

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Overland Park LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11901 Rosewood Street Overland Park, KS 66209	

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)
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>The facility identified a census of 110 residents. The sample included 20 residents with three residents reviewed for notification of roommate/room changes. Based on observation, record review, and interviews, the facility failed to provide written notice, including the reason for the change, to Resident (R) 1 and/or his representative before R1 received a roommate, R2. Findings included:- R1's Electronic Medical Record (EMR) documented diagnoses of generalized muscle weakness and dementia (a progressive mental disorder characterized by failing memory and confusion) with other behavioral disturbances. The Annual Minimum Data Set (MDS) dated 01/09/26, documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA) dated 01/13/26, documented R1 was highly active in his ADLs and preferred to do what he could for himself. R1's Care Plan, dated 08/18/25, documented R1 had a behavior problem and directed staff to administer medications as ordered and monitor behavior episodes to determine their underlying cause. R1's EMR revealed a Social Service Note on 02/11/26 at 04:22 PM that staff notified R1 that he would be getting a roommate in the next couple of days. R1 verbalized understanding and agreed. Upon request, the facility provided a notice, dated 11/26/24, addressed to R1 and his representative that stated the facility wrote to the resident and their loved ones to inform them of an upcoming change that may affect the resident's living arrangements. The notice stated effective 01/01/25, the facility would be transitioning from private rooms to semi-private accommodations for some residents. The facility was not moving any residents out of their rooms, but were converting some rooms back to semi-private rooms. If the resident or their representative received the letter, that resident's room was one being converted. The notice did not inform R1 of when he would be receiving a roommate. Upon request, the facility was unable to provide a written notice for R1 prior to R1 getting a roommate on 02/13/26 when R2 admitted to the facility. On 03/17/26 at 12:34 PM, R1 sat in his wheelchair in his room. He stated he never received a written notice prior to R2 moving into his room. He stated the facility told him verbally that he would be getting a roommate. On 03/17/26 at 02:18 PM, Social Services X stated she went to the resident's room to tell them they were getting a roommate, then documented a note. She stated she did not give anything in written form, but stated the facility did send out a letter to residents that they might get a roommate at some point. On 03/17/26 at 03:15 PM, Administrative Staff A stated the facility let the resident know at least the day before that they were getting a roommate, but they did not give any written notice. She stated when the facility switched to semi-private rooms, the facility notified residents that they might get a roommate. The facility's Room Moves policy, revised January 2026, directed when the facility decided to change a resident room, Social Services informed the resident and family of the room move if time allowed. If time did not allow or the facility was unable to inform the resident or family, the facility informed the resident and family at the earliest possible availability. The policy did not address written notice of room or roommate changes.</p>

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.

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