

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>265095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOHN KNOX VILLAGE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 NW PRYOR ROAD</b> <b>LEES SUMMIT, MO 64081</b>	
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F 552 SS=D	<p><b>Right to be Informed/Make Treatment Decisions</b> CFR(s): 483.10(c)(1)(4)(5)</p> <p>§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one sampled resident (Resident #1) was fully informed of his/her care prior to receiving the care out of three sampled residents. The facility census was 117 residents.</p> <p>On 4/30/25 the Administrator was notified of the past non-compliance which occurred on 4/28/25. Facility staff were educated on resident rights and resident's right to informed care. The deficiency was corrected on 4/29/25.</p> <p>Review of the facility's policy titled "Resident Rights" dated 1/3/23 showed: -Residents had the right to receive service with reasonable accommodation of their individual</p>	F 552	Past noncompliance: no plan of correction required.	

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

*[Handwritten Signature]* RN

TITLE

VCC Administrator

(X6) DATE

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.

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F 552	<p>Continued From page 1</p> <p>needs and preferences except when their health and safety, or that of another resident's, would be endangered.</p> <p>-Residents had the right to be informed of all aspects of their care including to participate in the planning of their care and treatment and any changes in care and treatment.</p> <p>-Residents also had the right to refuse treatment and to be informed of the consequences of such refusal.</p> <p>1. Review of Resident #1's Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <p>-Presence of Cardiac Pacemaker (an artificial device for stimulating the heart muscle and regulating its contractions).</p> <p>-Encounter for Surgical After Care Following Surgery on the Circulatory System.</p> <p>Review of the resident's care plan dated April 2025 showed:</p> <p>-The resident had admitted to the facility following a pacemaker placement on 4/2/25.</p> <p>-The staff were to assist with bathing and hygiene as indicated.</p> <p>-The resident needed partial to moderate assistance from staff with toilet transfers.</p> <p>-The resident was at risk for developing skin problems with the intervention for staff to apply a moisture barrier as needed.</p> <p>Review of the resident's Physician Order Sheet (POS) dated April 2025 showed no order for any type of barrier cream (a topical formulation used to place a barrier between the skin and contaminants that may irritate the skin).</p> <p>Review of the resident's admission Minimum</p>	F 552			

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F 552	<p>Continued From page 2</p> <p>Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 4/12/25 showed:</p> <ul style="list-style-type: none"> <li>-The resident was cognitively intact.</li> <li>-The resident needed partial/moderate assistance (helper does less than half the effort) with toileting hygiene.</li> </ul> <p>Review of the facility's abuse allegation investigation dated 4/28/25 showed:</p> <ul style="list-style-type: none"> <li>-On the morning of 4/28/25 the resident had reported to Physical Therapist (PT) A that he/she had been "sexually violated" by one of the Certified Nurses Aide (CNA)'s on 4/25/25.</li> <li>-During the Director of Nursing (DON) interview with the resident, the resident stated the following: <ul style="list-style-type: none"> <li>--A CNA had come to help him/her out of the bathroom.</li> <li>--The CNA stated, "I noticed there is barrier cream."</li> <li>--The CNA proceeded to put the cream on the resident's perineal (area extending from the anus to the vulva in the female and to the scrotum in the male) area.</li> <li>--The resident felt that the way that the CNA had placed the cream on the resident was "assault."</li> <li>--The barrier cream had started to burn, so he/she started yelling and crying for the nurse to come help him/her.</li> <li>--The nurses assisted him/her in cleaning off the barrier cream and the nurse had stated to him/her that he/she "was hoping he/she doesn't make a big deal about this, the CNA was trying to help."</li> </ul> </li> <li>-The DON had tried to explain to the resident that applying barrier cream was facility protocol for skin protection.</li> <li>-The resident had stated understanding of the practice, but still felt "violated."</li> </ul>	F 552			

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F 552	Continued From page 3 -CNA A had told the DON the following: --He/She had been watching the hallway for another CNA who was on break. --He/She had responded to the resident's call light from the bathroom. --He/She saw that there was barrier cream in the resident's bathroom. -He/She noticed that the resident's buttocks was reddened, so he/she applied the barrier cream to the resident. --He/She had been told by the resident that the resident was sensitive to creams. --He/She reported that he/she was unaware of the resident's sensitivity due to the resident being on a different hall than he/she worked. -Registered Nurse (RN) A told the DON the following: --CNA A had assisted the resident off the toilet while the assigned CNA was on break. --When CNA A came out of the resident's room, the resident started crying and stated that the cream was burning. --RN A assisted the resident in cleaning off the cream on the resident's buttocks. --The resident had not reported to RN A that he/she had felt "violated" at any time during that interaction. --RN A had told the resident that CNA A was "just being helpful" but the resident had not agreed and continued to state that the cream burned. -In conclusion the investigation the following was found: --The facility acknowledged that the resident felt violated by the fact that CNA A had applied the barrier cream to the resident's perineal area. --The application of a skin barrier cream was standard nursing protocol for any resident with incontinence. --The resident had a reddened buttocks upon	F 552			

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F 552	<p>Continued From page 4</p> <p>admission, so the application of the barrier cream would have been standard protocol.</p> <p>--The facility felt that CNA A could have more clearly stated that he/she was going to apply the barrier cream to the resident's perineal area.</p> <p>--If CNA A had appropriately informed the resident, then the resident may have felt more comfortable.</p> <p>During an interview on 4/30/25 at 9:15 A.M. the resident said:</p> <p>-The incident occurred on 4/25/25 sometime in the morning.</p> <p>-He/She was really upset about the whole situation.</p> <p>-He/She had been in the bathroom and had used his/her call light to get assistance.</p> <p>-CNA A had come into the to help him/her.</p> <p>-CNA A was not the CNA that had been assigned to him/her that day.</p> <p>-CNA A had used barrier cream and had placed it in the resident's perineal area.</p> <p>-No care staff person had ever used barrier cream on him/her before.</p> <p>-He/She had asked CNA A why he/she was applying the barrier cream.</p> <p>-CNA A responded by shrugging his/her shoulders and did not answer his/her question.</p> <p>-The barrier cream had started to burn so he/she had asked RN A to assist him/her in removing the cream from his/her perineal area.</p> <p>-The barrier cream was really painful and felt CNA A had "assaulted" him/her.</p> <p>During an interview on 4/30/25 at 10:00 A.M. RN A said:</p> <p>-The resident did not have barrier cream ordered on his/her POS.</p> <p>-He/She was unsure who placed the barrier</p>	F 552			

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F 552	<p>Continued From page 5</p> <p>cream in the resident's bathroom.</p> <p>-Care staff were trained to put barrier cream on resident's who received incontinent care.</p> <p>-He/She felt like CNA A had not done anything wrong because that is what the care staff were trained to do.</p> <p>-CNA A had been covering the hall for the other CNA who was on break at that time.</p> <p>-That interaction was most likely the first time CNA A, and the resident had.</p> <p>-CNA A was normally assigned to a different hall.</p> <p>-The resident had not reported to him/her that CNA A had made the resident uncomfortable or that he/she felt violated in any way.</p> <p>During an interview on 4/30/25 at 10:22 A.M. CNA A said:</p> <p>-He/She had been covering the resident's hall because the other CNA had gone on break.</p> <p>-The resident had placed his/her call light on, and he/she was responding to the light.</p> <p>-The resident had needed assistance with toileting hygiene and getting out of the bathroom.</p> <p>-He/She saw the resident had barrier cream on the back of the resident's toilet.</p> <p>-He/She had applied the barrier cream because the resident's buttocks was reddened.</p> <p>-He/She had applied the barrier cream to the resident's buttocks only.</p> <p>-Around lunchtime the resident had "yelled" at him/her and had stated that his/her skin was sensitive.</p> <p>-That was the first time he/she had ever assisted the resident.</p> <p>-He/She had no further interaction with the resident after the resident had confronted him/her.</p> <p>During an interview on 4/30/25 at 10:59 A.M. PT</p>	F 552			

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F 552	<p>Continued From page 6</p> <p>A said:</p> <ul style="list-style-type: none"> <li>-The resident had reported to him/her that CNA A had made the resident uncomfortable when CNA A had applied the barrier cream to his/her perineal area.</li> <li>-The resident had said he/she had not felt right about and didn't feel the barrier cream was necessary.</li> <li>-The resident had spoken to the nurse on 4/25/25 about the situation.</li> <li>-The resident had planned to speak with the social worker on 4/29/25 about the situation.</li> <li>-CNA A had just been doing his/her job by applying the barrier cream to the resident's perineal area.</li> </ul> <p>During an interview on 4/30/25 at 11:39 A.M. CNA A said:</p> <ul style="list-style-type: none"> <li>-He/She felt like he/she had informed the resident of the application of the barrier cream.</li> <li>-The resident had not reported to him/her that he/she was sensitive to creams prior to the application of the barrier cream.</li> <li>-The application of barrier cream to a resident with pink/reddened skin was normal facility protocol.</li> </ul> <p>During an interview on 4/30/25 at 11:53 A.M. CNA B said:</p> <ul style="list-style-type: none"> <li>-He/She had worked with the resident prior to the resident's discharge.</li> <li>-He/She had not used barrier cream with the resident, but the resident had never needed his/her assistance in the bathroom.</li> <li>-The resident was supposed to have barrier cream applied after bathroom use.</li> <li>-All care staff were to inform all residents of any care that they were going to receive.</li> <li>-It is a resident's right to be informed of all care.</li> </ul>	F 552			

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F 552	<p>Continued From page 7</p> <p>-If CNA A had not informed the resident of the application of the barrier cream, then CNA A should have informed the resident.</p> <p>During an interview on 4/30/25 at 11:58 A.M. RN B said:</p> <ul style="list-style-type: none"> <li>-It was facility protocol for resident who received incontinent care to get barrier cream during incontinence care.</li> <li>-Residents were to be informed of the care they are receiving prior to the received of the care.</li> <li>-There would not be any reason for a resident to not be informed of any care received.</li> <li>-Informed care is one of the resident's rights.</li> <li>-He/She expected all care staff to inform residents of their care.</li> <li>-If CNA A had not informed the resident of the use of barrier cream, then CNA A should have informed the resident appropriately.</li> </ul> <p>During an interview on 4/30/25 at 12:09 P.M. the DON said:</p> <ul style="list-style-type: none"> <li>-He/She felt like CNA A had not verbally explained the use of the barrier cream well enough to the resident.</li> <li>-The use of barrier cream for residents who were incontinent was standard protocol.</li> <li>-He/She expected CNA A to use the barrier cream with the resident, due to the resident having a reddened buttocks.</li> <li>-He/She expected all care staff to inform residents of the care they were providing for all residents.</li> <li>-He/She would expect staff to inform residents of their care in a manner that was appropriate for each resident.</li> </ul> <p>MO00253421</p>	F 552			