

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265863	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Tiffany Springs Rehabilitation & Health Care Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 9191 N Ambassador Drive Kansas City, MO 64154	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>46706</p> <p>Based on interview and record review, the facility failed to ensure one staff maintained one sampled residents right to personal privacy for one resident (Resident #1) when Certified Nurse's Aide (CNA) A used his/her personal cell phone to record a two separate videos without the residents consent. One video showed Resident #1 lying in bed and and second video showed the resident with his/her glasses on upside down on his her face. The facility census was 119.</p> <p>The facility did not provide the requested policy regarding Resident Rights.</p> <p>The facility did not provide the requested policy in regards to video recording of residents.</p> <p>Review of the Missouri Resident [NAME] of Rights, provided through the state long term care ombudsman (a person who represents the interests of residents) program included Residents have the right to privacy, to be treated with consideration, respect, and dignity, recognizing each resident ' s individuality.</p> <p>Review of the facility's undated employee hand book showed in part:</p> <p>-Employees should:</p> <ul style="list-style-type: none"> o Follow the facility's policies and work rules; o The possession or use of cell phones and other portable communication devices is strictly prohibited while on duty except during schedule rest and meal periods; o To ensure the privacy of our residents the taking of photographs, or audio recordings on facility property is strictly prohibited with the explicit permission of the administrator. <p>1. Review of Resident #1's admission agreement dated, 10/26/22, showed in part:</p> <p>-Consent to photographs;</p> <ul style="list-style-type: none"> o The resident has the right to be informed and to refuse any individual request to be photographed or videotaped. <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: 265863	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Tiffany Springs Rehabilitation & Health Care Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 9191 N Ambassador Drive Kansas City, MO 64154	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Significant Change Minimum Data Set (MDS, a federally mandated assessment instrument completed by staff), dated, 7/15/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Daily preferences are very important to the resident; <p>-Diagnoses included Alzheimer's Disease, diabetes mellitus (a disease of inadequate control of blood levels of glucose), and high blood pressure.</p> <p>Review of the resident's care plan dated, 7/23/24, showed:</p> <ul style="list-style-type: none"> -Impaired cognitive function related to dementia; -Activities of Daily Living self care deficit related to dementia. -Staff will honor the resident's preferences. of daily living. <p>Review of the resident's medical record did not show the the resident or his/her responsible party gave consent to be recorded by CNA A.</p> <p>Observation of an undated cell phone video, later confirmed by CNA A to be taken by CNA A showed:</p> <ul style="list-style-type: none"> - The video was recorded in the resident's room; -The resident lying in bed with his/her eyes closed; - The video is zoomed in to show the residents face up close. - The resident has a bruise on his/her face. -The resident's hair was disheveled; -The resident's bare foot was out from under the blanket and hanging off the bed; <p>Observation of CNA A's undated cell phone video taken in the dining room showed:</p> <ul style="list-style-type: none"> -The resident setting at a table facing the camera; -The resident's glasses were upside down on his/her face; -CNA A called the resident by name and told the resident his/her glasses are on upside down; -The resident said, what; -CNA A told the resident again his/her glasses are on upside down; -The resident said, they are; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265863	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Tiffany Springs Rehabilitation & Health Care Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 9191 N Ambassador Drive Kansas City, MO 64154	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-CNA A told the resident to turn them around;</p> <p>-The resident said would you do it please.</p> <p>Review of CNA A's employee file showed:</p> <p>-Date of hire 4/20/24;</p> <p>-Resident care and reporting handbook acknowledgement signed by CNA A on 4/29/29;</p> <p>-Employee corrective action form dated 8/14/24;</p> <p>-Termination by the facility on 8/24/24 for video taping a resident without the resident's consent.</p> <p>During an interview on 8/21/24 at 9:28 A.M., CNA A said:</p> <p>-He/she said the resident is confused;</p> <p>-He/she recorded a video on his/her cell phone of the resident laying in bed;</p> <p>-He/she recorded a video on his/her cell phone of the resident with his/her glasses on upside down;</p> <p>-He/she sent the video to his/her siblings to show them what he/she does at work;</p> <p>-He/she did not get consent from the resident, the resident's responsible party or the administrator to record videos of the resident;</p> <p>-He/she was not educated on video taping of residents by the facility;</p> <p>-He/she was not educated on resident rights by the facility;</p> <p>-He/she should not take pictures or videos of residents without consent.</p> <p>During an interview on 8/21/24 at 11:10 A.M., the Director of Nursing (DON) said:</p> <p>-He/she expects staff to keep their cell phones off and in their pockets when caring for residents;</p> <p>-He/she expects staff to know the what the resident's rights are;</p> <p>-He/was not sure if the facility had policy resident rights;</p> <p>-Consent from the resident, the resident's responsible party or the administrator must be obtained before videos or photographs of residents are taken;</p> <p>-No permission was given to CNA A to video the resident;</p> <p>-The video taken of the resident was not dignified and did not protect the resident's right to privacy;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265863	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Tiffany Springs Rehabilitation & Health Care Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 9191 N Ambassador Drive Kansas City, MO 64154	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-CNA A should not have taken the video of the resident:</p> <p>-The resident should have the right to personal privacy;</p> <p>-The video recordings of the resident without consent is a violation of the resident's right to privacy.</p> <p>During an interview on 8/21/24 at 11:25 A.M., the Administrator said:</p> <p>-He/she expects the staff to be trained on resident rights and on video taping the residents;</p> <p>-The employee hand book is all the facility has related to using cell phone to video resident's with out consent;</p> <p>-There is no other policy that he/she knows regarding video taping of resident;</p> <p>-The facility does not have a policy on resident rights;</p> <p>-He/she expects the staff to know what the resident's rights are;</p> <p>-He/she expects the staff to keep their cell phones put way when working and providing resident care;</p> <p>-Permission to video or photograph resident can only be given by signed consent from the resident, responsible party or the administrator;</p> <p>-He/she did not give CNA A permission to video the resident;</p> <p>-The video taken by CNA A did not portray the resident in a dignified manner and did not protect the resident's right to privacy;</p> <p>-The video recordings of the resident without consent is a violation of the resident's right to privacy.</p> <p>During an interview on 8/21/24 at 11:45 A.M., the Corporate Registered Nurse (RN) said:</p> <p>-The facility does not have a resident rights policy;</p> <p>-The resident's right to privacy should be honored.</p> <p>MO 240535</p>		