

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  04/29/2026
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)		
F 0711  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure one sampled resident (Resident #1) received physician ordered pain medications when the resident's narcotic pain medication was not administered for four consecutive days out of five sampled resident. The facility census was 125 residents. The Administrator and the Director of Nursing (DON) was notified of the past noncompliance which began on 4/7/26. The facility immediately completed education to ensure physician orders were complete with all nursing staff. The deficiency was corrected on 4/7/26. Review of the facility undated Medication Administration Policy showed:-It was the policy of the facility to ensure safe, accurate, and timely medication administration using a liberalized medication pass approach, allowing flexibility in administration times while maintaining clinical appropriateness, physician intent, and resident safety in accordance with federal and state regulations. -To promote resident-centered care by reducing rigid medication schedules while ensuring medications are administered safely, effectively and in accordance with physician orders. -This policy applies to all licensed nursing staff responsible for medication administration.-Missed or delayed medications--Assess impact--Notify physician if needed--Document reason, action, and outcome.-Controlled substances.--Follow double-check procedures.--Report discrepancies immediately.-Resident rights.--Right to refuse.--Right to be informed.--Respect preferences when safe. 1.Review of Resident #1's admission Record showed the resident was admitted on [DATE] with diagnosis including muscle weakness. Review of the resident's Medication Administration Record (MAR) dated 4/1/26 through 4/30/26 showed the following physician order:-Tramadol (narcotic pain medication used to treat moderate to moderately severe chronic pain in adults) Oral Tablet 50 milligrams (mg), give 50 mg by mouth two times a day for moderate pain, with an order date of 4/3/26 at 3:15 P.M.-Tramadol was not documented as administered 4/3/26 P.M. through 4/7/26. Review of the resident's Control Record dated 4/8/26 through 4/18/26 showed:-Tramadol tablet 50 mg, give 50 mg by mouth, two times a day for moderate pain, ordered 4/3/26.-Pharmacy dispensed 28 tablets of Tramadol on 4/7/26.- The 28 tablets of Tramadol were received on 4/8/26 and signed for by the Licensed Practical Nurse.-Tramadol was signed out for administration on 4/8/26 at 6:00 P.M. Review of the resident's Progress Note dated 4/3/26 at 3:17 P.M. showed:- Tramadol Oral Tablet 50 MG, give 50 mg by mouth two times a day for moderate pain.- The order was entered by nursing. Review of the resident's Progress Note dated 4/7/26 at 1:03 P.M. showed:-The resident stopped Nurse Practitioner (NP) in the hallway to let him/her know he/she was having pain all over due to his/her stroke, which was typical for him/her.-He/She was taking Tramadol in the past with good effect and would like to get back on it.- A trial of Tramadol 50 mg twice daily (BID) if ok with the Doctor. During an interview on 4/28/26 at 2:48 P.M. the resident said:-He/She complained about his/her medications in the past, but the staff had resolved his/her concerns. -He/She has arranged through meeting with the facility staff, NP and the doctor to self-administer all his/her medications except the controlled medications. -He/She was getting his/her Tramadol, it was just coming late. -He/She no longer had concerns. During an interview on 4/28/26 at 4:55 P.M. DON said:-There was an order for the resident to have (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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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Tramadol on 4/3/26 which was not signed by the physician until 4/7/26.-The medication could not be sent from the pharmacy until after the physician signed the order. During an interview on 4/30/26 at 11:05 A.M. the NP said:-Prescriptions for controlled medications such as Tramadol must be signed by the physician.-The physician has authority to sign for controlled medications, he/she did not. -The resident does well when his/her pain is controlled. -He/She normally does not get involved when controlled medications are ordered.-He/She does know the medication cannot be sent from the pharmacy until the order has been signed by the physician. CMP 2986685</p>