying him/her of the resident's fall and injuries. -The family friend notified him/her of the fall inadvertently when they asked the DPOA if the resident was okay.-He/She was not aware of what happened so he/she questioned the family friend of the reasoning that they would ask if the resident was okay and that's how he/she found out about the fall and injuries. -He/She would have liked to have known about the resident's fall and injuries so that he/she could have gone to the hospital and been with the resident while they were receiving care at the hospital.-The resident had a laceration on his/her mouth that required sutures.-The resident's face was bruised up and swollen after the fall. -The resident had injuries to his/her legs after the fall. During an interview on 1/22/26 at 2:55 P.M. the DON said:-The DPOA was not notified when the resident fell on [DATE].-LPN C who was responsible for notifying the resident's DPOA was counselled and educated on the facility's fall and notification policies. During an interview on 1/22/26 at 3:30 P.M. the Administrator said:-The charge nurse was expected to notify the resident representative promptly or immediately with a fall and or a change in condition. -The resident's DPOA was not notified by LPN C when the resident fell.-All staff have been educated on the facility's fall and notification of change policies. Complaint #2687129</p>		