

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265872	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER IGNITE MEDICAL RESORT KANSAS CITY, LLC		STREET ADDRESS, CITY, STATE, ZIP 2100 N W BARRY ROAD KANSAS CITY, MO 64154	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to properly plan for the possibility of the spread of COVID-19 when they did not properly document temperatures for one sampled resident (Resident #2), dietary staff failed to sanitize or wash their hands before entering different residents' rooms and handling dirty dishes, and failed to follow the posted contact precautions for one sampled resident (Resident #1). The facility census was 76. 1. Review of Preparing for COVID-19 in Nursing Homes on the cdc.gov website showed: - Evaluate and Manage Residents with Symptoms of COVID-19. --Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. --Actively monitor all residents upon admission and at least daily for fever (T=100.0oF) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. Review of the facility policy titled Coronavirus (COVID-19), dated May 2020, showed the policy did not include any information regarding monitoring of active residents for signs and symptoms of COVID-19. Review of Resident #2's medical record on 6/10/20 showed: - admitted [DATE]; - Staff did not document the resident's temperature or oxygen saturation for the following days: 5/20/20, 5/22/20, 5/26/20, 5/28/20, and 5/30/20. During a telephone interview on 6/16/20 at 2:00 P.M., the Administrator said: - The resident was living on the long-term side; that is why he/she did not have temperatures recorded. - If residents were taken to the hospital, they were put on isolation upon return and staff checked and recorded temperatures twice per day; - After the isolation period is over, staff document resident temperatures by exception. During a telephone interview on 6/18/20 at 8:59 A.M., the Director of Nursing (DON) said: - Resident screenings are different for residents on the long-term care side due to them being on their own wing, and they do not leave the facility. - Staff only documented temperatures and oxygen saturation if the resident was symptomatic or if they had gone to the hospital. 2. Review of the undated facility policy titled Hand Hygiene showed the following: - Handwashing/hand hygiene is generally considered the most important single procedure for preventing healthcare associated infections. Antiseptics control and kill microorganisms contaminating skin and other superficial tissues. Although antiseptics and other handwashing/hand hygiene agents do not sterilize the skin, they can reduce microbial contamination depending on the type and the amount of contamination, the agent used, the presence of residual activity and the handwashing/hand hygiene technique followed; - Handwashing- when hands are visibly dirty or contaminated with proteinaceous material, are visibly soiled with blood or other body fluids, after going to the restroom, before eating, before performing an invasive procedure, and after providing care to a resident with a spore-forming, perform hand hygiene with either non-antimicrobial soap and water or an antimicrobial soap and water; - Waterless handwashing products- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all clinical situations other than those listed under Handwashing. Review of the facility policy titled Coronavirus (COVID-19), dated May 2020, showed the following: - Guidelines- To provide a process for the facility for care and transfer of the 2019 Novel Coronavirus (COVID-19). Not all Coronaviruses are COVID-19. Centers for Disease Control and Prevention (CDC) guidelines will be received on an ongoing basis by the Chief Clinical Officer and policy revisions completed as needed; - To prevent the introduction of respiratory illness in the facility, steps included: Instruct all employees to clean their hands before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing PPE. Observation on 6/3/20, at 12:17 P.M., showed: - Dietary Aide (DA) A wore a mask, hairnet and apron. He/she did not wear gloves; - DA A opened the door to room [ROOM NUMBER], handling the door knob, retrieved the dirty dishes, shut the room door, opened the tray cabinet and placed the dirty dishes inside; - DA A pushed the tray cabinet to the next room; - DA A opened the door to room [ROOM NUMBER], handling the door knob, retrieved the dirty dishes, shut the room door, opened the tray cabinet and placed the dirty dishes inside; - DA A continued down the hall picking up dirty dishes; - DA A did not wash his/her hands or sanitize his/her hands between rooms. During an interview on 6/3/20, at 12:24 P.M., DA A said: - Dietary staff delivered all the trays to the rooms except to the isolation rooms; - PPE included gloves, hairnets and masks. Observation on 6/3/20 at 12:59 P.M., showed DA B - Opened the door to room [ROOM NUMBER], handling the door knob, retrieved dirty dishes, shut the door and put the dirty dishes in the tray cabinet; - Opened the door to room [ROOM NUMBER], handling the door knob, retrieved dirty dishes, shut the door and put the dirty dishes in the tray cabinet; - Picked up three dirty dishes in the dining room and put them in the tray cabinet; - Opened the door to room [ROOM NUMBER], handling the door knob, retrieved dirty dishes, shut the door and put the dirty dishes in the tray cabinet; - DA A retrieved dirty dishes from three more rooms, but did not touch anything, but the dirty dishes; - DA did not wear any gloves during this observation and did not wash his/her hands or use hand sanitizer during any of this observation; - There was no hand sanitizer observed on the tray cabinet. During an interview on 6/3/20 at 1:15 P.M., DA B said: - He/she washed his/her hands after taking the tray cabinet back to the kitchen each time which was after approximately six rooms; - He/she also usually had hand sanitizer on the tray cabinet. During an interview on 6/3/20 at 1:20 P.M., the Dietary Manager (DM) said: - Hand sanitizer should be on the carts, or in the resident rooms; - If staff are not making contact with the residents, it was good practice to use hand sanitizer to foam in to the room and foam out of the room, but he was not sure if it was policy. During an interview on 6/3/20 at 2:41 P.M., the Administrator said dietary staff should be sanitizing their hands between going in to each room when delivering meals and when getting the dirty dishes from the rooms. During a telephone interview on 6/3/20 at 4:24 P.M., Operation Partner A said: - During normal operations, if a resident was not on isolation, they would not typically expect dietary staff to wash or sanitize their hands between resident rooms.</p> <p>3. Review of the facility's undated signage for contact precautions showed: - Everyone must: clean their hands, including before entering and when leaving the room; - Providers and staff must also: put on gloves before room entry. Discard gloves before room exit; - Put on gown before room entry. Discard gown before room exit; - Do not wear the same gown and gloves for the care of more than one person; - Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 6/4/20, showed: - Cognitive skills for daily decision making severely impaired; - Required extensive assistance of two staff for bed mobility, transfers and toilet use; - Upper extremity impaired on one side; - Frequently incontinent of bowel and bladder; - Had an antibiotic in the last seven days; - [DIAGNOSES REDACTED]. Review of the resident's undated care plan, showed: - The resident was admitted with [DIAGNOSES REDACTED] icile, a bacterium that causes diarrhea and [MEDICAL CONDITION] (an inflammation of the colon); - Wear gowns and masks when changing contaminated linens. Place soiled linens in bags marked biohazard. Bag linens and close bag tightly before taking to laundry; - Monitor flow and number of visitors. Review of the resident's physician order sheet (POS), dated June 2020, showed: - 5/28/20: an order for [REDACTED]. - Diff. every shift. Observation on 6/3/20 at 12:12 P.M., showed: - Had a personal protection door hanger which contained red and yellow bags, and yellow gowns; - A sign taped to the resident's</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(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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