

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>37576</p> <p>Based on observation, interview and record review, the facility failed to ensure a comfortable and homelike environment for 64 sampled residents out of 73 sampled residents with room temperatures ranging from 81.8 degrees Fahrenheit (F) to 87.0 F and halls A, B, C, D and F temperatures ranged from 81.5 F to 82.8 F. The facility had failed to have a comprehensive monitoring system including documentation for the air temperatures to maintain documentation for all ongoing maintenance for cooling units in the facility and to conduct random monitoring. This had the potential to affect all residents in the building. The facility census was 116 residents.</p> <p>Review of the facility's Emergency Operations Plan policy dated 4/1/23 showed:</p> <p>-Temperature thresholds:</p> <p>--Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature as established by the National Oceanic and atmospheric Administration, inside the facility exceeds 80 degrees F.</p> <p>Review of the facility Temperature policy revised March 2024 showed:</p> <p>-The facility temperature will be maintained between 71-81 degrees F.</p> <p>-There may be brief periods of time when the inside temperature falls out of this range in the event of inclement weather, power outages, or other unforeseen circumstances,</p> <p>-In these aforementioned instances, facility staff will take immediate and appropriate steps to ensure resident comfort.</p> <p>-During heat waves or excess heat, additional fluids will be offered or made available unless contraindicated.</p> <p>Review of the facility Direct Supply Logbook Documentation for temperatures: test and log air temperatures dated marked done on-time by the facility Director of Environmental Services/Maintenance (DOM) on May 17, 2024, showed:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Steps:</p> <p>--All buildings are required to maintain an ambient temperature throughout resident and patient areas in a temperature range of 71-81 degrees F. or at a more restrictive range required by state or local requirements. Exceptions to this range may be available for brief periods of unseasonably warm or cold temperatures; however, the variance in temperatures must not adversely affect resident or patient health and safety.</p> <p>-Instructions:</p> <p>--Take environmental temperature readings approximately 36 inches from the floor.</p> <p>--Using a digital thermometer take random location temperatures throughout the building.</p> <p>--The time of day that the temperatures are taken should vary to ensure that the desired temperature range is achieved under a variety of conditions.</p> <p>--While meeting the requirement for the indoor air temperature, it is also important to consider the effective air temperature and the impact that humidity and air movement in the building may be having on comfort.</p> <p>--If air temperature monitoring tests are not within acceptable ranges, immediately create a high priority TELS work order.</p> <p>Review of the Weather Underground's website for local weather for the city and state where the facility was located from 6/8/24 through 6/10/24, showed the daily high temperatures and heat index were:</p> <p>-On 6/8/24; Daily high temperature of 86 F.</p> <p>-On 6/9/24; Daily high temperature of 80 F.</p> <p>-On 6/10/24; Daily high temperature of 80 F.</p> <p>1. Observation and interview on 6/9/24 at 2:25 P.M., Director of Maintenance (DOM) said:</p> <p>-He/She does not keep regular facility temperature logs unless there was a problem.</p> <p>-The facility runs off a boiler system and air handler/chiller unit.</p> <p>-It runs about 20 degrees cooler then outside.</p> <p>-It will never get as cool as some residents would like it to.</p> <p>-Observed with the DOM the unit information screen/gage showing the unit was working and the water temperature going through the unit was 65.3 degrees F.</p> <p>-The air from the cold water in the system will stay the same throughout the facility.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The outside temperature was 83 degrees F.</p> <p>-Each room in the facility has a wall unit that can adjust the room temperature.</p> <p>-The facility had two wall units down at this time and new parts came in 6/8/24 and would be installed on 6/10/24.</p> <p>-One unit was in room H-4 and there was no resident in that room.</p> <p>-The other unit was at the common area at the end of hall E that was not used by residents unless going to the vending machine.</p> <p>-He/She had ordered a total of eight new motors and fans one each for those units and six extra since weather will be getting hotter.</p> <p>Observation on 6/9/24 from 3:38 P.M. to 4:14 P.M. showed:</p> <p>-The A hallway was 81.5 F.</p> <p>-The B hallway was 82.8 F.</p> <p>-Resident room A5 was 81.8 F, Resident #1 said the room was hotter than the hallway and he/she was hot. Resident #2 nodded his/her head in an up and down motion when asked if he/she were hot.</p> <p>-Resident room B10 was 83.9 F, Resident #10 was in bed and asleep.</p> <p>-Resident room B6 was 86.0 F, the room air unit was turned off and the window was opened about 2 inches.</p> <p>During an interview on 6/9/24 at 3:40 P.M., Family Member A said:</p> <p>-The resident room was hot.</p> <p>-He/she had just told the DOM and the Med Records/Central Supply person who was Manager on Duty (MOD) for the shift on 6/9/24 at 3:47 P.M., the room was too hot.</p> <p>During an interview on 6/9/24 at 3:47 P.M., the DOM said:</p> <p>-Had just been told by resident 1's family member that the air conditioning unit was not turning on in room A-5.</p> <p>-He/She checked for a work order and did not find one.</p> <p>-He/She will repair it tomorrow morning.</p> <p>During an interview on 6/9/24 at 3:54 P.M., Certified Nursing Assistant (CNA) A said:</p> <p>-Felt that resident 1's room was hot since the 17th of May.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Did not report to anyone because both residents in the room were not hot.</p> <p>-His/Her face was swollen up on Friday 5/24/24, due to the facility being too warm for him/her.</p> <p>-Resident 1 told him/her on Friday 5/24/24, the room was too hot.</p> <p>-He/She called and told the Clinical Staffing Coordinator, the MOD on Saturday morning 5/25/24, that the temperature in facility was too hot for him/her.</p> <p>-He/She was back on duty on 5/27/24, and the facility was cooler then.</p> <p>-Resident 10 in room B-10-1 had told him/her on 6/8/24, that it was hot.</p> <p>-He/She told Licensed Practical Nurse (LPN) C, only works as needed (PRN) that resident 10 was hot.</p> <p>-He/She did not believe LPN C told anyone else about resident 10 being hot.</p> <p>During an interview on 6/9/24 at 4:20 P.M., LPN A said:</p> <p>-He/she was not aware that the room window in B6 was opened.</p> <p>-Room windows should not be open.</p> <p>Observation on 6/9/24 from 4:22 P.M. to 4:46 P.M., showed:</p> <p>-The C Hall was 81.9 F.</p> <p>-LPN B was passing medications, was sweating and wiping his/her neck and face with a cloth. He/She said no residents had told him/her yet that it was hot and he/she had not asked them if they were comfortable. He/She had told the MOD the C hall was too hot. The MOD told him/her the air conditioning was being worked on at this time.</p> <p>-Resident room C10 was 86.9 F, there was an oscillating floor fan near Resident #5's bed.</p> <p>-The D hall was 83.1 F.</p> <p>-Resident room D7 was 87 F. Resident #7 was in bed. He/she had an oscillating floor fan near his/her bed and a small fan on the overbed table blowing on him/her. He/She was covered with a sheet and wearing oxygen. He/She said it was uncomfortable to breathe and it was too hot. Resident #8 had a small fan near his/her bed and said if the thermostat by the door setting gets turned down lower than 90 F the air conditioning wall unit in the room shuts off.</p> <p>-Resident room F8 was 83.1 F. The wall air unit was not turned on. Resident #9 had a thick blanket pulled up around him/her and said it was hot.</p> <p>During an interview on 6/9/24 at 5:17 P.M., the Director of Nursing (DON) had arrived at the facility and said:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Had contacted the air conditioning company that the facility contracted with and the company was sending a technician.</p> <p>-He/she had staff start moving residents from the hotter rooms to the cooler areas.</p> <p>-He/she had staff checking on all residents providing cold drinks and fans to those who wanted fans.</p> <p>-Activated the Emergency Disaster Plan including:</p> <ul style="list-style-type: none"> --Room moves. --Nursing assessments of residents. --Hydration rounds. --Offering fans. --Cooling locations in the therapy gym and private dining area. <p>During an interview on 6/9/24 from 6:01 P.M., the DOM said:</p> <p>-He/She had checked the Chiller at 4:34 P.M. and it was not running.</p> <p>-He/she had taken a picture of the information gages and it showed the Chiller had shut off at 3:15 P.M., probably due to a power surge.</p> <p>-The water in the Chiller was 80 Degrees F.</p> <p>-He/She contacted the air conditioning company, and they had a technician on the way.</p> <p>Observation on 6/9/24 from 6:06 P.M. to 6:25 P.M. with the MOD showed:</p> <p>-Resident Room A1 was 81.5 F., the wall unit was not working. Resident #22 said he/she was hot and there was a fan near his/her bed.</p> <p>-Resident Room A3 was 82.3 F.</p> <p>-Resident Room A5 was 82.5 F. Resident #2 was asleep with no apparent signs of distress at this time.</p> <p>-Resident Room A6 was 82.4 F, the wall unit was not working.</p> <p>-Resident Room A8 was 85.1 F. There were no residents in this room.</p> <p>During an observation on 6/9/24 from 7:17 P.M. to 8:19 P.M. with the Regional Resource [NAME] President (RRVP) showed:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Resident Room A7 was 82.5 F.</p> <p>-Resident Room A9 was 82.2 F.</p> <p>-Resident Room A10 was 82.0 F.</p> <p>-Resident Room A11 was 82.4 F, the wall unit was turned off.</p> <p>-Resident Room A14 was 82.0 F.</p> <p>-Resident Room B1 was 82.5 F. Resident #6 said the temperature was much better than earlier.</p> <p>-Resident Room B2 was 83.5 F.</p> <p>-Resident Room B3 was 83.5 F.</p> <p>-Resident Room B4 was 83.4 F.</p> <p>-Resident Room B5 was 83.7 F. Resident #39 and Resident #40 both said the temperature is a little warm but better than earlier.</p> <p>-Resident Room B6 was 84.2 F.</p> <p>-Resident Room B7 was 83.7 F.</p> <p>-Resident Room B8 was 83.0 F.</p> <p>-Resident Room B9 was 83.0 F. Resident #44 said the temperature was a little warm but ok with it.</p> <p>-Resident Room B10 was 83.1 F. Resident #10 and #11 both said the temperature was ok and better than earlier.</p> <p>-Resident Room B11 was 84.2 F. Resident #46 next to the window with curtain open said he/she was hot.</p> <p>-Resident Room B12 was 84.2 F.</p> <p>-Resident Room C1 was 82.8 F. Resident #51 said he/she was comfortable and temperature better than earlier.</p> <p>-Resident Room C2 was 82.0 F, resident belongings were on top of the wall unit and it was turned off.</p> <p>-Resident Room C4 was 81.7 F.</p> <p>-Resident Room C3 was 84.5 F, the room window was open. Resident #54 was next to the window and said he/she was hot.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Resident Room C6 was 85.4 F. Resident #55 and Resident #56 both said the temperature was better than earlier and it was cooling off some.</p> <p>-Resident Room C5 was 83.6 F.</p> <p>-Resident Room C8 was 83.2 F.</p> <p>-Resident Room C7 was 82.5 F.</p> <p>-Resident Room C10 was 88.0 F. Resident #5 said the temperature was better than earlier and waiting to be moved to another room. Hospitality Aide A said Resident #6 was out moved to another room onto B hall.</p> <p>-Resident Room C9 was 83.1 F.</p> <p>-Resident Room C12 was 82.7 F. Resident #62 and Resident #63 both said the room is cooling down and they were comfortable.</p> <p>-Resident Room E11 was 83.5 F. the wall unit was turned off and the RRVP turned the unit on.</p> <p>Observation on 6/9/24 from 8:00 P.M. to 8:30 P.M., with the DOM showed:</p> <p>-Resident room D3 was 86.7 F, the window was open, and the wall unit and thermostat were off. Resident #12 said it was warm. He/she had short sleeved shirt and shorts on and was up in his/her wheelchair.</p> <p>-Resident room D2 was 86.5 F, the window was open and wall unit and thermostat were off. The wall unit was set at 63 F. Resident #13 said he/she was really hot, there was no point in telling anyone. he/she had no shirt on. He/she said the wall unit was giving no air.</p> <p>-Resident room D4 was 86.9 F, the wall unit and the thermostat were off. Both residents were in bed and un-interviewable.</p> <p>-Resident room D5 was 84.3 F, the window as open, the wall unit and the thermostat were off. Resident #14 had a personal fan directly on him/her and said he/she had told the nurse it was too hot.</p> <p>-Resident Room D6 was 87.2 F, the wall unit and the thermostat were off. Resident #15 said it was a little hot. His/her shades were drawn, and the wall unit was off. He/she had told the direct care facility staff it was too hot more than once over the last couple of days.</p> <p>-Resident Room D7 was 86.5 F, the window was open, the wall unit was off, and the thermostat was off. Resident #16 said that the heat had a been a problem for several days since it was getting hotter. He/she had told the facility staff, and nothing was done. Resident #7 said the hospital aide had tried to adjust the thermostat and the thermostat shut completely off. Resident #7 said it was too hot and something needed to be done.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Resident Room D11 was 84.8 F, the window was open, the wall unit and the thermostat were off. Resident #17 said the air had never worked. He/she had told several staff, but no one had come to work on it. He/she spends time outside of his/her room because of the heat.</p> <p>-Resident Room D8 was 88.5 F, the wall unit and the thermostat were not working. Resident #18 said he/she was hot and was wearing oxygen. He/she said it had been uncomfortable for 2-3 days and he/she began to feel sick the night of 6/8/24. He/she had told the facility staff. Resident #20 said he/she was hot and had told everyone that had come thru the room. He/she was given a fan just a bit ago. The DOM said the wall unit was not working.</p> <p>-Resident Room D9 was 84.7 F, the wall unit and the thermostat were off. Resident #19 said it was not working and it was too hot. He/she said it was his/her choice if the unit was off and he/she did not mind it a little hot. He/she said the DOM had fixed the wall unit about two months ago and put a new motor in, the motor had stopped working.</p> <p>During an interview on 6/9/24 at 8:33 P.M., CNA C said:</p> <p>-The facility rooms and hall had been hot for about 3 days.</p> <p>-It was alarming hot in the building.</p> <p>-He/she had turned down thermostats in rooms that seemed hot and or for residents that had complained of heat.</p> <p>During an interview on 6/9/24 at 8:35 P.M., CNA D said only one resident had complained to him/her about it being too hot. He/she told the nurse.</p> <p>During an interview on 6/9/24 at 9:00 P.M., the Mechanical Contractor said:</p> <p>-The facility had purchased a new unit a few months back, there was nothing wrong with the unit itself.</p> <p>-The unit had a phasing issue (a power blip - a short outage) when it lost a phase of power.</p> <p>-He/she restored the unit through a hard reset in the navigator controls.</p> <p>-He/she was unable to determine what cause the phasing issue and could not see how long the power outage was.</p> <p>-When the unit was down it could not provide cooling to the units inside.</p> <p>During an interview on 6/9/24 at 9:30 P.M., the DOM & the RRVP said:</p> <p>-The only way all the wall units and thermostats on the D Hall were off was because someone (a human) would have had to turn them off.</p> <p>-There was no plan in place to check every wall unit and every thermostat unless a resident or facility staff person reported there was a problem.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 6/13/24 at 2:55 P.M. The DON and CCO said:</p> <ul style="list-style-type: none"> -They were notified on 6/9/24 that state surveyor was in building about increased facility temperatures. -Put their heat plan in to action. -Called the facility environmental response team for that day to bring in fans and lowered the temperature in the cooling rooms in facility. -Moved the residents from D Hall, the hottest area at that time, to other rooms if the resident chose to. -Room D-8 air unit was not working, had to convince one resident to move to a cooler room. -Room D-8 air unit was repaired. -Enacted guardian rounds which consisted of: <ul style="list-style-type: none"> --Checking all rooms to be sure all air units were functioning. --Some room air units were turned off, mostly by the resident, turned the units back on. --Room temperatures and the Chiller checked every hour. --Offered hydration rounds. --Providers were notified. --Resident assessments were done every 8 hours for respiratory residents and every 12 hours for other residents. -On 6/9/24 about 7:30 P.M. The contracted heating/air conditioning company arrived: <ul style="list-style-type: none"> --Deemed an unexpected loss of power to the Chiller unit. --Reset the unit no repairs made to the unit. --The unit was up and running by 8:20 P.M. on 6/9/24. -RRVP in-serviced the DON and the facility DES concerning: <ul style="list-style-type: none"> -- monitoring all room temperatures and the Chiller every hour till rooms and facility temperatures were within the acceptable range of 71 degrees F. to 81 degrees F. --Providing hydration to residents and fans were needed. --Moving residents to cooler rooms and areas. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Carondelet LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Carondelet Drive Kansas City, MO 64114	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>--Checking that room windows were closed, and air units turned on.</p> <p>-The DON started in-servicing the staff on shift on 6/9/24</p> <p>-Rooms D-8, 9, and 11 were the only rooms above 81 degrees F. at 12:00 A.M. on 6/10/24 and residents had been moved out of those rooms,</p> <p>-Rooms D-8 and D-11 were below 81 degrees F at 1:00 A.M. on 6/10/24.</p> <p>-Room D-9 was below 81 degrees at 3:00 A.M. on 6/10/24</p> <p>-The resident in D-9 wants his/her room hot and likes the room air unit turned off. The resident was educated not to turn the air unit off in the room and to let staff know if cool and the staff will adjust the air in room so the staff will be aware of the room temperature.</p> <p>-The facility staff have done hourly room temperature checks on D Hall and random temperature room checks on the other halls till today, 6/13/24 at 9:00 A.M. and will continue to monitor while the weather is warmer.</p> <p>MO00237318 & MO00236930</p>