Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20635C	A. BUILDING: _____ B. WING _____	C 06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISHOP SPENCER PLACE, INC, THE	4301 MADISON AVENUE KANSAS CITY, MO 64111

(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
A4776	19 CSR 30-86.047(35) Protective Oversight Protective oversight shall be provided twenty-four (24) hours a day. 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 Based on observation, interview and record review, the facility failed to ensure that side rails were updated on the Physician Orders(This is a written or documented instruction by a physician that outlines specific treatments, medications, tests, or procedures to be performed on a patient. These orders serve as a roadmap for the patient's care and ensure consistency and quality) and Service Plan(a written document outlining the specific needs, preferences, and goals of a resident, along with the services and support they will receive to achieve those goals) for three sampled residents (Resident's #1, #2, and #3) and to ensure that facility staff were appropriately trained on the increased risk of entrapment when utilizing side rails out of three sampled residents. The facility census was 21 residents. A policy for the use of side rails was requested but not received at the time of exit. Review of the Food & Drug Administration's (FDA) "A Guide to Bed Safety Bed Rails in Hospitals, Nursing Homes and Home Health Care," dated 12/11/17, showed the following: -Potential risks of bed rails may include	A4776		

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strangling, suffocating, bodily injury, or death when patients or part of their body are caught between rails or between the bed rails and mattress; more serious injuries from falls when patients climb over rails; and skin bruising, cuts, and scrapes.
-When bed rails are used, perform an on-going assessment of the patient's physical and mental status and closely monitor high-risk patients.

1. Review of Resident #1's face sheet showed he/she was admitted on 11/14/24 with the following diagnoses:
-Anxiety (human emotion characterized by feelings of unease, worry, and apprehension, often accompanied by physical symptoms like increased heart rate and sweating).
-Depression (a serious mood disorder characterized by persistent feelings of sadness, hopelessness, and a loss of interest in activities).
-Parkinson Disease (a chronic, progressive neurological disorder characterized by a gradual loss of nerve cells in the brain that produce dopamine).
-Muscle Weakness (Decreased strength in the muscles).
-Dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).

Review of the resident's May 2025 Physician's Order Sheet (POS) showed activity as tolerated with no physician's order for side rails.

Review of the resident's Medical Record showed:
-No documentation the resident was assessed for the use of side rails.
-No documentation the resident was educated on the risks and benefits of side rails.

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A4776	Continued From page 2 -No documentation the resident signed a consent for the use of side rails. Record review of the resident's Personal Service Plan dated May 2025 showed: -No documentation of side rails. -No documentation of the resident's need for assistance with bed mobility or transfers. Observation on 6/2/25 at 1:35 P.M., showed the resident: -Was sitting in his/her chair watching television. -Had two half side rails on his/her bed with a gap in between the mattress and side rails. During an interview on 6/2/25 at 1:35 P.M., the resident said: -He/She used the side rails to pull himself/herself up out of bed. -The side rails had been on his/her bed since he/she moved in the facility on 11/18/24. -He/She didn't know how to pull the side rails up or down. 2. Review of Resident #2's face sheet showed he/she was admitted on 12/26/24 with diagnoses of depression and muscle weakness. Review of the resident's May 2025 POS showed no physician's order for side rails. Review of the resident's May 2025 Medication Administration Record (MAR) showed no physician's order for side rails. Review of the resident's Medical Record showed: -No documentation the resident was assessed for the use of side rails. -No documentation the resident was educated on the risks and benefits of side rails.	A4776		

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-No documentation the resident signed a consent for the use of side rails.

Review of the resident's Personal Service Plan dated May 2025 showed:
-No documentation of side rails.
-He/She will required assistance getting in and out of bed. The Service Plan did not identify what assistance the resident required.

Observation on 6/2/25 at 1:45 P.M., showed the resident sitting in his/her chair watching television and eating a snack. He/She had one half side rails with a gap in between the mattress and the side rails.

During an interview on 6/2/25 at 1:45 P.M., the resident said:
-He/She used the side rails to pull himself up out of bed.
-The side rails have been on his/her bed since he/she moved in the facility on 11/18/24. .
-He/She hadn't seen any staff remove the side rails up or down.
-He/She had two side rails on his/her bed.

3. Review of Resident # 3's face sheet showed he/she was admitted on 11/14/24 with the following diagnoses:
-Anxiety
-Dementia .

Review of the resident's May 2025 POS showed no physician's order for side rails.

Review of the resident's May 2025 MAR showed no physician's order for side rails.

Review of the resident's Medical Record showed:
-No documentation the resident was assessed for

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the use of side rails.
-No documentation the resident was educated on the risks and benefits of side rails.
-No documentation the resident signed a consent for the use of side rails.

Review of the resident's Personal Service Plan dated May 2024 showed he/she required the assistance of rails or devices such as a walker for transferring in and out of bed and to the chair.

Observation on 6/2/25 at 2:00 P.M., showed the resident had two half side rails on his/her bed with a gap in between the mattress and side rails.

During an interview on 6/2/25 at 1:35 P.M., the resident said:
-He/She used side rails for strength, and to pull him/herself up.
-He/She didn't know how long the side rails been on the bed.
-He/She had one side rail on his/her bed.

4. During an interview on 6/2/25 at 2:37 P.M., Health Care Administrator said:
-He/She was not aware the three residents had siderails on their beds.
-It was expected that all staff should have been made aware of the residents having siderails on their beds.
- He/She didn't know that residents needed assessment or orders for side rails.

During an interview on 6/2/5 at 2:53 P.M., Director of Nursing (DON) said:
-He/She was not aware that residents needed assessments or orders for side rails,
-Staff should be trained on the uses of side rails and should know each resident that have side rails.

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A4776	Continued From page 5 -He/She has not trained staff on monitoring the uses of side rails. During an interview on 6/2/5 at 3:01 P.M., Certified Medication Technician (CMT) A said: -He/She didn't know about the three residents having siderails. -He/She doesn't do anything with the siderails, only the DON does. -He/She wasn't trained on siderails.	A4776		

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PLAN OF CORRECTION

Provider Name:	Bishop Spencer Place, Inc, The
Street Address, City, Zip:	4301 Madison Avenue Kansas City, MO 64111
Date of Survey:	June 3, 2025
Provider number:	20635C

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	Bishop Spencer Place (BSP) submits the following Plan of Correction in response to the Statement of Deficiencies received from Missouri Department of Health and Senior Services on June 13, 2025, in relation to a survey completed June 3, 2025 (the "Survey"). BSP is committed to providing high quality medical care to all patients/residents. Statement of Deficiencies was forwarded to the medical director on June 13, 2025; with confirmation of receipt on June 13, 2025 (**Attachment A**). This Plan of Correction was reviewed with BSP Quality Assurance Improvement Committee (QAPI) and approved on June 19, 2025 (**Attachment B**). This Plan of Correction is BSP's written attestation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	6/20/2025
A4776	**POLICY REVIEW, EDUCATION, AND CORRECTIVE ACTION** 1. Residents 1, 2, 3, that were identified by this alleged deficient practice have been reviewed and the following has been implemented. a. Physician orders were received: i. Resident 1 – bilateral siderails on bed for mobility and positioning (**Attachment C**). ii. Resident 2 – bilateral siderails on bed for mobility and positioning (**Attachment D**). iii. Resident 3 – will be able to transfer safely with assistance using siderail for mobility (**Attachment E**). b. Education was completed during the bed rail assessment on the positive and negative aspects of side rail/assist bar have been discussed with the resident and/or family, and the resident and/or responsible parties are aware of the risk involved with the side rail use (**Attachment F**). c. Service plans were updated to include goals and interventions for the use of bed rails: i. Resident 1 – (**Attachment G**) ii. Resident 2 – (**Attachment H**) iii. Resident 3 – (**Attachment I**) d. Signed consent was obtained by the resident and/or responsible party for use of the side rails: i. Resident 1 – (**Attachment J**) ii. Resident 2 – (**Attachment K**) iii. Resident 3 – (**Attachment L**) e. Bed rail assessment has been added to be completed at admission process and/or if family brings in for residents in the Assisted Living Facility (**Attachment F**) 2. An audit of residents with positioning devices/bed rails occurred to identify other residents affected by the alleged deficient practice to ensure completion of the bed rail assessment; physician order for the positioning device/bed rail received; service plan updated to include goal and intervention; education on the positive and negative aspects of side rail/assist bar was discussed with resident/representative and that the resident/representative are aware of the risk involved with the side rail use; signed consents by the resident/responsible party for use of side rail were completed.	7/1/2025

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	3. Policy on bed rails was adopted on 6/19/2025 (**Attachment M**) to ensure proper procedures related to position devices / bed rails for assisted living residents. 4. Education to clinical team on bed rails policy began 6/19/2025 and will become mandatory upon hire and annually thereafter.	
	AUDIT FOR COMPLIANCE 1. Beginning 6/23/2025, a weekly random audit will be conducted by the Director of Nursing and/or designee for 3 consecutive months of 100% compliance of residents with bed rails for: a. order is active. b. bed rail assessment completion. c. service plan updated. d. education on the positive and negative aspects of side rail/assist bar discussed with resident/representative and that the resident/representative are aware of the risk involved with the side rail use. e. signed consents by the resident/representative for use of side rail. 2. After achieved compliance, we will move to quality assurance at twice a year . 3. Any necessary corrective measures to ensure resident health and well-being, and staff disciplinary action for noncompliance, will be promptly implemented in accordance with facility procedures. Any significant changes or deviations will be reported to the governing body. Deficiencies will be shared and discussed at the agency Quality Assurance Performance Improvement Committee	
	CONTINUED PROCESS IMPROVEMENT Bishop Spencer Place Administrator and Director of Quality will review audit findings on a weekly basis at the Five Star High Risk meeting and make further recommendations for process improvement to enhance compliance if results of audit do not reflect 100%. Any necessary corrective measures and coaching or discipline for noncompliance, will be promptly implemented in accordance with BSP procedures. Any significant changes or deviations will be reported to the governing body. Deficiencies will be shared and discussed at the BSP Quality Assurance Performance Improvement Committee.	

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.

Administrator Signature DocuSigned by: Michele Duckstein 9781C01074EC4BC... Date 6/19/2025