

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175544	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Ignite Medical Resort Rainbow Boulevard, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3910 Rainbow Blvd, Suite 400 Kansas City, KS 66103	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22686</p> <p>The facility reported a census of 89 residents. The sample included four residents. Based on record review, observation, and interviews, the facility failed to ensure a safe environment, free from preventable accidents for one of four residents, Resident (R) 1, sampled for falls. This placed R1 at risk for accidents and related injuries and complications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R1's Electronic Medical Record (EMR), under the Diagnosis tab, listed diagnoses of cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), hemiplegia and hemiparesis of the right side (weakness or paralysis of the body's right side following a stroke), and stage 3 chronic kidney disease, (mild to moderate kidney damage affecting the body's ability to filter out impurities).</li> </ul> <p>R1's Quarterly Minimum Data Set (MDS) dated [DATE] recorded that R1 was nonverbal and had severe cognitive impairment. The MDS recorded R1 was dependent and required one to two staff assistance with all activities of daily living (ADLs). R1 was unable to stabilize without assistance and used a Hoyer lift (full-body mechanical lift) to transfer to a high-back wheelchair with leg lifts.</p> <p>R1's Fall Risk assessment dated [DATE] documented a numerical score of nine which indicated R1 was at high risk for falls.</p> <p>R1's Care Plan for ADLs revised on 10/03/24 documented R1 had self-care performance deficits and was dependent on staff with rolling left and right while in bed. An intervention dated 06/28/24 directed staff to provide two-person assistance for checks and changing during cares.</p> <p>R1's Care Plan for falls, dated 10/03/24 documented R1 had two previous non-injury falls on 07/19/24 and 07/30/24. The plan directed staff to anticipate the resident's needs; maintain R1's bed in the low position; follow facility fall protocol; review information on past falls and attempt to determine the cause of falls; record possible root causes; alter and remove any potential causes if possible and educate resident, family, caregivers, and the interdisciplinary team (IDT) as to causes.</p> <p>R1's Care Plan for falls, revised on 11/14/24 recorded R1 had a non-injury fall on 11/11/24 and recorded bilateral fall mats to be placed at the bedside when R1 was in bed. The plan also directed staff to provide two-person assistance with checks and changes.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nurse Practitioner Note dated 11/12/24 at 11:03 A.M. documented wound care follow-up due to an abrasion to R1's right forehead, post fall. The note recorded staff reported that the resident was being cleaned in bed when he fell on to the floor and hit his head.</p> <p>The facility Incident Audit Report revised 12/02/24 at 11:42 A.M. recorded Certified Nurse Aide (CNA) O was in the room with R1 performing incontinence care on a regular mattress. The report documented that per CNA O, R1 turned over and slid off the bed. CNA O turned on the emergency light and the nurse responded.</p> <p>A Nurses Progress Note dated 11/11/24 at 3:41 P.M. recorded the nurse responded to an emergency call light and found R1 on the floor bleeding from his head. The nurse applied a clean towel and pressure to the wound. Staff called Emergency Medical Services (EMS) and R1 was taken to the emergency room . Staff called report to the receiving nurse, R1's provider, and R1's emergency contact.</p> <p>R1's hospital After Visit Summary dated 11/11/24 recorded R1 was seen in the emergency room following a fall. The imaging of R1's head, chest, and abdomen were normal.</p> <p>CNA O's Witness Statement from 11/11/24 recorded she was changing R1, and R1 started rolling too far off the bed. CNA noted she tried to grab ahold of R1, but he was too heavy to keep him up by herself and R1 fell off on the left side of the bed.</p> <p>Observation on 12/02/24 at 11:20 A.M. revealed R1 sat upright in bed, alert though nonverbal. R1 had a dime sized scabbed area to the middle, slightly right, of his forehead. R1 had bilateral bed canes on his bed.</p> <p>Interviewed on 12/02/24 at 10:50 A.M. Administrative Staff A stated R1's fall was not reported to the State Agency (SA) as it was a witnessed fall, without significant injury. R1's fall investigation was in risk management. Administrative Staff A explained one CNA was changing R1, went to roll the resident and the resident kept rolling and fell from bed. Administrative Staff A said R1 sustained a minor injury.</p> <p>Interviewed on 12/2/24 at 11:29 A.M. Therapy Consultant HH stated R1 was not currently on caseload. Consultant HH stated that R1 was totally dependent on staff for all ADL. Consultant HH said R1 did not move much on own, and he was nonverbal as well. Consultant HH stated we are lucky if can get [R1] to wiggle fingers.</p> <p>Interviewed on 12/02/24 at 11:36 A.M. CNA M stated R1 cannot move his legs; R1 sometimes held on to the side rail when staff turned him to be changed. CNA M said R1 was a two-person assist and said she always has someone to help her because she did not want R1 to fall. CNA M said sometimes R1 would not hold onto the rail and occasionally his legs slid off the bed when he was turned. CNA M said that R1 had a scab on his forehead from a previous fall.</p> <p>The facility did not provide a policy for prevention of accident hazards.</p> <p>The facility failed to ensure R1 remained free from preventable accidents when a staff attempted to provide incontinence cares with personal without the required two person per R1's Care Plan which resulted in R1 fell out of bed and hit his head. This deficient practice placed R1 at risk for accidents and related injuries and complications.</p>		