Could not obtain an administrator signature, since a new administrator took over.

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F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide care and services to meet the needs of a resident on hospice (end of life care) for one sampled resident (Resident #29) out of five sampled residents. The facility census was 55 residents. Review of the facility's Hospice Program Policy dated 2001, revised 7/2017 showed: -Hospice services are available to residents at the end of life. -It was the responsibility of the hospice to manage the resident's care as it relates to the terminal illness and related conditions, including the following: --Determining the appropriate plan of care. --Changing the level of services provided when it was deemed appropriate. --Providing medical direction, nursing and clinical management of the terminal illness. --Providing medications necessary for the palliation of pain and symptoms. -It was the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative and ensure that the level of care provided in	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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appropriately based on the individual resident's needs.
--Administering prescribed therapies, including those therapies determined appropriate by hospice and delineated in the hospice plan of care.
-Communicating with the hospice provider and documenting such communications to ensure that the needs of the resident are addressed and met 24 hours per day.
-The coordinated care plan will reflect the resident's goals and wishes, as stated in his/her advance directives and during on going communication with the resident or representative, including:
--Palliative goals and objectives.
--Palliative interventions, medical treatment and diagnostic test.
-The coordination care plan shall be revised and updated as necessary to reflect the resident's status including, but not limited to:
--Diagnosis.
--Problem list.
--Symptom management (pain, nausea, vomiting etc.).

Review of the facility's Medication Therapy Policy dated 2001, revised 4/07 showed:
-Medication use shall be consistent with an individual's condition, prognosis, values, wishes, and responses to such treatments.
-The physician will identify situations where medications should be tapered, discontinued, or changed to another medication.

Review of the facility's Administer Medications Policy dated 1/1/24 showed:
-To ensure safe and effective administration of medication in accordance with physician orders.

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1. Review of Resident #29's Admission Record showed he/she was admitted to the facility on 10/1/22, readmitted on 2/12/24 with the following diagnosis:
-Hypertensive Heart Disease (prolonged high blood pressure) with Heart Failure (a chronic condition in which the heart does not pump blood as well as it should).
-Chronic Diastolic (Congestive) Heart Failure (a condition in which the heart's main pumping chamber (left ventricle) becomes stiff and unable to fill properly).
-Rheumatoid Arthritis (is an ongoing chronic condition that causes pain, swelling and irritation, called inflammation, in the joints).

Review of the resident's Pain Assessment on 4/19/25 showed he/she:
-Had pain in the last five days.
-Frequently experienced pain in the last five days.
-Pain effect on sleep rarely or not at all.
-Interferes with therapy and day to day activities frequently.
-Pain intensity on a score of zero being no pain to 10 being high pain score of six.
-Verbal descriptor scale was moderate.
-Staff should assess for pain.
-Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw).
-Frequency he/she complains of pain every one to two days.
-Pain management with scheduled pain medications.
-No as needed pain medication offered.
-No non-medication interventions for pain.

Review of the resident's Care Plan last reviewed

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on 4/29/25 showed:
-He/She has chronic pain related to rheumatoid arthritis, left hip fracture and artificial left and right knee joints.
--He/She will not have an interruption in normal activities due to pain.
--Anticipate the resident's need for pain relief and respond immediately to any complaint of pain.
--Monitor/record/report to nurse any signs/symptoms of non-verbal pain (changes in breathing, vocalizations, mood/behavior changes, facial expressions, and body actions.
--Monitor/document for side effects of pain medications.

Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 5/12/25 showed the resident:
-Was severely cognitively impaired.
-Was receiving hospice services.

Review of the resident's Order Summary Report dated 5/14/25 showed:
-Admit to hospice, order date 5/12/25.
--NOTE: Resident was admitted on hospice on 5/9/25 when the contract was signed.
-May crush medications as needed (PRN), order date 5/14/25 at 11:00 A.M., no start date.
-Hyoscyamine Sulfate Oral Tablet Disintegrating 0.125 milligrams (mg), give one tablet by mouth every four hours PRN for increased secretions, order and start date of 5/14/25 at 7:00 A.M.
-Lorazepam Oral Tablet 0.5 mg, give one tablet by mouth every four hours PRN for anxiety, order and start date of 5/14/25 at 10:54 A.M.
-Morphine Sulfate Oral Tablet 15 mg, give one tablet by mouth every six hours PRN for

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pain/shortness of air (SOA), order and start date of 5/14/25 at 10:58 A.M.
--NOTE: The hospice physician's order on 5/10/25 for liquid Lorazepam and liquid Morphine was not located in the resident's hospice orders.
-Zofran Oral Tablet 4 mg, give one tablet by mouth every eight hours PRN for nausea, order and start date of 5/9/25.

Review of the resident's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated 5/1/25 to 5/31/25 showed:
-Lorazepam Oral Tablet 0.5 mg, give one tablet by mouth every four hours PRN for anxiety, first dose given on 5/14/25 at 11:18 A.M.
-Morphine Sulfate Oral Tablet 15 mg, give one tablet by mouth every six hours PRN for pain/shortness of air (SOA), first dose given on 5/14/25 at 11:18 A.M.
--NOTE: The hospice physician's order on 5/10/25 for liquid Lorazepam and liquid Morphine was not located in the resident's hospice orders.
-Tramadol-Acetaminophen Tablet 37.5-325 mg, give one tablet by mouth every six hours for pain, last dose given on 5/13/25 at 11:07 P.M.

Review of the facility's hospice provider communication book on 5/14/25 showed:
-Hospice start of care date was 5/9/25.
-Patient consent form.
-Election of hospice benefits.
-Hospice election statement.
-Visit Notes.
-Medicine list printed on 5/12/25.

During an interview on 5/14/25 at 12:21 P.M. the Hospice Physician said:
-He/She gave verbal orders for the resident's

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medications on 5/10/25 for liquid sublingual (under the tongue) morphine (pain), lorazepam (anxiety) and hyoscyamine sulfate (increased secretions). He/She gave the orders verbally to the hospice nurse to be written in the hospice book for the facility to enter into the computer.
-On 5/12/25 he/she was informed the medication orders "disappeared" from the facility between 5/10/25 and 5/12/25.
-The orders were never entered into the resident's MAR or TAR and never given to the resident.
-He/She gave the same orders again on 5/12/25 to the nurse to be filled for the resident's comfort.
-He/She was told the facility requested no liquid medications and would like the medication orders to be given in tablet form due to drug diversion per the Director of Nursing (DON).
-He/She always orders liquid in these medications due to the liquid form works better and faster than the tablet form.
-The tablets could be crushed and mixed with something for the resident to swallow easier.
-This resident was having difficulty swallowing before being admitted to hospice.
-The medication orders were not put into the resident's MAR until 5/14/25.
-The facility physician prefers the hospice physician to take care of the residents' medications once admitted to hospice.

During an interview on 5/14/25 at 12:40 P.M., Family Member #1 said:
-The resident just received some medications finally.
-Hospice wrote out all the medication orders on 5/10/25 and gave the medication orders to the nurse.
-The facility was not able to find the medication

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orders and all orders were rewritten on 5/13/25 by hospice.

During an observation on 5/14/25 at 12:40 P.M. showed:
-The resident was sitting up straight in bed.
-Family member #1 was at the bed side trying to get the resident to drink some juice.
-The resident was not responding to any verbal commands.
-Resident had his/her eyes closed, with his/her mouth open, nasal cannula on for oxygen due to shortness of air.

During an interview on 5/14/25 at 3:01 P.M. the facility Physician said:
-Generally, he/she does not override a hospice physician.
-He/She was not contacted by the facility to change the resident's liquid medications order by hospice to pills to be crushed.
-He/She would expect the facility to follow the hospice physician's orders as prescribed.
-Hospice takes over the medications once the resident was admitted to hospice.
-The resident was not able to swallow medication whole.
-The medications need to be crushed and put in applesauce or pudding to give to the resident.

During an interview on 5/14/25 at 3:34 P.M. the DON said:
-He/She was at the facility on 5/10/25, when hospice put the resident's orders in the communication book.
-The resident's hospice physician had ordered liquid morphine, lorazepam, and hycosamine. He/She does not know what happened to those orders.

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-He/She asked the nurse that was on duty when the hospice physician gave the orders for liquid morphine, lorazepam, and hycosamine, however he/she could not remember what his/she did with the orders.
-He/She want the resident's hospice physician to order tablets instead of liquid medications.
-Does not know why the orders were not put into the computer for approval by the facility physician.
-The nurse on duty or him/her self should have entered the orders in the computer received by the hospice physician at the time the hospice orders were received.
-He/She expected staff to enter physician orders at the time they are received and to follow the physician orders.
-Hospice takes over the resident's medications.
-He/She had asked hospice to not use liquid medications due to possible drug diversion.
-He/She called all contracted hospices and asked them to either discontinue the liquid medications for nonuse or write the order in tablet form.
-The hospice orders were confusing for the facility nurse.
-He/She went through the orders with the night nurse and hospice on 5/13/25.
-The night nurse contacted the hospice physician to discontinue some medications and to enter new medication orders on 5/13/25.
-He/She continued putting in the new orders for the morphine, lorazepam and hyoscyamine Sulfate on 5/14/25.
-Hospice did tell him/her the resident needed his/her medications in liquid but did order tablet form.
-Family member #2 wanted to start the comfort medications right away.
-The resident could still talk on 5/13/25 and said

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he/she was not in pain.
-He/She asked the resident if he/she could swallow his/her medications.
-Resident said he/she would try.
-He/She gave the resident his/her lorazepam tablet with some water.
-The resident had a very hard time swallowing the pill.
-He/She crushed up the resident's morphine and gave it in applesauce a little bite at a time.
-He/She informed the resident that the medications could make him/her sleepy.
-Medications were give at 11:18 A.M. on 5/14/25.
-The facility does have liquid morphine and lorazepam in the E-Kit if needed.

During an interview on 5/14/25 at 4:30 P.M. Family member #2 said:
-The resident was admitted to hospice on 5/9/25.
-On 5/12/25, hospice re-ordered comfort medications for the resident.
-He/She sits with the resident during the evening and part of the night.
-He/She asked the DON on 5/10/25 about the comfort medications due to the resident being restless and the DON said he/she was going to hold off on the medications because the resident was not in any pain.
-He/She continued to ask the DON about comfort medications from 5/11/25 - 5/14/25.
-He/She talked to the hospice nurse about the comfort medications being held. The hospice nurse did not understand why they were held.
-On 5/13/25, the resident was very restless and cried out during the night.
-The night nurse gave the resident some medication and the resident calmed down.
-He/She was upset the resident had not received any comfort medications.

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	MO00254214			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility staff failed to follow facility policy for using mechanical lifts for one sampled resident, (Resident #24) out of five sampled residents. Facility staff failed to inspect the lift sling for safety on 5/10/25. During a transfer, the sling strap broke and the resident fell to the floor. The resident hit his/her head on his/her recliner causing two bumps on the back of his/her head. The facility census was 55 residents. Review of the facility's Safety Precautions, Lifting Policy dated 2001, revised on 12/2009 showed: -All personal shall follow safety precautions established by the facility when lifting of handling heavy objects. -When lifting or moving residents, makes sure that equipment is secure (wheelchair, beds, stretcher, etc.) -If there are mechanical devices available to assist in moving residents more safely, use them. -Tell the resident what you are doing.	F 689		

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-Report any defective equipment to the supervisor as soon as practical.

Review of the facility's undated Sling/Harness Check showed:
-To properly inspect a Proactive Medical sling, staff should check for signs of damage like frayed seams, loops, or tears.
-Ensure the sling is free from wear, fading, or any holes.
-The label should also be intact and clearly visible, providing information about the sling's capacity.
-Additionally, verify that the wear sleeves on the ends of the sling are intact and that all stitching is secure.
-Replace if staff notice any damage or wear.
-Follow the washing instructions on the sling label, ensuring temperatures do not exceed 185 degrees Fahrenheit and air-drying or low-temperature drying.

1. Review of Resident#24's Admission Record showed the resident was admitted to the facility on 4/18/23 with the following diagnoses:
-Osteoporosis (a condition where bones become thin and weakened, increasing the risk of fracture).
-Primary Osteoarthritis (a joint disease that causes pain, stiffness and loss of movement), right hip.
-Anxiety (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus).
-Pain.
-Muscle Weakness
-Cognitive Communication Deficit (a communication difficulty caused by a cognitive

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impairment, can include language comprehension, language expression, pragmatics, reasoning, attention, memory, organization/planning, or insight/awareness).

Review of the resident's undated Order Summary Report showed:
-He/She will utilize sit to stand (a mechanical lift) for transfers when he/she is fatigued or in pain and as needed.
-Eliquis (a medication which thins the blood) 2.5 milligrams(mg) tablet by mouth two times a day for heart disease.

Review of the resident's undated Care Plan showed:
-He/She utilizes a hand-held communication board that allows staff/family/ medical professionals to write out information for him/her to read and answer.
-He/she had impaired functional status regarding bed mobility, transfers, walking, toileting, and locomotion.
--Interventions were that he/she requires mechanical lift sit to stand with one staff assistance for transfers, start date of 9/20/23.
-He/She was at risk for falling related to deconditioning, gait/balance problems, incontinence, and vision/hearing problems.
--Interventions were to anticipate and meet resident's needs, call light was within reach, encourage resident to use it for assistance as needed, and prompt response to all requests for assistance.
-He/She was on anticoagulant therapy (medications that prevent blood clots) for Atrial fibrillation (is an irregular and often very rapid heart rhythm).
--Interventions were to monitor/document/report

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as needed (PRN) adverse reactions of blood tinged or red blood in urine, black tarry stools, dark or bright red blood in stools, sudden severe headaches, nausea, vomiting. Diarrhea, muscle joint pain, lethargy, bruising, blurred vision, shortness of breath, loss of appetite, sudden changes in mental status, significant or sudden changes in vital signs.

Review of the Hoyer (a mechanical lift using a sling to transfer a resident from one place to another) Sling Care Label on 5/13/25 showed:
-Hand wash only water temperature no more than 120 degrees Fahrenheit (F).
-Do not bleach will damage integrity of sling and strap materials which may result in failure causing injury or death to the resident and/or care giver.
-Air dry only.
-Inspect sling for wear prior to each use.
-If signs of tearing, fraying, or wear are found discard the sling immediately.
-Worn out slings are not safe for use and may result in injury or death.
-Useful life of the sling is six months from the date of purchase under normal use.
-However heavy use or excessive washing may reduce the useful life of the sling.
NOTE: Observation of the sling showed no date on the sling when put in service.

Review of resident's fall during staff assistance dated 5/10/25 at 11:00 A.M. showed:
-The resident was being assisted by Certified Nursing Assistant (CNA) A using a Hoyer Lift to transfer the resident from bed to wheelchair.
-The strap on the sling broke causing him/her to fall out of the sling.
-He/She hit his/her head on a chair causing two raised bumps on the back of his/her head.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265456	A. BUILDING _____ B. WING _____	C 05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOMES OF INDEPENDENCE	17451 MEDICAL CENTER PARKWAY INDEPENDENCE, MO 64057

(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) COMPLETION DATE
F 689	Continued From page 13	F 689		

-He/She was unable to give description.
-No injuries observed at the time of incident.
-He/She was sent to the hospital for evaluation and treatment.
-Level of Pain:
--Breathing score was zero, detail normal breathing.
--Negative Vocalization score was one, detail occasional moan or groan, low level of speech with a negative quality.
--Facial Expression score of one, detail sad, frightened, or frown.
--Body Language score was one, detail tense.
--Consolability score was zero, detail no need to console.
-Alert to person, place, and situation.
-No injuries observed post incident.

Review of the resident's Incident Note dated 5/10/25 showed:
-He/She was in the Hoyer Lift sling being transferred.
-The strap broke causing him/her to fall to the ground.
-He/She landed on his/her buttock but hit his/her head on his/her recliner chair.
-Emergency Medical Services (EMS) was called and he/she was taken to the hospital for evaluation.
-The physician, family, hospice and DON were informed of the incident.
-All slings were inspected on 5/12/25 for wear and fray by the Maintenance Director.
-All slings were in good condition and good for use.

Review of the facility Statement of Inservice Training for Employees dated 5/10/25 showed:
-Employee in-service started on 5/10/25 covered

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	265456	A. BUILDING _____ B. WING _____	C 05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOMES OF INDEPENDENCE	**17451 MEDICAL CENTER PARKWAY INDEPENDENCE, MO 64057**

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F 689	Continued From page 14 the use of lifts, safety measures regarding policy of two staff requirement for safety, and proper use of lifts. NOTE: Showed no training on inspecting Hoyer slings before using to transferring a resident. During an interview on 5/13/25 at 1:46 P.M. CNA B said: -He/She had Hoyer lift training during orientation and have had in-service training on the Hoyer lift and sling inspection as recent as 5/10/25. -Uses two staff to transfer residents with the sit to stand and Hoyer lifts. -He/She gets all of his/her residents that use a lift to transfer dressed and ready for breakfast, then he/she gets another nursing staff member to help him/her use the lift to transfer the resident. -He/She checks the sling for any damage before putting the sling under the residents. During an interview on 5/10/25 at 2:14 P.M. Maintenance Director said: -He/She does the checks on the Hoyer lifts and the slings at the same time. -The slings were just something he/she has always did once a month. -Laundry should also be checking the slings for wear and tear when washing and drying them. -The slings are to be hung to dry and not put in a dryer per manufacture of the slings. -The facility had been drying the slings in the dryer to dry. -The strap should not have just broke. -The strap had to be frayed or cut for it to break. -Looking at the strap he/she can tell it had a cut in it and where the strap ripped the rest of the way. -The sling should have never been used for any resident and been taken out of service.	F 689		

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BAPTIST HOMES OF INDEPENDENCE	**17451 MEDICAL CENTER PARKWAY INDEPENDENCE, MO 64057**

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F 689	Continued From page 15	F 689		

-Review of the written statement from CNA A dated 5/10/25 showed:
-He/She and Registered Nurse (RN) A changed the resident before lunch and as he/she was getting the resident up from the bed to the chair the strap broke on the Hoyer sling.
-The resident fell on his/her butt in a sitting position first, then hit his/her head on the chair.
-The resident was completely alert during this time.

During an interview on 5/13/25 at 2:47 P.M. CNA A said:
-The resident needed changed and RN A assisted him/her in changing the resident.
-He/She examined the sling and its straps before placing the sling under the resident.
-He/She would look for holes, rips and/or tears in the sling and straps prior to using it. The sling was in good condition prior to using it.
-He/She hooked up the black straps and RN A was spotter for the resident's head (positioned by the resident's head to help guide the resident during the mechanical lift transfer) during the transfer.
-He/she was operating the Hoyer lift when the strap broke and the resident fell to the floor hitting his/her head on the chair.
-He/She always checks the Hoyer slings before using them to transfer a resident.
-He/She never transfers a resident with out a second staff member.
-He/She was inserviced on 5/10/25 after the incident on Hoyer transfers and sling inspection before use.

During an interview on 5/13/25 at 3:38 P.M. Laundry Aide A said:
-When he/she started at the facility he/she was

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	265456	A. BUILDING _____ B. WING _____	C 05/14/2025

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BAPTIST HOMES OF INDEPENDENCE	**17451 MEDICAL CENTER PARKWAY INDEPENDENCE, MO 64057**

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F 689	Continued From page 16	F 689		

told to dry the Hoyer slings in the dryer.
-He/She questioned it because at his/her last job he/she was told the slings were to hang dry.
-Was told it was policy to dry in the dryer.
-He/She puts the washer on the personals setting, no bleach.
-When done in the washer he/she places the slings in the dryer to dry.
-Not sure what the temperature is when drying but it gets really hot.
-He/She was told on 5/12/25 to hang dry the slings.
-The slings could need washed and dried daily if soiled.

Review of the written statement from RN A supervisor dated 5/10/25:
-He/She and CNA A were in the room changing the resident.
-Resident was laid on the bed due to being a Hoyer Lift.
-When done changing the resident he/she and CNA A were getting the resident up from the bed to the chair.
-The strap on the Hoyer sling broke and the resident fell on his/her bottom and landed in a sitting position.
-The resident did hit his/her head on the recliner and trash can.
-Assessment was completed on the resident and observed two bumps on back of his/her head.
-The resident was on blood thinner medications.
-Neuro checks were started.
---The resident was sent to the hospital for evaluation and treatment due to hitting head and on blood thinners.
---The resident showed no signs or symptoms of distress.
---The resident was alert and oriented at time of

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	265456	A. BUILDING _____ B. WING _____	C 05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOMES OF INDEPENDENCE	**17451 MEDICAL CENTER PARKWAY INDEPENDENCE, MO 64057**

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F 689	Continued From page 17 transfer to hospital. During an interview on 5/13/25 at 3:47 P.M. RN A said: -He/She was in the resident's room helping CNA A change the resident before getting him/her up for lunch. -He/She did not see if CNA A checked the sling for wear and tear before putting the sling under the resident as he/she was up by the resident's head to spot during the transfer. -The nursing staff usually check the slings before using them. -He/She did not know what color of loops were to be used on the resident for positioning in a sitting position. -The sling was hooked up on the black straps when the strap broke. -He/She did not check the sling prior to use. During an interview on 5/13/25 at 4:26 P.M. the DON said: -He/She would expect all nursing staff to check the slings for wear and tear before using to transfer a resident with the Hoyer lift. -If there were signs of wear and tear the sling should be taken out of service and another sling should be used to transfer the resident. -The charge nurse should be notified of the damaged sling and given the sling to him/her. -Two nursing staff are to transfer residents with the Hoyer lift. -Nursing staff have hands on training during orientation and during in-services throughout the year as needed. -He/She was notified of the incident at 11:08 A.M. and reported to the facility on 5/10/25. -He/She started an investigation and nursing staff on shift were in-serviced on proper inspection of	F 689		

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F 689	Continued From page 18 Hoyer slings and proper use of the Hoyer lift. -He/She forgot to put the sling inspection training on the in-service sheet and did not feel right adding it after staff members had already signed the sheet. -He/She is continuing education for nursing staff before working a shift. -All slings have been checked for wear and tear; no other slings showed any damage. -RN A was in the resident's room helping CNA A change and transfer the resident with the Hoyer lift from the bed to the wheelchair when the strap broke. During an interview on 5/14/25 at 3:01 P.M. the Physician said: -He/She would expect the nursing staff to examine the Hoyer sling for any damage before using the sling to transfer any resident. -If any damage the sling should not be used and taken out of service. MO00254063	F 689		

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	03782	A. BUILDING: _____ B. WING _____	C 05/14/2025

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BAPTIST HOMES OF INDEPENDENCE	**17451 MEDICAL CENTER PARKWAY INDEPENDENCE, MO 64057**

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A4074	19 CSR 30-85.042(65) Protective Oversight, Voluntary Leave Each resident shall receive twenty-four- (24-) hour protective oversight and supervision. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II This regulation is not met as evidenced by: Class II 1. Refer to F689 MO00254063	A4074		6/16/25
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II 1. Refer to F684 MO00254214	A4075		6/16/25

PLAN OF CORRECTION

Provider/Supplier Name:	Baptist Homes of Independence
Street Address, City, Zip:	17451 Medical Center Parkway, Independence MO 64057
Date of Survey:	05/14/25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This Plan of Correction is submitted as required under State and Federal Law. The submission of the Plan of Correction does not constitute an admission on the part of The Baptist Home, as to the accuracy of the surveyors' findings nor the conclusions drawn from those findings. Submission of the Plan of Correction does not constitute an admission on the part of The Baptist Homes that the findings constitute a deficiency, or that the scope and severity determinations are correct. This Plan of Correction is intended to constitute the facility's credible letter alleging compliance.	
F684	It is the practice that Baptist Homes of Independence to ensure that residents receive treatment and care in accordance with professional standards of practice. An audit of resident # 29 medical records was completed and physician orders were transcribed into the electronic medical record for the resident. The facility will accept all physician orders for medication and route of administration. Orders will be transcribed, filled, and administered as ordered. Physician will determine the resident's ability to swallow, and will specify the form of medication. (liquid v pill). The facility will ensure the medications are received and administered as ordered. A 100% audit of the physician orders were compared to the medication record for compliance by the RN supervisor for all residents. Any discrepancies for other residents were referred to their attending physician for recommendation and orders transcribed as directed.	June 16th

	• A new procedure for telephone, verbal and faxed orders has been implemented to ensure compliance. The Nursing supervisor instructed the staff on new physician order procedure and new liquid med policy. • The charge nurse at each station will enter physician orders and/or hospice orders upon receipt from the provider. • Once entered, PCC automatically sends the order to the Pharmacy. • The charge nurse enters orders received on that shift. Each charge nurse checks "pending"orders at the start of the shift to ensure new orders have been transcribed and implemented. • Guardian Pharmacy is the sole provider of medications for the facility. Deliver is timely. • The charge nurse on duty will receive medications and begin administration. • An audit of all orders written since 5/1/25 was completed to ensure currency by the RN supervisor. The audits for medication compliance, and new procedure for telephone orders will be submitted to the QAPI committee for review.	
F 689	The Baptist Homes of Independence will provide residents with an environment that remains as free of accidents and hazards as is possible at all times. Resident #24 was sent to the hospital for examination immediately following the accident. The resident returned with no significant injuries noted and no new orders. • The facility immediately performed a life safety check on all slings in the facility used for transferring residents for integrity. • The facility instituted a monthly life safety check of all slings in the building performed by the director of maintenance. • All nursing staff were provided education on appropriate sling review before each use, and transfer procedures using the Hoyer lift by the director of Maintenance and Therapy director. • Any defective slings will be removed from service immediately.	June 16th

	New procedure for washing and drying slings was instituted: • Washing slings on cool or lukewarm water only. • Following washing of slings, they are hung up to air dry. • Laundry staff was educated by the Director of Maintenance on new washing and drying instructions. Annual review of slings will be completed by the Director of Maintenance. The laundry procedures and education will be submitted to the QAPI committee for review.	

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.

PLAN OF CORRECTION

Provider/Supplier Name:	Baptist Homes of Independence
Street Address, City, Zip:	17451 Medical Center Parkway, Independence MO 64057
Date of Survey:	5-15-25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
4074	Refer to F 689	6-16-25
4075	Refer to F 684	6-16-25

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.