

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/19/2024
NAME OF PROVIDER OR SUPPLIER Rehab of Kansas City South		STREET ADDRESS, CITY, STATE, ZIP CODE 8033 Holmes Kansas City, MO 64131	

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 - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46519</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe and home like environment when multiple leaks occurred in the facility on 1/18/24 affecting two sampled residents (Resident #2 and Resident #3) out of 14 sampled residents; the facility also failed to ensure the floors of rooms of three sampled residents (Residents #10, #6 and #4) were maintained, free of a buildup of grime and debris. The facility census was 82 residents.</p> <p>Review of the Facility's undated policy titled Rapid Response Guide: Flood showed the first initial action would be to rescue anyone in immediate danger.</p> <p>NOTE: There was no specific policy or guideline related to water leaks in resident rooms.</p> <p>1. Review of Resident #3's Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <ul style="list-style-type: none"> -Other Acute Osteomyelitis (a serious infection of the bone), left ankle and foot. -Diabetes Mellitus (a complex disorder of carbohydrate, fat, and protein metabolism that is primarily a result of a deficiency or complete lack of insulin secretion in the pancreas or resistance to insulin). -Chronic Obstructive Pulmonary Disorder (COPD- a disease process that decreases the ability of the lungs to perform ventilation). <p>Review of Resident #3's Quarterly Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 12/8/23 showed:</p> <ul style="list-style-type: none"> -The resident was cognitively intact. -The resident used a wheelchair and/or walker for mobility. -The resident was independent for most care except for needing Setup or clean-up assistance (helper sets up or cleans up, resident completes activity) when putting on/taking off footwear (the ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable). <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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of Resident #2's Face Sheet showed he/she admitted to the facility with the following diagnoses:</p> <ul style="list-style-type: none"> -Pneumonia (lung inflammation caused by bacterial or viral infection, in which the air sacs fill with pus and may become solid). -Unspecified Psychosis (when there is some loss of contact with reality) not Due to a Substance Abuse or Known Physiological Condition. <p>Review of Resident #2's Admission MDS dated [DATE] showed:</p> <ul style="list-style-type: none"> -The resident was cognitively intact. -The resident did not have any verbal behavioral symptoms directed towards other (e.g., threatening others, screaming at others, cursing at others) within the seven day look back period. -The resident needed supervision or touching assistance (helper provides verbal cues or touching/steadying assistance as the resident completes activity) when going from a sit to lying position. -The resident needed supervision or touching assistance when lying to sitting on the side of the bed. -The resident needed supervision or touching assistance when sitting to standing. -The resident used a wheelchair for mobility. <p>3. During an interview on 1/18/24 at 9:37 A.M. the Administrator said there was a leak in the center of room [ROOM NUMBER].</p> <p>Observation on 1/18/24 at 9:50 A.M. of room [ROOM NUMBER] showed:</p> <ul style="list-style-type: none"> -An active leak in the center of room. -Resident #2's bed had been moved and was turned at an angle towards the entrance of the room and away from the center of the room. -A 32-gallon bucket in the center of the room collecting the leaking water. -Wet bath blankets (a multi-purpose product that can have many uses throughout the facility, commonly used during bed baths for warmth and privacy) around the 32-gallon bucket. -Standing water around the bath blankets on the floor. -Resident #2 was sitting in his/her bed and watching television. -Resident #3 was sitting in his/her wheelchair near the door to the bathroom watching television. <p>During an interview on 1/18/24 at 10:34 A.M. Resident #3 said:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She was unsure of when he/she told the DON, but the night nurse was still in the building at that time.</p> <p>During an interview on 1/18/24 at 1:41 P.M. LPN A said:</p> <p>-Resident #2's bed had already been moved away from the leak.</p> <p>-He/She asked Resident #2 and Resident #3 to sit in the dining room for breakfast.</p> <p>-He/She had not told the Maintenance Director about the leak in 307 because there were previous leaks in the building that he/she had been fixing.</p> <p>-It would have been night shift's responsibility to inform management and the Maintenance Director of the leak in room [ROOM NUMBER] because it occurred on night shift.</p> <p>During an interview on 1/18/24 at 1:46 P.M. Resident #2 said:</p> <p>-He/She had moved his/her bed over out of the leak area once the leak had started.</p> <p>-The sheets that were on his/her bed at 10:47 A.M. were the same sheets that were on his/her bed at the time of the leak.</p> <p>During an interview on 1/18/24 at 1:51 P.M. the DON said:</p> <p>-He/She had been made aware of the leak in room [ROOM NUMBER] around 7:45 A.M. that morning.</p> <p>-He/She had been in the building since 6:30 A.M. but had been on the other halls until that time.</p> <p>-He/She was new to the building and was unsure of what needed to happen, so he/she sent out a group text.</p> <p>-He/She was unsure if the group text that had been sent out included the Maintenance Director.</p> <p>During an interview on 1/18/24 at 2:55 P.M. the Administrator said:</p> <p>-He/She was unaware of the leak in room [ROOM NUMBER] until he/she received the group text from the DON.</p> <p>-He/She would have expected staff to notify him/her, the DON, or the Maintenance Director as soon as the staff were aware of the leak in room [ROOM NUMBER], especially because it had been actively leaking.</p> <p>During a phone interview on 1/18/24 at 2:37 P.M. Certified Nursing Assistant (CNA) B said:</p> <p>-Resident #2 and Resident #3 did not need a lot of care.</p> <p>-Resident #2 had not complained of his/her sheets being wet during his/her shift prior to moving rooms.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER]'s door was open and had seen a bath sheet on the floor before leaving the facility.</p> <p>-He/She must have been doing his/her last rounds of the shift during the time the leak occurred.</p> <p>-He/She had left the facility around 7:10 A.M. that morning.</p> <p>During a phone interview on 1/19/24 at 7:21 A.M. CNA A said:</p> <p>-He/She had charted Resident #2's behaviors and told the charge nurse.</p> <p>-Resident #2 had not exhibited any verbal behaviors towards him/her before that shift.</p> <p>-He/She thought Resident #2 was going to hit him/her and was really scared.</p> <p>During an interview on 1/19/24 at 9:28 A.M. RN B said:</p> <p>-All residents should be rounded on every two hours at the minimum for safety concerns.</p> <p>-Resident #2 had not exhibited any verbal behaviors towards him/her and would notify the DON of any behavioral issues.</p> <p>-The only behavior he/she had seen from Resident #2 was pacing around his room.</p> <p>-He/She would still have expected the CNA A or a different CNA to have rounded on Resident #2 and Resident #3 regardless of their behavioral issues.</p> <p>During an interview on 1/19/24 at 9:49 A.M. CNA A said:</p> <p>-He/She was unaware of any past behavioral issues from Resident #2 prior to that shift.</p> <p>-Resident #2 and Resident #3 are independent with all care.</p> <p>-The rounds should have been delegated to someone else because he/she had not completed them.</p> <p>During an interview on 1/19/24 at 12:10 P.M. Resident #3 said:</p> <p>-He/She never refused to change rooms once the leak occurred in his/her room.</p> <p>-He/She was never made aware of any plan for a room change prior to surveyor arrival to the facility.</p> <p>During an interview on 1/19/24 at 12:15 P.M. the Administrator and The DON said:</p> <p>-The DON had asked Resident #2 and Resident #3 to come out of the room once he/she was made aware of the leak in room [ROOM NUMBER].</p> <p>(continued on next page)</p>		

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