

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2023
NAME OF PROVIDER OR SUPPLIER Jefferson Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 615 SW Oldham Parkway Lees Summit, MO 64081	
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34927</p> <p>Based on interview and record review, the facility failed to ensure one sampled resident (Resident #2) was free from resident to resident abuse when on 6/5/23 Resident #1 touched Resident #2's left breast out of 3 sampled residents. The facility census was 49 residents.</p> <p>On 6/5/23, the Administrator was notified of the past noncompliance which occurred on 6/5/23. The facility administration was notified on the same day of the incidents and the investigation was started. Facility staff were educated on abuse and neglect policy, resident intervention and behaviors before the start of the next shift. Resident care plans were updated. The deficiency was corrected on 6/5/23.</p> <p>Review of the facility Abuse Prevention Program dated September 2021 showed:</p> <p>-The facility will not tolerate abuse.</p> <p>-Abuse is defined as the willful infliction of injury, intimidation with resulting physical harm, pain or mental anguish.</p> <p>1. Review of Resident #1's facility Face Sheet showed he/she admitted [DATE] with the following diagnosis:</p> <p>-Cognitive communication deficit.</p> <p>-Vascular Parkinson (a chronic nervous disease characterized by a fine slowly spreading tremor, muscle weakness, muscle stiffness and a peculiar gait).</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 5/11/23 showed he she was cognitively impaired, Brief Interview Mental Status (BIMS) score of 7.</p> <p>Review of Resident #2's facility Face Sheet showed he/she admitted [DATE] with the following diagnosis:</p> <p>-Dystonia (a neurological movement disorder characterized by involuntary (unintended) muscle contractions that cause slow repetitive movements or abnormal postures that can sometimes be painful).</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

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Dysphasia, oropharyngeal phase (impairment in the production of speech and failure to arrange words in an understandable way, caused by disease/traumatic irregularity or loss of function in brain tissue).</p> <p>Review of Resident #2's Quarterly MDS dated [DATE] showed he/she was cognitively impaired, BIMS score of 7.</p> <p>Review of Resident #1's nursing note dated 6/5/23 showed at Certified Medication Technician (CMT) A reported Resident #1 fondling Resident #2 breast. Resident #1 was removed from the area and returned to his/her room.</p> <p>Review of the facility Resident Abuse Investigation Report dated 6/5/23 at 9:10 A.M. showed:</p> <p>-At 9:00 A.M., CMT A reported he/she had witnessed Resident #1 touch Resident #2's inappropriately.</p> <p>-CMT A had come from the assisted dining room and saw Resident #1 with his/her hand on Resident #2's left breast.</p> <p>-CMT A told Resident #1 he/she could not touch people that way.</p> <p>-Resident #1 removed his/her hand and went down the hall to his/her room.</p> <p>-CMT A was the only witness.</p> <p>-Resident #1 denied touching Resident #2 inappropriately.</p> <p>Review of CMT A written statement dated 6/5/23 showed:</p> <p>-He/she was a witness to a potential abuse situation.</p> <p>-He/she discovered Resident #1 touching Resident #2's breast.</p> <p>-He/she had come out of the assisted dining room and saw Resident #1 at the corner with his/her hand out and when he/she reached the corner, Resident #1 had his/her right hand on Resident #2's breast.</p> <p>-He/she told Resident #1 he should not touch Resident #2.</p> <p>-Resident #1 pushed him/herself towards his/her room.</p> <p>-Resident #2 said Resident #1 was fondling his/her breast.</p> <p>-Resident #2 said he/she wanted to go to his/her room.</p> <p>-He/she told the Licensed Practical Nurse (LPN) A who told him/her to take it to the Director of Nursing (DON).</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The incident happened at approximately 9:00 A.M.</p> <p>During an interview on 6/6/23 at 10:54 A.M., CMT A said:</p> <p>-He/she was bringing people out of the assisted dining room.</p> <p>-Resident #1 has his/her right hand out and as CMT A walked around the corner he/she saw Resident #1 had his/her hand on Resident #2's left breast.</p> <p>-He/she told Resident #1 he/she could not touch Resident #2 like that.</p> <p>-Resident #1 said nothing, turned around and rolled the other way.</p> <p>-Resident #2 said he/she was ok and Resident #1 was fondling his/her breast.</p> <p>-Resident #2 said he/she just wanted to go to bed.</p> <p>-Resident #2 has dystonia and not very good muscle control and was not able to make Resident #1 stop.</p> <p>-He/she reported to LPN A, who then told him/her to report the DON.</p> <p>-After he/she told the DON, he/she took Resident #2 to the Social Worker to complete a written statement.</p> <p>-Resident #2 was flustered and appeared upset. Later in the day when Resident #1 was with his/her one to one staff person they walked past Resident #2, Resident #2's body language froze and appeared panicked. Resident #2 turned away from Resident #1.</p> <p>During an interview on 6/6/23 at 11:00 A.M., LPN A said:</p> <p>-CMT A reported Resident #1 had touched Resident #2.</p> <p>-Resident #1 had went to his/her room.</p> <p>-He/she told CMT A to report directly to the DON.</p> <p>-He/she went and talked to Resident #2 who reported Resident #1 just started fondling his/her breast and poked his/her nipple like a button.</p> <p>-Resident #2 had remained by the nurse station.</p> <p>-He/she did not know of any instances with Resident #1 being physical in the past with any other residents, but he/she was aware Resident #1 had made another resident uncomfortable with staring at him/her inappropriately.</p> <p>During an interview on 6/6/23 at 11:45 A.M., Resident #1 said:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she might have rubbed up against Resident #2, when he/she had turned his/her wheelchair around.</p> <p>-He/she might have touched Resident #2's breast.</p> <p>During an interview on 6/6/23 at 11:56 A.M., the DON said:</p> <p>-CMT A reported in morning meeting to the charge nurse when Resident #2 was at the nursing station, Resident #1 had touched Resident #2's breast.</p> <p>-He/she took a statement from Resident #2 who reported Resident #1 reached his/her hand up and grabbed Resident #2's left breast and felt on it. Resident #2 said he/she told Resident #1 to stop.</p> <p>-CMT A told Resident #1 he/she could not touch Resident #2 like that and directed Resident #1 to his/her room.</p> <p>During an interview on 6/6/23 at 12:05 P.M., Resident #2 said:</p> <p>-Resident #1 grabbed me.</p> <p>-Resident #1 had come over to him/her, was quiet, said nothing and then grabbed his/her left breast.</p> <p>-He/she knew not to panic and told Resident #1 to stop.</p> <p>-Resident #1 had grabbed his/her nipple and it really hurt.</p> <p>-Resident #1 then stopped, turned around and wheeled away when he/she told the staff what happened.</p> <p>During an interview on 6/6/23 at 12:31 P.M., Law Enforcement Officer A said:</p> <p>-He/she took spoke to Resident #1 and Resident #2.</p> <p>-He/she took statement from the Administrator.</p> <p>During an interview on 6/6/23 at 12:45 P.M., the Administrator said:</p> <p>-He/she believed the resident to resident incident was abuse.</p> <p>-Resident #1 had taken deliberate action toward Resident #2.</p> <p>-All residents had the right to be free from abuse.</p> <p>MO00219505, MO00219595</p>		