

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26A292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Jeanne Jugan Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8745 James A Reed Rd Kansas City, MO 64138	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure the proper labeling and/or disposal of foodstuffs to preserve their freshness, in accordance with State of Missouri rules and regulations, established national guidelines, and professional standards for food service safety and to wear proper hair restraints when handling food. These deficient practices had the potential to affect all residents, visitors, volunteers, and staff who ate food from the kitchen. The facility census was 45 residents. Review of the facility's Hair Restraints policy, undated, showed: -Food employees shall wear hair restraints such as hats, hair coverings, nets, beard restraints and clothing that covers body hair. -Hair restraints must be worn effectively to keep their hair from contacting exposed food, equipment, utensils and linens. Review of the facility's Policy on Discarding Expired Donated Goods, dated 8/1/25, showed: -The purpose of the policy was to ensure health and safety and properly discarding expired or unsafe donated food items. -This policy included perishable and non-perishable food products. -Expired, spoiled or unsafe foods must be discarded immediately and must not be distributed under any circumstances. Review of the facility's Dry Food Storage policy, undated, showed: -Food items were checked prior to placing them on shelves to ensure that boxes and bags were inspected for rips, tears and moisture marks, or other damage. -Food should be dated as it was placed on the shelves. -Bins must be clearly labeled with the name of product and dated with the date the product was placed in the bin. -Plastic containers must have tight fitting covers or sealable plastic bags must be used for storing any opened packages or bulk foods removed from their original packaging. -All containers or storage bags were labeled with the name of the item and the date it was opened. 1. Observation on 8/4/25 at 9:30 A.M. showed [NAME] A had a beard without a beard covering. Observation on 8/4/25 at 9:47 A.M. showed: -A plastic bin with a dry, brown, powdery substance (later identified in an interview as cocoa powder) in the dry storage area loosely covered with plastic wrap with a date of 11/17 written on the plastic. -An opened box of store brand macaroni and cheese with the manufacturer expiration date of 7/3/25. -An opened box of penne pasta with no date noting when it was opened and a manufacturer expiration date of 8/1/25. -An opened bag of vermicelli pasta wrapped in plastic wrap with no date noting when it was opened. -A dairy cooler with a plastic container of shredded cheese with no date indicating when it was opened or placed into the container. Observation on 8/5/25 at 8:39 A.M. showed Dishwasher A had a beard without a beard covering. Observation on 8/6/25 at 9:10 A.M. showed Server A had a beard with no beard covering. During an interview on 8/4/2025 at 9:30 AM the Culinary Director said: -He/She expected kitchen workers to wear beard coverings. -This included the dishwasher. During an interview on 8/5/2025 at 8:42 A.M., The Culinary Director said: -Food should be dated once it is opened with the date it was opened. -He/She checked supplies all of the time for the manufacturer date of expiration. -He/She threw expired foods away, whether it was donated or not. -Cooking staff and dishwasher staff who had beards should be wearing a beard cover. -Opened cocoa powder should have been placed in a sealable bag. During an interview on 8/6/25 at 11:01 A.M., the Registered Dietician said: -He/She expected kitchen employees with facial hair to wear a beard net. -He/She expected all opened foods to have a date showing when it was opened. -He/She would not expect to see expired food on the (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26A292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Jeanne Jugan Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8745 James A Reed Rd Kansas City, MO 64138	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	shelves in the storage areas.-He/She expected the Culinary Director or his/her designee to do walk throughs of the storage areas to look for expired and unlabeled foods.-The unlabeled cheese needed to be discarded do to it being potentially harmful.		