STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #1) was free from verbal and physical abuse by two staff members, Licensed Practical Nurse A and Certified Nursing Assistant (CNA) A. Multiple facility staff observed the interaction and did not intervene. LPN A and CNA A worked the entire shift after the abuse incident. The facility had 78 residents. The Administrator was notified on 3/20/25 at 1:13 P.M., of an Immediate Jeopardy (IJ) Past Non-Compliance which occurred on 3/12/25. The facility started their investigation on 3/13/25 and suspended LPN A and CNA A and they were terminated on 3/14/25. The facility in-serviced staff before the start of their next shift. The IJ was corrected on 3/14/25. Review of the facility's policy titled "Abuse and	F 600	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	LNHA	04.07.25

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	**11900 JESSICA LANE RAYTOWN, MO 64138**

(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 600	Continued From page 1	F 600		

Neglect Policy," dated 6/12/24, showed:
-Abuse was the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm.
-This could include staff to resident abuse and certain resident to resident altercations.
-Verbal abuse meant the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.
-This included using profanity or speaking in a demeaning, non-therapeutic, undignified, threatening or derogatory manner in a resident's presence.
-Examples included:
--Harassing a resident.
--Mocking.
--Insulting ridiculing.
--Yelling at a resident.
-Physical abuse was purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner.
-Physical abuse included, but was not limited to:
--Handling a resident with any force than was reasonable for a resident's proper control, treatment or management.
--Hitting.
--Slapping.
--Punching.
--Biting.
--Kicking.

1. Review of Resident #1's Admission Record showed the resident admitted to the facility with the following diagnoses:
-Bipolar Disorder (a disorder associated with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 2	F 600		

episodes of mood swings ranging from depressive lows to manic highs), Unspecified.
-Anxiety Disorder (any group of mental conditions characterized by excessive fear of or apprehension about real or perceived threats), Unspecified.
-Mild Intellectual Disabilities.
-Cognitive Communication Deficit.
-Major Depressive Disorder (MDD- a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), Recurrent, Mild.
-Unspecified Intellectual Disability.

Review of the Resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning), dated 3/10/25, showed:
-The resident was cognitively intact.
-The resident did not exhibit any behavioral symptoms during the seven day look back period.

Review of the resident's care plan, dated 12/11/24, showed:
-The resident was at risk for the following signs and symptoms related to his/her diagnoses of intellectual disability including difficulty communicating, difficulty in socializing with others, difficulty with problem solving or logical thinking, having problems remembering things, and the inability to connect actions with consequences with the following interventions:
--Ensure his/her environment is safe.
--Limit changes to his/her routine.
--Provide him/her with diversional activities.
--Provide positive reinforcement.
--Use calm and gentle approaches with him/her.
-The resident was at risk for the following signs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 3	F 600		

and symptoms related to his/her diagnosis of bipolar disorder including displaying high or low emotions and an increase in the signs and symptoms of depression with the following interventions:
--Be consistent.
--Calmly direct him/her when he/she had inappropriate behaviors.
--Staff were to not get into a power struggle with him/her.
--Offer warm baths or soothing music to decrease restlessness.
--Take care of any problems that were within the ability of the staff to address immediately.
--Use a firm and calm approach with him/her.
--Use short and clear explanations or directions with him/her.
-The resident was at risk for the following signs and symptoms related to his/her diagnosis of Anxiety Disorder including cursing, hollering, and restlessness with the following interventions:
--The staff were to be aware of their body stance and facial expressions when approaching the resident.
--Do not argue with him/her or tell him/her that he/she was wrong when he/she was upset.
--Do not get close with the resident and remember personal space.
-On 5/12/24 the resident became upset with staff about being escorted back upstairs and hit a staff person, which caused a peer to intervene and pushed the resident.
-The resident had a history of behavioral challenges that required protective oversight in a secure setting which included a Code Green (a behavioral emergency and/or incident needing physical support and presence when an individual poses a threat to himself/herself or others) being called on the resident on 2/11/24 at 10:30 P.M.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 4	F 600		

because the resident was demanding more snacks and was belligerent, yelled at staff, and made steps toward the nurse.

Review of the resident's behavior note, dated 3/12/25 at 10:39 P.M., written by LPN A showed:
-The resident had become very aggressive with staff due to the fact that there were no snacks during snack time.
-The resident verbally assaulted LPN A and tried to attack LPN A.
-The resident then turned to attack an employee who tried to diffuse the altercation.
-The resident walked behind the nursing station and said, "you think I won't slap you bitch."

Observation of the undated video footage recorded of the incident showed:
-The recording was one minute and 59 seconds long.
-The footage took place at the nurse's station near Resident #1's hall.
-LPN A and CNA B were sitting down in a chair in front of computers, CNA A was walking around near the nurse's station, Resident #1 is standing in front of the nurse's station speaking with LPN A, and Resident #2 is standing near the nurse's station.
-Resident #1 can then be seen pointing his/her finger at LPN A and stated, "anyway I want."
-LPN A responded to Resident #1 by pointing his/her finger towards the resident's hall and said, "get your ass down there."
-Resident #1 responded to LPN A by slamming his/her hands down on the medication cart that was in front of him/her and said, "get your ass gone somewhere."
-Resident #1 then started to walk around the nurse's station and towards LPN A, LPN A called

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 5	F 600		

the resident's name, and another staff person also called out the resident's name.
-CNA A then started to move towards Resident #1 by walking in front of the nurse's station.
-A staff person can then be heard saying the resident's name and "no, no, no, no, no, LPN A's name, no."
-LPN A then got up from sitting in his/her seat.
-CNA A continued to walk around the nurse's station and CNA B got up from his/her seat.
-Resident #1 could then be seen getting close to LPN A and some muffled words were exchanged.
-CNA C could be seen entering the frame in upper middle part of the frame.
-CNA D could then be seen entering the frame at the bottom right corner.
-CNA B was within arm's reach of Resident #1 and stood behind Resident #1.
-CNA B then placed his/her hand between LPN A and Resident #1.
-LPN A then pushed Resident #1 into CNA A in front of CNA B, CNA D, and Resident #2.
-CNA C could still be seen walking towards the nurse's station.
-CNA A then grabbed Resident #1 in a bear hug position from behind and started to take Resident #1 away from the nurse's station.
-Resident #1 could be heard saying, "get the fuck off me [derogatory term], get the fuck off."
-CNA A continued to walk away from the nurse's station with the resident in the same hold position all while LPN A, CNA B, CNA C, and CNA D watched from behind the nurse's station.
-Resident #2 remained in the same spot but could be seen watching the resident and CNA A.
-Unintelligible words could be heard from the resident and other staff members.
-CNA A then let go of Resident #1.
-CNA A then started to walk backwards away

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 6	F 600		

from Resident #1 and a staff person could be heard saying, "no."
-Resident #1 then puts both of his/her fists in the air and stated, "come on mother fucker, come on mother fucker, come on mother fucker, lets finish this" and was stepping towards CNA A.
-CNA A continued to walk backwards and away from the resident.
-Once Resident #1 was within arm's reach of CNA A, CNA A reached his/her right hand up and swatted the resident's fists away from him/her.
-Resident #1 then started swinging at CNA A with open hands.
-CNA A responded by swinging his/her fists towards the resident, making contact with Resident #1's face.
-CNA E could be seen entering the top left corner of the frame and was in direct sight of CNA A and Resident #1 when Resident #1 and CNA A were swinging at each other. CNA E was facing in the direction of Resident #1 and CNA A.
-CNA A and Resident #1 naturally split apart from each other without staff intervention.
-LPN A then walked towards Resident #1 and CNA A and could be heard saying something unintelligible, CNA B, CNA C, and CNA D all remained behind the nurse's station, and CNA E could be seen in the frame towards the altercation.
-LPN A then walked back behind the nurse's station and LPN A, CNA A, CNA B, CNA C, and CNA D.
-All staff present, LPN A, CNA A, CNA B, CNA C, and CNA D were looking toward
-Resident #1 and Resident #2 then walk away from the nurse's station together and down the hall.

Review of an Admin/RN Investigation, dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 7	F 600		

3/13/25 at 11:55 A.M., showed:
-The incident occurred on 3/12/25.
-The type of incident was alleged abuse.
-The persons involved were Resident #1, LPN A, and CNA A.
-CNA B was a witness to the incident.
-LPN A and CNA A were suspended with possible termination.
-Staff had reported that the resident had hit a staff member, CNA A, on 3/12/25 at 10:30 P.M.
-The staff member, CNA A, was okay, but the resident was being sent out to the hospital.
-The Administrator had called to check in with CNA A around 6:30 A.M.-6:45 A.M. and CNA A reported to him/her that he/she was not hit by the resident.
-Once the resident returned from the hospital, the Administrator interviewed the resident.
-The resident stated "the nurse was slamming the snack container down and I told him/her to stop, and he/she got mouthy with me, and I told him/her I would slap him/her, and he/she (the nurse) said ok you come over here. So, I did. Then the other guy/girl pulled me from behind and I told him to stop, and I said a bad word and he/she hit me."
-The Administrator then reviewed the camera footage from the previous night.
-The Administrator noted the following:
--The resident walked up to the counter and asked for a snack.
--CNA B stated there was none.
--The resident said ok and started to walk off.
--CNA B then told the resident he/she could look in the snack container.
--The resident walked to the other end of the nurse's station and LPN A took the snack container and slammed it down.
--LPN A asked the resident why did you come

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 8	F 600		

look, he/she told you there was none.
--The resident stated don't slam things.
--The resident started to walk off towards his/her hall when LPN A said take your ass on down there.
--The resident returned to the nurse's station and said I'm not scared of you; I'll slap you and told LPN A to come out there to him/her.
--LPN A then said no you come back here in which the resident did and got up close to LPN A.
--CNA B got in-between the resident and LPN A.
--CNA A then comes behind the resident and LPN A used his/her hand to push the resident backwards in the abdomen.
--CNA A then attempted to move the resident away from LPN A.
--The resident then turned on CNA A and doubled up both fists and stated to CNA A "Finish what you started mother fucker" and repeated it multiple times.
--CNA was backing away then used his/her hands to push the resident's fists down.
--The resident started to swing wildly at CNA A and CNA A did the same and smacked the resident.
-The Administrator suspended LPN A and CNA A pending further investigation.
-The investigation concluded that the resident had been physically abused by LPN A and CNA A.
-LPN A and CNA A were terminated upon completion of the investigation on 3/14/25.

During an interview on 3/20/25 at 8:45 A.M., the Administrator said:
-He/She had received a call on 3/12/25 in which it was reported to him/her that Resident #1 had hit someone, and that Resident #1 was being sent out to the hospital.
-The following morning, he/she had called CNA A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 9	F 600		

to check-in with him/her and CNA A reported to him/her that he/she was never hit by Resident #1, that it was only a rumor that he/she had been hit.
- When he/she spoke with Resident #1 about the incident, Resident #1 had said that he/she reached his/her limit and had cursed at staff.
-Resident #1 denied hitting any staff person.
-He/She then reviewed the camera footage from the previous night based off of the information he/she had received from Resident #1.
-After reviewing the video, he/she immediately called the corporate office and suspended LPN A and CNA A.
-None of the staff who were involved in the incident reported to him/her or the DON that Resident #1 had been hit by staff members.
-Resident #1 had intellectual disabilities and mental health disorders but had never been in a physical altercation to his/her knowledge.
-Resident #1 had a history of behaviors, mainly getting agitated, but would bang a wall or something similar, it never escalated much more than that.
-Resident #1 had not received any injuries from the altercation.
-He/She was unaware that CNA C and CNA D were also witnesses to the incident.

Review of a witness statement, dated 3/13/25, completed by CNA B showed:
-Resident #1 had come up to the desk asking for snacks.
-He/She had let Resident #1 know that there weren't any snacks, but that Resident #1 could look in the snack bucket if Resident #1 wanted to, just so Resident #1 could see that he/she wasn't lying to Resident #1.
-LPN A then grabbed the snack bucket and tossed it to the ground.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 10	F 600		

-LPN A and Resident #1 then started going back and forth with each other.
-LPN A and Resident #1 were arguing and then LPN A told Resident #1 to go to his/her room.
-He/She assumed that that Resident #1 was too upset or angry to walk away.
-Resident #1 then called out LPN A's name and threatened to call the police.
-CNA A then came to try and de-escalate the situation.
-CNA A was trying to get Resident #1 to go back to his/her room.
-That was when things became physical.
-He/She tried to step in and help prevent things from escalating but felt like he/she could not do much.

During an interview on 3/20/25 at 10:10 A.M., CNA B said:
-Resident #1 had come up to him/her and had asked for snacks.
-He/She told Resident #1 that there were no snacks to give him/her.
-He/She then told Resident #1 that Resident #1 could look in the snack box to show that there were no snacks available to hand out, for the purposes of closure.
-LPN A then picked up the snack box and threw it to the ground.
-This caused Resident #1 to become very upset.
-Resident #1 and LPN A started arguing with each other and Resident #1 was calling the staff "[derogatory name]".
-CNA A had made physical contact with Resident #1 during the altercation.
-Resident #1 had not hit CNA A.
-LPN A had cursed at Resident #1 during the altercation.
-He/She had not remembered that Resident #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 11	F 600		

walked around the desk and could not say if LPN A pushed Resident #1.
-Abuse had to do with anything that hurts a resident's feelings.
-Verbal abuse had occurred during the altercation.
-Physical abuse had not occurred during the altercation because there was no intention behind the contact that CNA A made with Resident #1.

During an interview on 3/20/25 at 10:22 A.M., CNA A said:
-He/She forgot what day and the time in which the incident occurred.
-He/She had been sitting on his/her assigned hall and then heard yelling.
-He/She left his/her hall to go look and see if everything was okay.
-Once he/she arrived at the altercation, he/she tried to de-escalate the situation.
-His/Her method of de-escalation was to take Resident #1 away from the situation.
-He/She had touched Resident #1's shoulder, but that had agitated Resident #1 even more.
-He/She had continued to try and move Resident #1 away from the situation and had let Resident #1 go after getting him/her away from the nurse's station.
-Resident #1 then started to swing at him/her.
-Resident #1 had never made contact with him/her when Resident #1 was swinging at him/her.
-He/She was only trying to deflect Resident #1's swinging motions and had not realized that he/she had made contact with Resident #1.
-He/She had remembered during the interview that LPN A had pushed Resident #1 during the altercation.
-He/She was unsure if the push counted as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 12	F 600		

abuse.
-He/She was unsure if there was any camera footage of the altercation.
-The whole situation could have been prevented.
-When a resident is exhibiting a behavior, staff should not be "hands-on" and try to de-escalate the situation with words.

During an interview on 3/20/25 at 11:21 A.M., Nurse Practitioner (NP) A said:
-He/She was made aware of the altercation but was not called the night of the altercation.
-The facility's Medical Director (MD) was called the night of the altercation.
-He/She had reviewed the camera footage as well.
-In the video you could see that a staff to resident altercation had occurred.
-He/She would categorize the altercation as abuse.
-LPN A and CNA A had showed a lack of self-control and should not have pushed or hit Resident #1.
-The least amount of hands-on would have been the best way to approach the situation.
-The staff should have tried to talk through things more calmly with Resident #1 and tried to change the topic or re-direct Resident #1 in a different way.
-Resident #1 was known to get loud with other staff and/or residents but was not known to get physical with anyone.
-When a resident looked like they were going to hit a staff person, the best way for staff to handle the situation would be to maintain distance between themselves and the resident.
-If a resident did end up trying to hit a staff person, the staff should duck and move out of the way.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 13 -If staff were to get hit by a resident, then they just needed to continue to try to back away from the resident. -The staff 's response should never be to hit the resident back. During an interview on 3/20/25 at 11:35 A.M., Resident #1 said: -He/She got punched in the face. -He/She did not want to talk about the incident because it upset him/her too much. -He/She pointed to the areas where he/she was punched which were his/her left side of the chin and his/her right side of face in between the temple and eye. -He/She was tired of people asking if he/she was okay. -He/She was felt better knowing that LPN A and CNA A would not be caring for him/her again. During an interview on 3/20/25 at 11:47 A.M., CNA D said: -He/She had come in during the middle part of the incident. -He/She heard Resident #1 come around the nurse's station. -Everyone was just watching to see what Resident #1 would do. -Resident #1 then said, "you think I won't slap you." -Then LPN A and Resident #1 got in each other's face. - He/She never saw LPN A push or put hands on Resident #1. -They both started cursing at each other, which prompted CNA A to grab Resident #1. -CNA A was attempting to remove Resident #1 away from the situation. -CNA A and Resident #1 were walking away from	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 14	F 600		

the nurse's station and Resident #1 just started swinging at CNA A.
-CNA A was trying to block Resident #1's swings and denied seeing CNA A hit Resident #1.
-He/She thought Resident #1 was the aggressor in this incident.
-He/She did not think that any type of abuse had occurred during that situation.
-He/She had texted the DON about Resident #1 hitting CNA A after the incident occurred.
-Any unwanted touching counted as physical abuse;
-They did not intervene because it all happened so fast, and they did not think it was abuse.

During an interview on 3/20/25 at 12:19 P.M., the DON said:
-He/She had received a text message from LPN A related to the incident during the shift.
-He/She had to look through his/her phone to find the text message.
-He/She then said that LPN A had called him/her at 12:25 A.M. and he/she then went to the local hospital to see Resident #1.
-He/She had not responded to CNA D's text message, because he/she had already spoken to LPN A.

During an interview on 3/20/25 at 12:52 P.M., LPN A said:
-Resident #1 had come up to the nurse's station.
-Resident #1 had asked for a snack.
-Resident #1 was constantly coming up to the nurse's station and asking for snacks.
-Resident #1 had directly asked CNA B, CNA B told Resident #1 that Resident #1 could look in the snack bucket to show that there were no snacks.
-LPN A then grabbed the snack bucket and it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 15	F 600		

slipped out of his/her hands.
-Resident #1 responded to this by stating to LPN A "Think your God?"
-Resident #1 had also called everyone derogatory names and said that he/she would slap LPN A.
-He/She and Resident #1 were both standing and just looking at each other by that point.
-He/She then thought he/she was going to get hit by Resident #1 and put his/her hands up and backed away from Resident #1 to get away from Resident #1.
-CNA A then took Resident #1 away from the nurse's station.
-CNA A thought Resident #1 was going to hit CNA A, so CNA A blocked Resident #1's swinging motions.
-He/She thought Resident #1 had made contact with CNA A.
-The incident was over after that.
-No abuse occurred during the entirety of the altercation.
-Physical abuse was when someone hit a resident.
-Verbal abuse was when someone cursed at a resident.

During an interview on 3/20/25 at 1:28 P.M. CNA C said:
-He/She could not remember the time of the incident but thought that it happened about two hours after the shift had started.
-He/She had been coming from the front and heard yelling.
-Resident #1 had been asking for a snack.
-LPN A had told Resident #1 no.
-LPN A and Resident #1 started arguing.
-Resident #1 said some "rude things" to LPN A.
-LPN A then told Resident #1 to go to his/her room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 16	F 600		

-Resident #1 responded to this by telling LPN A that he/she would slap LPN A.
-LPN A then told Resident #1 to do it.
-Resident #1 then tried to smack LPN A and LPN A put his/her hands up.
-CNA A then came around and grabbed Resident #1 from behind.
-Resident #1 responded to this by cursing at CNA A and said that he/she would hit CNA A.
-There was another resident that was watching and told Resident #1 to go back to his/her room.
-CNA A then let Resident #1 go and that was when Resident #1 tried to hit CNA A.
-CNA A had blocked all of the swings from Resident #1.
-CNA A never made any contact with Resident #1 when Resident #1 was hitting CNA A.
-He/She was aware that Resident #1 would become agitated when there were no snacks available.
-LPN A and CNA A worked the remainder of the shift after the incident occurred.
-He/She did not think that any abuse occurred during the altercation, so they did not intervene.
-Physical abuse included hitting a resident.
-Verbal abuse included being demeaning or disrespectful towards a resident.

Review of Resident #2's quarterly MDS, dated 2/12/25, showed Resident #2 was cognitively intact.

During an interview on 3/20/25 at 2:01 P.M. Resident #2 said:
-Staff were sitting behind the counter.
-Resident #1 had come up to the counter and had asked for a snack.
-Resident #1 had bad hearing, so he/she thought that Resident #1 might not have heard the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 17	F 600		

response.
-The nurse then slammed the snack basket on the table.
-Resident #1 responded to this by slamming his/her hands on the table.
-Resident #1 then got into it with the staff.
-He/She then told Resident #1 to come over to him/her to try and get Resident #1 out of the situation.
-Resident #1 hesitated at this statement and then said, "come on, put em up, what's wrong with you" and put his/her fists up.
-That was when Resident #1 was hit by a staff person.
-He/She then told Resident #1 to come with him/her to get out of the situation and they walked away together.
-Resident #1 was reactive to how any person approached him/her, meaning that if someone approached Resident #1 with aggression, then Resident #1 would respond with aggression.
-He/She thought Resident #1 would have reacted calmly if the others around him/her had remained calm.
-The staff instigated and initiated that type of response from Resident #1.

Review of a witness statement dated 3/13/25 completed by Certified Medication Technician (CMT) A showed:
-On 3/12/25 he/she had walked up to the front of the building and saw an ambulance pull up to the building.
-He/She had asked a CNA about which resident was being sent out.
-The CNA had stated that Resident #1 was being sent out because Resident #1 had been aggressive about getting a snack.
-He/She was told that CNA A and Resident #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 18	F 600		

had gotten into it and that Resident #1 was about to hit CNA A.
-LPN A then interrupted the conversation and told the CNA that he/she did not have to explain anything to CMT A.
-He/She then asked LPN A about what happened and LPN A responded to him/her stating that he/she was not going to explain anything to CMT A.
-He/She then asked LPN A if Resident #1 was just being sent out because Resident #1 was upset over a snack.
-LPN A again responded to him/her stating that he/she did not have to explain anything to CMT A.
-He/She said okay and then went to clock out at 10:35 P.M.

During an interview on 3/20/25 at 2:23 P.M., CMT A said:
-A CNA had reported to him/her that Resident #1 was getting sent out for being agitated because there were no snacks.
-He/She was questioning this because the staff could have grabbed Resident #1 a sandwich from the kitchen.
-That was when LPN A came over and told the CNA that he/she did not have to explain anything and was very rude to CMT A.
-He/She just felt like there was not something right with the whole situation.
-There would never be any reason to hit a resident.
-Physical abuse counted as putting hands on a resident with mal-intent.

During an interview on 3/20/25 at 2:38 P.M. CNA E said:
-He/She had been walking to the supply room at the time of the altercation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 600	Continued From page 19 -He/She had only seen Resident #1 hit CNA A. -CNA A was only blocking the Resident #1's swings. -CNA A had not made contact with Resident #1 during the altercation. -He/She had not intervened and walked away from the altercation, because he/she thought abuse had not occurred. During an interview on 3/20/25 at 3:41 P.M. the DON said: -The altercation that occurred counted as abuse. -Staff should never hit a resident. -Staff should never curse at a resident. -The staff had not responded appropriately to the situation. -The hold that CNA A had on Resident #1 while walking Resident #1 away from the nurse's station was okay, but the force behind it was not okay. -LPN A and CNA A should have walked away from Resident #1 instead of pushing and hitting back at Resident #1. -The staff should have also tried to re-direct Resident #1 instead of egging Resident #1 on. -CNA C and CNA D were not supposed to be at the nurse's station at that time. -The staff had not handed out the snacks appropriately that night. -The snacks needed to be passed out to the resident's instead of the resident's coming up to the nurse's station and grabbing the snacks out of the basket.	F 600		
	MO00251027			
F 609 SS=E	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 20 §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to report abuse for one sampled resident (Resident #1). Facility staff Licensed Practical Nurse (LPN) A, Certified Nursing Assistant (CNA) A, CNA B, CNA C, CNA D, and CNA E all watched abuse and did not report. The facility census was 78 residents. On 3/20/25, the Administrator was notified of the	F 609	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 21	F 609		

past non-compliance which occurred on 3/12/25. Facility staff were educated on reporting abuse requirements. The deficiency was corrected on 3/14/25.

Review of the facility's policy titled "Abuse and Neglect Policy," dated 6/12/24, showed:
-It was the policy of the facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within the prescribed time frames.
-Abuse was the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm.
-New employees would be educated by the department manager, or designee, on issues related to abuse prohibition practices and abuse reporting requirements during initial orientation.
-The facility would provide resident, families, and staff information on how and to whom they may report concerns, incidents, and grievances without fear of retribution.
-Any owner, operator, employee, manager, agent, or contractor of the facility could report an allegation of abuse to the abuse agency hotline without fear of retaliation.
-When suspicion of abuse or reports of abuse/neglect/exploitation occur, the following procedure would be initiated:
--The licensed nurse would respond to the resident and protect him/her from further incident.
--The licensed nurse would remove the accused employee from resident care areas.
--The licensed nurse would notify the Administrator or designee.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 22	F 609		

--The licensed nurse would notify the attending physician, resident's family/legal representative, and Medical Director.
-Employees were trained through orientation and ongoing training on issues related to abuse prohibition practices, such as:
--Reporting allegations without fear of reprisal.
--The definition that constituted as abuse.
-During orientation of new employees, the facility would cover at least the following topics:
--Reporting of abuse and their obligations under law when receiving an allegation of abuse.

1. Review of Resident #1's Admission Record showed the resident admitted to the facility with the following diagnoses:
-Bipolar Disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), Unspecified.
-Anxiety Disorder (any group of mental conditions characterized by excessive fear of or apprehension about real or perceived threats), Unspecified.
-Mild Intellectual Disabilities.
-Cognitive Communication Deficit.
-Major Depressive Disorder (MDD- a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), Recurrent, Mild.
-Unspecified Intellectual Disability.

Review of the Resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning), dated 3/10/25, showed the resident was cognitively intact.

Observation of the undated video footage

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 23	F 609		

recorded of the incident showed:
-The recording was one minute and 59 seconds long.
-The footage took place at the nurse's station near the resident's hall.
-LPN A and CNA B were sitting down in a chair in front of computers, CNA A was walking around near the nurse's station, Resident #1 is standing in front of the nurse's station speaking with LPN A, and Resident #2 is standing near the nurse's station.
-Resident #1 can then be seen pointing his/her finger at LPN A and stated, "anyway I want."
-LPN A responded to Resident #1 by pointing his/her finger towards the resident's hall and said, "get your ass down there."
-Resident #1 responded to LPN A by slamming his/her hands down on the medication cart that was in front of him/her and said, "get your ass gone somewhere."
-Resident #1 then started to walk around the nurse's station and towards LPN A, LPN A called the resident's name, and another staff person also called out the resident's name.
-CNA A then started to move towards Resident #1 by walking in front of the nurse's station.
-A staff person can then be heard saying the resident's name and "no, no, no, no, no", LPN A's name, "no."
-LPN A then got up from sitting in his/her seat.
-CNA A continued to walk around the nurse's station and CNA B got up from his/her seat.
-Resident #1 could then be seen getting close to LPN A and some muffled words were exchanged.
-CNA C could be seen entering the frame in upper middle part of the frame.
-CNA D could then be seen entering the frame at the bottom right corner.
-CNA B was within arm's reach of Resident #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 24	F 609		

and stood behind Resident #1.
-CNA B then placed his/her hand between LPN A and Resident #1.
-LPN A then pushed Resident #1 into CNA A in front of CNA B, CNA D, and Resident #2.
-CNA C could still be seen walking towards the nurse's station.
-CNA A then grabbed Resident #1 in a bear hug position from behind and started to take Resident #1 away from the nurse's station.
-Resident #1 could be heard saying, "get the fuck off me [derogatory name], get the fuck off."
-CNA A continued to walk with the resident in the same hold position all while LPN A, CNA B, CNA C, and CNA D watched from behind the nurse's station.
-Resident #2 remained in the same spot, but could be seen watching the resident with CNA A.
-Unintelligible words could be heard from the resident and other staff members.
-CNA A then let go of Resident #1.
-CNA A then started to walk backwards away from Resident #1 and a staff person could be heard saying, "no."
-Resident #1 then puts both of his/her fists in the air and stated, "come on mother fucker, come on mother fucker, come on mother fucker, lets finish this" and was stepping towards CNA A.
-CNA A continued to walk backwards and away from the resident.
-Once Resident #1 was within arm's reach of CNA A, CNA A reached his/her right hand up and swatted the resident's fists away from him/her.
-Resident #1 then started swinging at CNA A with open hands.
-CNA A responded by swinging his/her fists towards the resident, making contact with Resident #1's face.
-CNA A and Resident #1 naturally split apart from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 25	F 609		

each other without staff intervention.
-CNA E could be seen entering the top left corner of the frame and was in direct sight of CNA A and Resident #1 when Resident #1 and CNA A were swinging at each other.
-LPN A then walked towards Resident #1 and CNA A and could be heard saying something unintelligible, CNA B, CNA C, and CNA D all remained behind the nurse's station.
-LPN A then walked back behind the nurse's station.
-Resident #1 and Resident #2 then walk away from the nurse's station together and down the hall.

Review of the text message that CNA D sent to the DON showed:
-The text message had been sent on 3/12/25 at 10:03 P.M.
-Resident #1 was hitting and threatening LPN A and CNA A.

During an interview on 3/20/25 at 8:45 A.M., the Administrator said:
-He/She had received a call on 3/12/25 in which it was reported to him/her that Resident #1 had hit someone, and that Resident #1 was being sent out to the hospital.
-The following morning, he/she had called CNA A to check-in with him/her and CNA A reported to him/her that he/she was never hit by Resident #1, that it was only a rumor that he/she had been hit.
-When he/she spoke with Resident #1 about the incident, Resident #1 had said that he/she reached his/her limit and had cursed at staff.
-Resident #1 denied hitting any staff person.
-He/She then reviewed the camera footage on 3/13/25 from the previous night based off of the information he/she had received from Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 26	F 609		

#1.
-None of the staff who were involved in the incident reported to him/her or the DON that Resident #1 had been hit by staff members.

During an interview on 3/20/25 at 10:10 A.M., CNA B said:
-He/She knew that he/she needed to report any abuse to the charge nurse.
-He/She had not reported the altercation, because he/she did not think that abuse occurred.

During an interview on 3/20/25 at 10:22 A.M., CNA A said:
-He/She was only trying to deflect Resident #1's swinging motions and had not realized that he/she had made contact with Resident #1.
-He/She had remembered during the interview that LPN A had pushed Resident #1 during the altercation.
-He/She was unsure if the push counted as abuse.
-He/She had worked the remainder of his/her shift that night.
-He/She thought the nurse reported everything to management, so he/she did not have to report anything.

During an interview on 3/20/25 at 11:21 A.M., Nurse Practitioner (NP) A said:
-He/She had reviewed the camera footage.
-In the video you could see that a staff to resident altercation had occurred.
-He/She would categorize the altercation as abuse.
-He/She expected all staff to follow the abuse and neglect reporting policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 27	F 609		

During an interview on 3/20/25 at 11:47 A.M., CNA D said:
-He/She did not think that any type of abuse had occurred during that situation.
-He/She had texted the DON about Resident #1 hitting CNA A after the incident occurred.
-He/She thought he/she had reported everything appropriately to the DON.
-The staff could report anything suspicious or questionable to the DON and the DON usually would come up to the facility to look over things.

During an interview on 3/20/25 at 12:19 P.M., the DON said:
-He/She had received a text message from LPN A related to the incident during the shift.
-He/She had to look through his/her phone to find the text message.
-The incident was not reported correctly, no one told the DON or Administrator that CNA A had hit the resident, and no one reported LPN A shoved the resident.
-The staff only reported the resident hit CNA A
-He/She then said that LPN A had called him/her at 12:25 A.M. and he/she then went to the local hospital to see Resident #1.
-He/She had not responded to CNA D's text message because he/she had already spoken to LPN A.

During an interview on 3/20/25 at 12:52 P.M., LPN A said:
-He/She had called the DON to report what happened.
-No abuse occurred during the entirety of the altercation.
-He/She thought he/she had reported everything appropriately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 609	Continued From page 28	F 609		

During an interview on 3/20/25 at 1:28 P.M., CNA C said:
-He/She did not think that any abuse occurred during the altercation and did not report to anyone what had happened.
-He/She felt that everyone responded and reported appropriately during the altercation.

During an interview on 3/20/25 at 2:38 P.M. CNA E said:
-He/She had been walking to the supply room at the time of the altercation.
-He/She had only seen Resident #1 hit CNA A.
-CNA A was only blocking the Resident #1's swings.
-CNA A had not made contact with Resident #1 during the altercation.
-He/She thought abuse had not occurred, so he/she did not report it.

During an interview on 3/20/25 at 3:41 P.M. the DON said:
-The altercation that occurred counted as abuse.
-The staff had nor reported the altercation appropriately.
-He/She expected staff to report any abuse to him/her or the Administrator immediately.
-While the staff reported the altercation, the staff needed to provide him/her with more clarification.
-What the staff reported to him/her was too vague and caused unnecessary confusion.
-Once the camera footage was reviewed, the facility reported everything appropriately.
-The altercation would have been handled differently if the staff had reported the abuse correctly.

MO00251027

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 29	F 741		
F 741 SS=D	Sufficient/Competent Staff-Behav Health Needs CFR(s): 483.40(a)(1)(2) §483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.71. These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: §483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.71, and §483.40(a)(2) Implementing non-pharmacological interventions. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to educate staff on how to de-escalate one sampled resident (Resident #1) with known intellectual and mental health needs per facility policy and the resident's care plan. This effected one out of three sampled residents. The facility census was 78 residents. Review of the facility's policy titled "Behavioral	F 741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 30	F 741		

Emergency Policy," dated 6/26/24, showed:
-The purpose of the policy was to provide safe treatment and humane care to the resident in a behavioral crisis, to outline steps to correctly care for the resident in a behavioral crisis, and to ensure that the resident was not being coerced, punished, or disciplined for staff convenience.
-Non-physical interventions were the first choice as an intervention unless safety issues demanded immediate physical intervention.
-Care would be guided by resident's plan of care and based on the strategies taught by the Crisis Prevention Institute non-violent crisis intervention, or the current company guidance, and would help to respond to difficult behaviors in the safest and most effective way possible.

Review of the facility's policy titled "Behavioral Health Services Policy," dated 10/31/24, showed:
-All staff, including contracted staff and volunteers, should receive education to ensure appropriate competencies and skill sets for meeting the behavioral health needs of residents.
-Education should be based on the role of the staff member and resident needs identified through the facility assessment.
-Facility staff would implement person-centered care approaches designed to meet the individual goals and needs of each resident, which included non-pharmacological interventions.
-Examples of individualized, non-pharmacological interventions to help meet behavioral needs of all ages may include, but were not limited to:
--Ensuring adequate hydration and nutrition.
--Exercise.
--Individualizing sleep and dining routines.
--Supporting the resident through meaningful activities.
--Providing support with skills related to verbal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 31	F 741		

de-escalation, coping skills, and stress management.

1. Review of staff training records showed CNA A and CNA C completed training related to tips for challenging behaviors. Records showed LPN A, LPN B, and LPN D did not have documentation of training related to challenging behaviors.

Record review during the abbreviated survey showed no staff in-services regarding the resident's behavioral history and direct staff training on behavioral intervention (resident triggers, redirection and intervention) occurred after the incident.

Review of Resident #1's Admission Record showed the resident admitted to the facility with the following diagnoses:
-Bipolar Disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), Unspecified.
-Anxiety Disorder (any group of mental conditions characterized by excessive fear of or apprehension about real or perceived threats), Unspecified.
-Mild Intellectual Disabilities.
-Cognitive Communication Deficit.
-Major Depressive Disorder (MDD- a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), Recurrent, Mild.
-Unspecified Intellectual Disability.

Review of the Resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning), dated 3/10/25, showed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 32	F 741		

-The resident was cognitively intact.
-The resident did not exhibit any behavioral symptoms during the seven day look back period.

Review of the resident's care plan, dated 12/11/24, showed:
-The resident was at risk for the following signs and symptoms related to his/her diagnoses of intellectual disability including difficulty communicating, difficulty in socializing with others, difficulty with problem solving or logical thinking, having problems remembering things, and the inability to connect actions with consequences with the following interventions:
--Ensure his/her environment is safe.
--Limit changes to his/her routine.
--Provide him/her with diversional activities.
--Provide positive reinforcement.
--Use calm and gentle approaches with him/her.
-The resident was at risk for the following signs and symptoms related to his/her diagnosis of bipolar disorder including displaying high or low emotions and an increase in the signs and symptoms of depression with the following interventions:
--Be consistent.
--Calmly direct him/her when he/she had inappropriate behaviors.
--Staff were to not get into a power struggle with him/her.
--Offer warm baths or soothing music to decrease restlessness.
--Take care of any problems that were within the ability of the staff to address immediately.
--Use a firm and calm approach with him/her.
--Use short and clear explanations or directions with him/her.
-The resident was at risk for the following signs and symptoms related to his/her diagnosis of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 33	F 741		

Anxiety Disorder including cursing, hollering, and restlessness with the following interventions:
--The staff were to be aware of their body stance and facial expressions when approaching the resident.
--Do not argue with him/her or tell him/her that he/she was wrong when he/she was upset.
--Do not get close with the resident and remember personal space.
-On 5/12/24 the resident became upset with staff about being escorted back upstairs and hit a staff person, which caused a peer to intervene and pushed the resident.
-The resident had a history of behavioral challenges that required protective oversight in a secure setting which included a Code Green (a behavioral emergency and/or incident needing physical support and presence when an individual poses a threat to himself/herself or others) being called on the resident on 2/11/24 at 10:30 P.M. because the resident was demanding more snacks and was belligerent, yelled at staff, and made steps toward the nurse.

Review of the resident's behavior note, dated 3/12/25 at 10:39 P.M., written by LPN A showed:
-The resident had become very aggressive with staff due to the fact that there were no snacks during snack time.
-The resident verbally assaulted LPN A and tried to attack LPN A.
-The resident then turned to attack an employee who tried to diffuse the altercation.
-The resident walked behind the nursing station and said, "you think I won't slap you bitch."
-LPN A called 911 and EMS was sent out for change in orientation.

Review of an Incident Report titled "Physical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 34	F 741		

Aggression not Involving Head," dated 3/13/25 at 12:00 A.M., completed by LPN A showed:
-He/She had copied the resident's behavior note from 3/12/25 at 10:39 P.M. into the nursing description.
-The resident was unable to give a description of the incident.
-The immediate action that was taken was to call 911/EMS.
-The resident was not sent to the hospital.
-The resident was oriented to person, place, time, and situation.
-The resident did not have any injuries.
-The resident had predisposing physiological factors which included agitation and anxiety.

Observation of the video footage recorded of the incident, dated 3/13/25 at 12:17 A.M., showed:
-The recording was one minute and 59 seconds long.
-The footage took place at the nurse's station near the resident's hall.
-LPN A and CNA B were sitting down in a chair in front of computers, CNA A was walking around near the nurse's station, Resident #1 is standing in front of the nurse's station speaking with LPN A, and Resident #2 is standing near the nurse's station.
-Resident #1 can then be seen pointing his/her finger at LPN A and stated, "anyway I want."
-LPN A responded to Resident #1 by pointing his/her finger towards the resident's hall and said, "get your ass down there."
-Resident #1 responded to LPN A by slamming his/her hands down on the medication cart that was in front of him/her and said, "get your ass gone somewhere."
-Resident #1 then started to walk around the nurse's station and towards LPN A, LPN A called

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 35	F 741		

the resident's name, and another staff person also called out the resident's name.
-CNA A then started to move towards Resident #1 by walking in front of the nurse's station.
-A staff person can then be heard saying the resident's name and "no, no, no, no, no," LPN A's name, "no."
-LPN A then got up from sitting in his/her seat.
-CNA A continued to walk around the nurse's station and CNA B got up from his/her seat.
-Resident #1 could then be seen getting close to LPN A and some muffled words were exchanged.
-CNA C could be seen entering the frame in upper middle part of the frame.
-CNA D could then be seen entering the frame at the bottom right corner.
-CNA B was within arm's reach of Resident #1 and stood behind Resident #1.
-CNA B then placed his/her hand between LPN A and Resident #1.
-LPN A then pushed Resident #1 into CNA A in front of CNA B, CNA D, and Resident #2.
-CNA C could still be seen walking towards the nurse's station.
-CNA A then grabbed Resident #1 in a bear hug position from behind and started to take Resident #1 away from the nurse's station.
-Resident #1 could be heard saying, "get the fuck off me nigger, get the fuck off."
-CNA A continued to walk with the resident in the same hold position all while LPN A, CNA B, CNA C, and CNA D watched from behind the nurse's station.
-Resident #2 remained in the same spot, but could be seen watching the resident with CNA A.
-Unintelligible words could be heard from the resident and other staff members.
-CNA A then let go of Resident #1, but it could not be directly seen due to a column being in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 36	F 741		

way.
-CNA A then started to walk backwards away from Resident #1 and a staff person could be heard saying, "no."
-Resident #1 then puts both of his/her fists in the air and stated, "come on motherfucker, come on motherfucker, come on motherfucker, lets finish this" and was stepping towards CNA A.
-CNA A continued to walk backwards and away from the resident.
-Once Resident #1 was within arm's reach of CNA A, CNA A reached his/her right hand up and swatted the resident's fists away from him/her.
-Resident #1 then started swinging at CNA A with open hands.
-CNA A responded by swinging his/her fists towards the resident, making contact with Resident #1's face.
-CNA E could be seen entering the top left corner of the frame and was in direct sight of CNA A and Resident #1 when Resident #1 and CNA A were swinging at each other.
-CNA A and Resident #1 naturally split apart from each other without staff intervention.
-LPN A then walked towards Resident #1 and CNA A and could be heard saying something unintelligible, CNA B, CNA C, and CNA D all remained behind the nurse's station.
-LPN A then walked back behind the nurse's station.
-Resident #1 and Resident #2 then walk away from the nurse's station together and down the hall.

Review of Resident #1's Daily Behavior Symptoms and Cognitive Performance assessment, dated 3/13/25 at 5:58 A.M., showed:
-Resident #1 had exhibited physical behavioral symptoms during the shift which included hitting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 37	F 741		

-Resident #1 had exhibited verbal behavioral symptoms during the shift which included threatening others, screaming at others, and cursing at others.
-Resident #1 had exhibited verbal/vocal symptoms like screaming or disruptive sounds during the shift.
-Resident #1's behaviors had significantly disrupted care or the living environment.
-The intervention that was used for Resident #1's behaviors was redirection/removed from situation/ensured resident safety.
NOTE: All other Daily Behavior Symptoms and Cognitive Performance assessments showed no behavioral symptoms were exhibited prior to the incident in the month of March 2025.

During an interview on 3/20/25 at 8:45 A.M., the Administrator said:
-He/She had received a call on 3/12/25 in which it was reported to him/her that Resident #1 had hit someone, and that Resident #1 was being sent out to the hospital.
-The following morning, he/she had called CNA A to check-in with him/her and CNA A reported to him/her that he/she was never hit by Resident #1, that it was only a rumor that he/she had been hit.
- When he/she spoke with Resident #1 about the incident, Resident #1 had said that he/she reached his/her limit and had cursed at staff.
-Resident #1 denied hitting any staff person.
-He/She then reviewed the camera footage from the previous night based off of the information he/she had received from Resident #1.
-Resident #1 had intellectual disabilities and mental health disorders but had never been in a physical altercation to his/her knowledge.
-Resident #1 had a history of behaviors, mainly getting agitated, but would bang a wall or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 38	F 741		

something similar, it never escalated much more than that.

During an interview on 3/20/25 at 10:10 A.M., CNA B said:
-Resident #1 would get agitated about smoke breaks at times, but Resident #1 was not normally agitated when he/she worked with Resident #1.
-He/She had only worked at the facility for a month, so he/she was not sure about Resident #1's behavioral history or what to do when there was a behavior for this resident.

During an interview on 3/20/25 at 10:22 A.M., CNA A said:
-He/She had used his/her own knowledge on how to de-escalate the situation, because he/she had never been trained.
-Resident #1 was never agitated and was usually respectful towards staff and other residents.

During an interview on 3/20/25 at 11:21 A.M., Nurse Practitioner (NP) A said:
-LPN A and CNA A had showed a lack of self-control and should not have pushed or hit Resident #1.
-The least amount of hands-on would have been the best way to approach the situation.
-The staff should have tried to talk through things more calmly with Resident #1 and tried to change the topic or re-direct Resident #1 in a different way.
-Resident #1 was known to get loud with other staff and/or residents but was not known to get physical with anyone.
-When a resident looked like they were going to hit a staff person, the best way for staff to handle the situation would be to maintain distance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 39	F 741		

between themselves and the resident.
-The staff's response should never be to hit the resident back.

During an interview on 3/20/25 at 11:35 A.M., Resident #1 said:
-He/She got punched in the face.
-He/She did not want to talk about the incident because it upset him/her too much.
-He/She pointed to the areas where he/she was punched which were his/her left side of the chin and his/her right side of face in between the temple and eye.

During an interview on 3/20/25 at 11:47 A.M., CNA D said:
-He/She thought Resident #1 was the aggressor in this incident.
-Resident #1 would constantly come up to the nurse's station and asks for snacks.
-Resident #1 was already aware that there were no snacks available at the time of the altercation.
-The resident was not normally physically aggressive.
-Resident #1 usually needed a lot of re-direction related to snacks during the night shift.
-He/She was unable to say what re-direction worked best for the resident because he/she was not the one that normally did it.

During an interview on 3/20/25 at 12:52 P.M., LPN A said:
-Resident #1 was constantly coming up to the nurse's station and asking for snacks.
-Resident #1 was not normally aggressive.
-Resident #1 had never been in that type of altercation before with staff or other residents to his/her knowledge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 40	F 741		

During an interview on 3/20/25 at 1:28 P.M., CNA C said:
- Resident #1 had a known behavior of getting frustrated and agitated when snacks were not available to him/her.
-LPN A had told management before about snacks being an issue on night shift.
-The facility would not have snacks to give the residents on a consistent basis.
-He/She felt everyone had responded appropriately during the altercation.
He/She received CALM training but did not know how to re-direct resident.

During an interview on 3/20/25 at 2:01 P.M. Resident #2 said:
-Resident #1 was reactive to how any person approached him/her, meaning that if someone approached Resident #1 with aggression, then Resident #1 would respond with aggression.
-He/She thought Resident #1 would have reacted calmly if the others around him/her had remained calm.
-The staff instigated and initiated that type of response from Resident #1.
NOTE: Review of Resident #2's quarterly MDS, dated 2/12/25, showed Resident #2 was cognitively intact.

During an interview on 3/20/25 at 2:23 P.M., CMT A said:
-A CNA had reported to him/her that Resident #1 was getting sent out for being agitated because there were no snacks.
-He/She was questioning this because the staff could have grabbed Resident #1 a sandwich from the kitchen.
-He/She just felt like there was not something right with the whole situation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 41	F 741		

-Resident #1 was not normally physically aggressive.
-Resident #1 could get angry, but it all came down to how someone approached Resident #1.
-If staff had approached Resident #1 in a calm manner, then Resident #1 would have responded in calm manner.
-The staff had not responded to the altercation appropriately and should have walked away from the resident if they felt like Resident #1 was going to be physically aggressive.
He/She said that if you got a snack for the resident then he/she would be satisfied, she did receive training related to resident behaviors and de-escalation.

During an interview on 3/20/25 at 2:38 P.M., CNA E said:
-Resident #1 was not normally aggressive.
-If a person was "sweet" with Resident #1, then Resident #1 would be "sweet" in response.
-He/She had never experienced any physical aggression from Resident #1.

During an interview on 3/20/25 at 3:41 P.M., the DON said:
-The staff had not responded appropriately to the situation.
-The staff had turned the situation into a "pissing contest."
-The hold that CNA A had on Resident #1 while walking Resident #1 away from the nurse's station was okay, but the force behind it was not okay.
-LPN A and CNA A should have walked away from Resident #1 instead of pushing and hitting back at Resident #1.
-The staff should have also tried to re-direct Resident #1 instead of egging Resident #1 on.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 42	F 741		

-The staff had not handed out the snacks appropriately that night.
-The snacks needed to be passed out to the resident's instead of the resident's coming up to the nurse's station and grabbing the snacks out of the basket.
-If the snacks had been passed out correctly then the situation could have been avoided and just that the staff were making the situation worse instead of better by egging on his/her behavior when the resident tried to walk away.
-Resident #1 had a known behavior of yelling at times.
-If a resident had a known behavior, then it did not need to be documented at each occurrence.
-Resident #1 was very motivated by food.
-Resident #1 could get fixated on things and repeat the same question(s) over and over, but he/she did not think that those counted as behaviors.
-Resident #1 would not be at the facility if Resident #1 had the capability of making appropriate decisions and felt that the staff instigated that response from Resident #1.

During an interview on 3/21/25 at 8:39 P.M., CNA D said:
-Resident #1 was always going up to the nurse's station to request a snack.
-The staff would have to re-direct Resident #1 away from the nurse's station if there was not a snack that could be provided to Resident #1.
-He/She would not consider consistently coming to the nurse's station to ask for a snack a behavior.
-Resident #1 is at the facility for a reason, but he/she was aware of his surroundings and "knows what he/she is doing."
-He/She had told the DON that snacks were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 43	F 741		

getting passed out too early in the evening and that there would not be snacks available for night shift.
-When a resident was exhibiting a behavior, the staff should approach the resident calmly and talk with them.
-Staff should never taunt a resident who was exhibiting a behavior or egg them on in any way.
-LPN A was the one who usually re-directed Resident #1 away from the nurse's station.
-Most resident behaviors occurred in front of the nurse's stations because there were cameras at the nurse's station.
-If a resident was exhibiting a behavior or something questionable was going on, the staff could always call the DON, and the DON would come up to the facility to check-in.

During an interview on 3/21/25 at 9:03 A.M., LPN A said:
-He/She was unsure about Resident #1's behavioral history.
-The CNAs interacted with Resident #1 more often and they would be the ones to provide the redirection.
-Resident #1 could be grumpy at times, but nothing usually more than that.
-He/She would consider Resident #1 coming to the nurse's station constantly asking about snacks a behavior.
-He/She did not have to chart that type of behavior.
-Resident #1's Behavior Symptoms and Cognitive Performance assessments were correct.
-CNAs needed to report behaviors to him/her or he/she would not know that the resident was exhibiting a behavior and would not chart it.
-When Resident #1 would come up to the nurse's station to ask for a snack, the only re-direction

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265425	A. BUILDING _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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 741	Continued From page 44	F 741		

he/she would provide to Resident #1 was just telling him/her that there were no snacks available.
-He/She had not received any behavioral training from the facility.

During an interview on 3/21/25 at 9:40 A.M., CNA A said:
-Resident #1 did not normally have any issues on night shift unless there were no snacks.
-He/She was unsure of Resident #1's behavioral history.
-He/She had received behavioral training from the facility.
-He/She was unsure if Resident #1 constantly coming to the nurse's station for snacks counted as a behavior.
-He/She was unsure of what the staff normally did to re-direct Resident #1 away from the nurse's station when Resident #1 would come up and ask for snacks.
-He/She was unsure of how to re-direct the resident in general, just knew that in order to de-escalate the situation that the resident needed to get away from the nurse's station all together.

During an interview on 3/24/25 at 10:37 A.M., CNA B said he/she would not consider Resident #1 going to the nurse's station constantly and asking for snacks a behavior.

MO00251027

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
	14119	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANOR HEALTH CARE CENTER	11900 JESSICA LANE RAYTOWN, MO 64138

(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
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 F741	A4075		

PLAN OF CORRECTION

Provider Name:	Edgewood Manor
Street Address, City, Zip:	11900 Jessica Ln. Raytown, Mo 64138
Date of Survey:	3/20/2025
Provider number:	265425

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 741	For Those Residents found to have been potentially affected by the alleged deficient practice, the following corrective actions were implemented	04/25/2025
	A. Administrator/ Human Resources will ensure all staff will have their CPI training complete by 04/25/2025. Those that are not complete will be taken off the schedule until it is complete. CPI training is a training done outside of the building.	
	B. Administrator/ Human Resources will in-service staff on communicating with residents. This includes resident #1 And how to view a residents care plan and educate on following care plan for behaviors. This to include resident #1	
	C. Administrator/ Human Resources will ensure all staff complete Center for Excellence De-Escalation Training in Relias by 04/11/2025. Those that do not complete will be taken off the schedule until complete.	
	D. Administrator/ Human Resources will in-service staff that we should never have a behavior over snacks. There is always items to make sandwiches in the kitchen for residents who would like more to eat. This includes resident #1	
	The alleged deficient practice could affect 77 residents in the facility. However, due to the implementation of A. through D. alleged deficient practice will not recur.	
	The Following Quality Assurance Programs have been implemented to monitor and ensure that the alleged deficient practice will not recur: A. Quality Assurance Team will ensure weekly that the residents have no complaints with any of the above. B. The Administrator/designee will address/educate and or discipline staff as appropriate.	

PLAN OF CORRECTION

Provider Name:	Edgewood Manor
Street Address, City, Zip:	11900 Jessica Ln. Raytown, Mo 64138
Date of Survey:	03/20/2025
Provider number:	265425

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4075	Refer to F741	04/025/2025

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.