

Missouri Department of Health and Senior Services

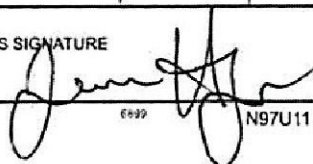
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2025
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NAME OF PROVIDER OR SUPPLIER ADDINGTON PLACE OF LEE'S SUMMIT	STREET ADDRESS, CITY, STATE, ZIP CODE 2160 SE BLUE PARKWAY LEES SUMMIT, MO 64063
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A8025	<p>19 CSR 30-88.010(25) Report A/N to DHSS/DMH When Needed</p> <p>If the administrator or other employee of a long-term care facility has reasonable cause to believe that a resident of the facility has been abused or neglected, the administrator or employee shall immediately report or cause a report to be made to the department. Any administrator or other employee of a long-term care facility having reasonable cause to suspect that a vulnerable person has been subjected to abuse or neglect or observes such a person being subjected to conditions or circumstances that would reasonably result in abuse or neglect shall immediately report or cause a report to be made to the department and to the Department of Mental Health. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation, interview, and record review, the facility failed to report and investigate an injury of unknown origin for one sampled resident (Resident #1) four sampled residents, when a staff member, Care Partner J, reported he/she observed a bruise on the resident's face after assisting with a shower to the medication technician (med tech) the prior week, and failed to investigate a bruise of unknown origin on the resident's face observed by the Director of Nursing (DON) on 10/9/25. This had the potential to affect all residents residing in the facility. The facility census was 47 residents.</p> <p>A policy for reporting and/or investigating injuries of unknown origin and abuse and neglect was requested but not received at the time of exit.</p> <p>1. Review of Resident #1's face sheet showed</p>	A8025		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

11/26/25

Missouri Department of Health and Senior Services

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A8025	<p>Continued From page 1</p> <p>he/she admitted on 8/29/25 with diagnoses of:</p> <ul style="list-style-type: none"> -Unsteadiness on feet. -Anxiety (a feeling of fear, dread, and uneasiness). -Hypertension (a condition where the force of blood against the walls of the arteries is consistently too high). -Dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain). <p>Review of the resident's Nurses Note dated on 10/9/25 at 8:00 A.M. by the DON showed:</p> <ul style="list-style-type: none"> -He/She noted a small purple bruise on the resident's left chin approximately 2 centimeters (cm) by 3 cm. -The resident denied hitting his/her face or head. --NOTE: No documentation the facility investigated the bruise of unknown origin to the resident's face/chin. <p>Review of Care Partner J's Questionnaire during the facility investigation of alleged sexual abuse dated 10/10/25 showed:</p> <ul style="list-style-type: none"> -He/She assisted with the resident's shower the previous week and noticed a bruise on his/her face. -He/She reported the bruise to the med tech working that day. -The resident's family was aware and pointed it out to him/her. <p>During an interview on 10/14/25 at 10:06 A.M., Care Partner D said:</p> <ul style="list-style-type: none"> -He/She had assisted the resident with showers in the past. -He/She was walking with the resident to the 	A8025		

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A8025	<p>Continued From page 2</p> <p>bathroom holding his/her arm so the resident wouldn't fall when the resident's foot got caught behind his/her other foot. When the resident was going down to the floor, he/she was slowing going with his/her so he/she wouldn't hit his/her head. -He/She radioed for help, the DON came into the resident's room for assistance. -He/She didn't see any bruising prior to that.</p> <p>During an interview on 10/14/25 at 1:10 P.M., the DON said: -On the morning of 10/9/25, he/she was called to the resident's room due to a fall. -After assessing the resident, he/she was sent out to the hospital right away. -He/She also was asked later about the bruising on the resident's breast and pelvic area by the hospital staff. -He/She informed the administrator of the allegations of the bruises on the resident's body and there was a concern of sexual assault as reported by the hospital staff. That is when the facility began investigating the allegation of sexual assault. -They did not investigate the bruises as an injury of unknown origin, just investigated to rule out sexual assault.</p> <p>During an interview on 10/15/25 at 1:16 P.M., the Nurse Practitioner said: -He/She was notified by the facility that the resident had a slight fall the morning of 10/9/25. -He/She saw the resident the week before and the resident didn't have any bruises. -No one from the facility called him/her about any bruising. -His/Her expectation was for staff to report any bruise that a resident developed and investigate.</p> <p>During an interview on 10/29/25 at 11:03 A.M.,</p>	A8025		

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A8025	<p>Continued From page 3</p> <p>the DON said:</p> <ul style="list-style-type: none"> -He/She did note that there was a bruise on the resident's face earlier on 10/9/25. -He/She didn't investigate the bruise of unknown origin on the resident's face because the resident was going to the hospital for the fall/stroke. -He/She didn't read the staff statements that showed one of the care partners had seen a bruise on the resident's face and that he/she reported it to a med tech the week before. -The Executive Director (ED) did all the statements and did questioning with all staff about the bruises and alleged sexual abuse reported by the hospital. -The ED was responsible for collecting all the statements and interviews about any alleged abuse. -At this time he/she was unaware if the ED knew about the bruise that was reported by Care Partner J. <p>During an interview on 10/29/25 at 11:26 A.M., Care Partner J said:</p> <ul style="list-style-type: none"> -He/She wrote a statement that the resident had a bruise on his/her face when he/she assisted the resident with a shower the week before, on 10/4/25. -The bruise that was on the resident's chin appeared to look old. -He/She reported to the med tech working that day that there was a bruise on the resident's chin, but he/she could not remember who that person was. -He/She didn't let the DON know that he/she seen a bruise on the resident's face. <p>Review of the facility schedule for 10/4/25 showed the Care Partner H and Care Partner E were scheduled to work as medication technicians with Care Partner J. The schedule</p>	A8025		

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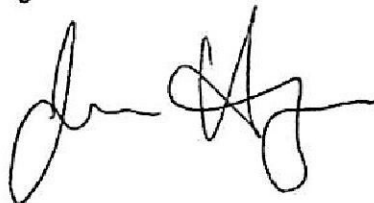
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A8025	<p>Continued From page 4</p> <p>was verified as accurate by the DON.</p> <p>During an interview on 10/29/25 at 12:12 P.M., Care Partner H said: -He/She is not sure why he/she was showing as working on 10/4/25. -He/She doesn't remember working that day. -Care Partner J did not report a bruise to him/her that he/she could recall.</p> <p>During an interview on 10/29/25 at 12:19 P.M., with Administrator said: -He/She did all the statements with the staff on 10/10/25. -He/She was aware that Care Partner J noted Resident #1 having a bruise on his/her face. -He/She asked Care Partner J and he/she told him/her that it was possible an old bruise. -He/She then asked other staff and they reported that they didn't see a bruise on the resident. -He/She did not complete an investigation related to the bruise of unknown origin. The facility completed an investigation to rule out the allegation of sexual assault.</p> <p>During an interview on 10/29/25 at 12:23 P.M., Care Partner E said: -He/She doesn't remember seeing a bruise on the resident the day he/she worked. -He/She could not recall anyone telling him/her about it a bruise.</p> <p>MO00258778</p>	A8025		

PLAN OF CORRECTION		
Provider Name:	Addington Place of Lee's Summit	
Street Address, City, Zip:	2160 SE Blue Pkwy, Lee's Summit, 64063	
Date of Survey:	10/29/25	
Provider number:	052351	
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A8025	<ul style="list-style-type: none"> The resident that was affected by the deficient practice no longer resides in the facility as of 10/9/25. All residents in memory care had the potential of being affected by the deficient practice. Nurses performed skin checks on all memory care residents with no adverse findings. Asked Memory care residents if they felt safe and all residents affirmed, they did. Staff educated on abuse, neglect, misappropriation to include suspected abuse, neglect and misappropriation which includes injuries of unknown origin and how and when to report. Will continue on going education with staff. Added item to morning stand up meetings to include discussing reportable incidents that need to be reported to regulatory organizations. Skin checks for memory care residents will be performed weekly for 3 weeks to verify no new injuries of unknown origin. Then skin checks will be performed monthly for 3 months to verify no injuries of unknown origin. And then they will be randomly performed to verify compliance. Any findings that fit the requirements will be reported per regulation. 	12/15/2026

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.



Executive Director

11/26/25