STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation, interview and record review, the facility failed to ensure three residents (Resident #1, #2, and #5) received treatment and care in accordance with professional standards of practice when the facility failed to provide timely lab testing with results. Two residents (Resident #2 & #5) were admitted to the hospital with septic shock. The facility also failed to obtain lab testing for one resident (Resident #1) who was without his/her psychotropic medication for fourteen days when the pharmacy would not provide the medication without lab results. The facility also failed to follow physician's orders for the resident when they did not administer psychotropic medication. The sample size was six residents. The facility census was 111. A policy regarding professional standards of care was requested but not provided. Review of the laboratory services agreement, dated 8/1/24, showed: -Lab will travel to location to draw and/or collect patient specimens for duly ordered tests and will transport the specimens to one of the laboratories for testing. -Requisition procedures: -Online: all orders will be submitted via the online order porter for order entry and test results. -Written requisitions: Facility shall use laboratories pre-printed requisition form which must be properly completed by facility and delivered to the laboratory representative by hand at the time of specimen collection. -Reporting procedures: laboratory shall make test results available to facility via the online order portal. Review of facility policy, titled Test Results Notification, dated 12/2024, showed: -Results of laboratory, radiological, and diagnostic tests shall be reported to the facility. The medical practitioner shall be notified of the results. -The medical practitioner shall mark labs as reviewed in the electronic health record. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-Director of Nursing or their designee will review results of laboratory, radiological, and diagnostic tests daily. -Any lab result not marked as reviewed by the medical practitioner will be called to the practitioner. Documentation of the notification will be done in the electronic health record. -All other radiological and diagnostic test results will be called to the practitioner. Documentation of the notification will be done in the electronic health record. 1. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 12/13/24, showed: -He/She had severe cognitive impairment; -Total care of all activities of daily living; -Diagnoses included: Alzheimer's disease with late onset (a neurodegenerative disease that affected the brain and caused memory and language problems) dementia, anxiety disorder, depression, insomnia due to other mental disorder, and palliative care (a specialized approach to medical care that focuses on improving the quality of life for people with serious illness). Review of the resident's care plan, revised 12/9/24, showed: -He/She received end of life hospice services; -He/She was at risk for septicemia (a life threatening condition where bacteria or other microorganisms enter the bloodstream and spread throughout the body) and will be minimized and prevented via prompt recognition and treatment symptoms of urinary tract infection (UTI) through review date; -Monitor and document for signs and symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns; -He/She was on antibiotic therapy, macrobid until 11/18/24 due to UTI; -Administer antibiotics as ordered; -He/She had communication problem due to hearing deficit and cognitive decline; -Monitor, document for physical or nonverbal indicators of discomfort or distress and follow up as needed. Review of the hospice physician's order showed: -11/12/24 at 2:01 P.M., patient showed signs of UTI - delirium, low grade fever, restless and stated he/she hurt and burns in his/her genital area, the physician ordered macrobid 100 mg twice daily for 5 days; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-11/22/24 at 2:15 P.M., patient had persistent diarrhea, the physician ordered a TSH (thyroid-stimulating hormone) test (a test that measures thyroid-stimulating hormone in your blood) and C-diff (clostridioides difficile) (a test that measures a bacterium that can cause diarrhea, colitis, and other intestinal conditions). Review of the facility hospice book showed: -On 11/22/24, hand written note from nurse showed he/she provided facility new orders for C-diff and TSH; -On 11/26/24, hand written note from nurse showed he/she provided facility new order for KUB (kidney, ureter, and bladder (KUB) X-ray) to rule out obstruction; -On 12/3/24, note showed provided facility hand written orders on third party form. Review of lab requisition standing order log from 11/1/24-12/30/24, showed no orders on the requisition log for the resident. Review of the resident's progress notes, dated 12/1/24-12/30/24, showed: -On 12/3/24, Assistant Director of Nursing (ADON) wrote resident had been screaming since yesterday and yelling out and had been incontinent of urine several times; -On 12/18/24, Licensed Practical Nurse (LPN) A wrote he/she spoke to hospice nurse who stated she ordered labs to be completed in November and they were not carried out, so nurse entered lab as they had been ordered. -On 12/22/24, Certified Medication Technician (CMT) B heard resident yelling and found the resident on the floor wedged between the nightstand and side of his/her bed at 7:40 P.M.; -On 12/23/24, ADON wrote alerted of resident's swelling to face. He/She assessed resident and found resident to have significant swelling redness, warmth to right side of face and face was firm to touch. Resident was observed leaning forward in Broda chair moaning. Notified hospice and hospice nurse called charged nurse stating the facility could send the resident to hospital. Charge nurse notified him/her, and he/she contacted nurse practitioner (NP). NP ordered radiographic images (xrays) and to start resident on doxycycline (antibiotic used for bacterial infections) 100 mg twice daily for seven days. Xray orders were entered and physician rounded on resident during the xrays. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-On 12/23/24, Physician wrote saw resident after being requested by nursing due to resident having a fall overnight. Facility staff think resident landed on their face first and possibly more on right side. Patient observed bent forward in Broda chair all night. Hospice was notified and instructed facility to place resident in common area. On call was notified and instructed to be sent to hospital. Resident observed yelling help repeatedly. Resident was difficult to reposition in reclining position for full physical, but face had extensive edema and right eye edematous and shut. Nurse indicated they had given resident morphine twice during morning. The xray tech came to evaluate and it took three people to hold resident in reclined position in order to obtain plain films of face. He/She reviewed three views of x-ray at patient's side, but was difficult to study due to movement. He/She saw a possible nasal bone fracture which could have contributed to resident's facial swelling. Discussed giving ativan and morphine together at resident's next dose and reposition. He/She attempted to contact hospice nurse to discuss, but could not get through so evaluated resident independently. -On 12/23/24, ADON wrote resident sent to hospital per hospice; -On 12/23/24, ADON wrote resident had UTI and the hospital was going to start resident on a round (treatment of) of IV antibiotics. He/She spoke to resident's representative and representative shared his/her concern with the amount of UTIs resident had since last hospitalization in September. He/She expressed concern that antibiotic was not doing anything for resident's UTI. -On 12/26/24, Director of Nursing (DON) wrote resident continued hospitalization , receiving IV antibiotics for UTI. Review of hospital medical record, dated 12/27/24, showed: -Resident was admitted to hospital on 12/23 with altered mental status, found to be septic (blood infection), pneumonia, MSSA bacteremia (methicillin-susceptible staphylococcus aureus) (a type of bacteria that is sensitive to antibiotic methicillin), and a UTI; -Hospital labs showed on 12/23/24 at 12:36 P.M. that his/her white blood count (WBC) was 37.21 (above a normal white blood count range is 4.5-11.0 in adults); -He/She was treated with IV antibiotics, ancef (cefazolin) (an antibiotic used to treat bacterial infections); -Anticipated discharge from the hospital was 12/31/24. During an interview on 12/29/24 at 9:16 A.M., the resident's representative said: -He/She told facility and hospice three weeks ago the resident probably had a UTI due to his/her change in mental status of being more foggy; -Hospice staff reported they ordered a test for a urinalysis (UA) three weeks before the facility put lab orders in; -The hospice case worker reported to the resident's representative the hospice orders had not been carried out by the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-Now Resident #2 was hospitalized with an infection in his/her blood, UTI, and pneumonia; -The hospital had to place the resident on an antibiotic and stated it was going to take three to six weeks to treat the infection in his/her blood; -The hospital stated they may have to put a PICC line (a long, flexible tube that is inserted into a vein in the arm or neck and threaded into a large vein above the heart) in Resident #2. During an interview on 12/30/24 at 3:54 A.M., Certified Nurse Aide (CNA) A said: -He/She reported to the nurse a change in condition with the resident when his/her speech became unclear and he/she had a different look in the face; -He/She usually had clear speech; -He/She noticed a change in condition on Saturday 12/21/24, the same day resident fell out of his/her bed; -He/She was now in the hospital with a UTI. During an interview on 12/29/24 at 4:01 A.M., Licensed Practical Nurse (LPN) A said: -He/She contacted the hospice nurse one day about the resident; -During a call with the hospice nurse, he/she wanted to know the results of the resident's labs; -He/She could not locate the lab orders or that the labs were ever entered into the electronic medical system; -He/She found orders written in the hospice book; -During the last two weeks the resident's yelling and restlessness had increased significantly; -The resident's family member said when the resident got like this, it was because they usually had a UTI; -A UA was completed a month ago, but they had still not received the results from the lab; -The resident was hospitalized for a UTI and was septic. During an interview on 12/31/24 at 12:36 P.M., the ADON said: -Hospice had collected the resident's urine around 12/23/24; -The UA was ordered 12/23/24 at the same time the KUB was ordered for the resident; -The requested lab was completed before the resident went to the hospital; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-The results were never received for these labs; -Hospice staff did not have access to facility electronic medical records or the laboratory results. During an interview on 12/31/24 at 2:33 P.M., the Hospice Registered Nurse (RN) Case Manager, said: -There were several lab orders that he/she had written and provided to a facility nurse and wrote in the resident's hospice binder; -He/She would ask for results and the nurse on duty would not have access to the lab system to provide the results; -He/She requested the UA on 11/12/24 and started empirically (by means of observation) treating the resident due to a low grade fever and restlessness; -He/She placed a request for TSH and second request for C-diff on 11/22/24; He/She had ordered the same testing in October, but the labs had not been done; -He/She would write new orders down on the facility form that was titled facility's third party and that form was handed to the facility charge nurse with any new orders he/she provided the facility with; -He/She made C-Diff lab request on 11/22/24; -He/She ordered TSH and C-Diff on 11/26/24; -He/She never received the results for the TSH or the C-Diff; -He/She did not have access to the facility electronic medical record system or the lab system records. 2. Review of Resident #5's Discharge MDS, dated [DATE], showed: -discharged to short-term general hospital; -Return anticipated. Review of Resident #5's entry tracking record MDS, dated [DATE], showed he/she entered from short-term general hospital stay. Review of Resident #5's Admission MDS, dated [DATE], showed: -He/She was cognitively intact; -He/She had clear speech, able to make self-understood and understand others; -He/She was dependent in a wheelchair; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-He/She was depending for toileting hygiene; -Diagnosis included UTI, pneumonia (an infection of the lungs), paraplegia (condition resulting in loss of muscle function and sensation in the lower half of the body), sepsis (a life-threatening medical emergency that required immediate medical care), and bacteremia (bacteria in blood stream). Review of the resident's care plan, revised 12/24/24, showed: -Monitor and document for signs and symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns; -He/She had hypothyroidism; -Obtain and monitor lab/diagnostic work as ordered. Report results to medical doctor and follow up as indicated; -He/She was on antibiotic therapy-sepsis until 1/29/24; -Administer medications as ordered. Review of lab requisition standing order log from 11/1/24-12/31/24, showed: -On 11/22/24, UA with urine culture was ordered, a note was made that it was not ready by the phlebotomist; -On 11/27/24, UA was picked up and signed for by phlebotomist; -On 12/4/24, UA with urine culture, signed by phlebotomist with note that it was not ready. Review of laboratory reports showed: -On 11/26/24, a UA was collected, it was reported 12/3/24 a problem with sample integrity; -On 12/5/24, a UA was collected and was reported on 12/9/24 report was 5 days after specimen collection. During an interview on 12/31/24 at 11:33 A.M., NP B said: -The resident and his/her spouse came to him/her two weeks before going to the hospital and indicated he/she had foul smelling urine; . -The resident requested a UA so they could ensure they did not have a bladder infection; -He/She developed a plan with facility staff in order to complete straight catheter specimen collection due to complexity of resident's paraplegia and their inability to retain urine during transfers via mechanical lift; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-The specimen was collected and something happened with the lab where the specimen was not labeled correctly and the specimen was not processed; -A week and a half later he/she still did not have the lab results; -The resident was hospitalized [DATE]-[DATE] for UTI with sepsis. -Every time the resident had a UTI he/she would go septic and go to hospital; -He/She ended up becoming septic and was hospitalized again; -He/She was currently receiving intravenous line (IV) antibiotics in the hospital. During an interview on 12/31/24 at 12:36 P.M., the ADON said: -The resident could turn septic really quickly; -The resident was sent to hospital before his/her UA results were received; -It can almost be too late by the time the facility collects the UA specimen and results were received from the lab; -He/She was unaware of any delay in collection for this resident's UA samples. 3. Review of Resident #1's Quarterly MDS, dated [DATE], showed: -He/She was cognitively intact; -He/She had clear speech, was able to make self-understood and understand others; -Diagnoses included: Schizoaffective disorder (a mental health condition that combines symptoms of schizophrenia and a mood disorder), overactive bladder, need for assistance with personal care, personality disorder, anxiety disorder (a mental health condition characterized by excessive worry, fear, and nervousness that can interfere with daily life), depression, and bipolar disorder (a chronic mood disorder that causes intense shifts in mood, energy levels, and behavior). Review of the resident's care plan, revised 12/18/24, showed: -He/She had depression, anxiety, bipolar, and schizoaffective disorder; -Clozapine (a medication used to treat schizophrenia) treatment had caused severe neutropenia, defined as an absolute neutrophil count (ANC) (a blood test that measures the number of neutrophils in the blood) less than 500/mm3. Severe neutropenia can lead to serious infection and death. Prior to initiating treatment, a baseline ANC must be at least 1,500/mm3 for the general population and must be at least 1,000/mm3 for patients with documented benign ethnic neutropenia (BEN). During treatment, patients must have regular ANC monitoring. Advise patients to immediately report symptoms consistent with severe neutropenia or infection (fever, weakness, lethargy, sore throat). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-Because of risk of severe neutropenia, clozapine is available only through restricted program under a risk evaluation mitigation strategy called Clozapine REMS program. -Administer medications as ordered. Monitor/document for side effects and effectiveness. -Monitor/document/report to NURSE/MD signs and symptoms of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious or health-related complaints, tearfulness. Review of physician's orders, dated 12/30/24, showed: -Ordered 10/11/23, clozapine oral tablet 50 mg tablet, give 1 tablet by mouth daily at bedtime; -Ordered 10/12/23, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder; -Ordered 12/17/24, weekly complete blood count with differential (CBCD) lab for clozapine. Review of the resident's electronic progress notes, dated 12/1/24-12/30/24, showed: -On 12/17/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, medication was not in stock. Pharmacy was waiting on labs. The ADON was aware; -On 12/17/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting on pharmacy to deliver medication, charge nurse and unit manager aware; -On 12/18/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting for lab to draw blood, then needed to fax pharmacy results. Charge nurse and unit manager notified; -On 12/18/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, medication unavailable, waiting for lab results to send to pharmacy, charge nurse, unit manager, and medical doctor aware; -On 12/19/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not in stock, pharmacy is waiting for labs. The ADON was made aware; -On 12/19/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting for lab results to fax to pharmacy; -On 12/21/24, CMT B wrote clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder. This medication was not available until the patients' labs were give to the pharmacy, the ADON was made aware; -On 12/22/24, CMT B wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, this medication was not available, labs were needed; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-On 12/22/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available in stock, pharmacy needed a copy of the labs; -On 12/23/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting on pharmacy to deliver, charge nurse, unit manager, and medical doctor aware; -On 12/24/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting on lab results to fax to pharmacy, charge nurse, unit manager, and medical doctor aware; -On 12/24/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder. This medication was not available until labs were received, the ADON is aware of this; -On 12/25/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting for delivery from pharmacy, charge nurse, unit manager, and medical doctor aware; -On 12/25/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available until pharmacy received labs; -On 12/26/24, CMT C wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder not available; -On 12/26/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth for schizoaffective disorder, this medication is not available until labs have been received; -On 12/27/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting on pharmacy to deliver, charge nurse, unit manager, and medical doctor aware; -On 12/27/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet my mouth at bedtime for schizoaffective disorder. This medication was not available, until pharmacy has new labs; -On 12/28/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting on lab results, charge nurse, unit manager, and medical doctor aware; -On 12/28/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet my mouth at bedtime for schizoaffective, this medication was not available at this time, new labs were needed; -On 12/29/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting on lab, charge nurse, unit manager, and medical doctor aware; -On 12/29/24, CMT B wrote clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available at that time, the pharmacy was needing updated labs; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-On 12/30/24, CMT C wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, not available; -On 12/30/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available, new labs were needed. Review of the lab requisition standing order log, dated 12/1/24-12/30/24, showed: -On 12/9/24 a CBC with differential was ordered, there were no initials entered by phlebotomist that these labs were obtained; -On 12/16/24 a CBC with differential was ordered, there were no initials entered by phlebotomist that these labs were obtained; -On 12/28/24 a UA with urine culture was ordered, there were no initials entered by phlebotomist that this specimen was obtained; -On 12/30/24 a CBC with differential was entered and were initialed that had been completed by phlebotomist; Review of laboratory reports, 12/1/24-12/30/24, showed: -On 12/3/24 CMP was collected and CBC with differential, and reported to the facility nursing staff on 12/4/24; -No other lab reports were available for December. During an interview on 12/30/24 at 2:29 P.M., the resident said: -He/She was experiencing itching, burning and his/her urine looked like lemonade; -He/she and needed another lab to be done; -The nurse on duty working on Friday night (12/27) was going to take urine for his/her labs to be complete, but the facility did not have any urine specimen containers; -He/She was put on ciprofloxacin (an antibiotic used to treat infections) a month ago; -He/She did not know if the facility ever received his/her lab results; -He/She had been without his/her clonazepam for two weeks; -He/She saw his/her psychiatric doctor two weeks ago and he/she had been without the medication since then; -He/She had felt more stressed, had not been slept well, had cringed his/her teeth which made his/her jaw and forehead hurt since not having his/her psychotropic medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	During an interview on 12/30/24 at 4:01 A.M., LPN A said: -The resident was to have labs completed one time weekly for psychotropic medication clozapine; -The last lab for the resident was last completed on 12/4/24; -CMT A had reported this to him/her several times; -The lab had still not come out and drawn his/her labs; -The online laboratory system showed nothing in lab reports to be viewed or pulled up for the resident. During an interview on 12/30/24 at 2:47 P.M., the DON said: -The resident had not received his/her psychotropic medications due to the lab never made it on Friday and never collected labs on the resident; -The facility notified the lab regarding the failed pick up and the physician was made aware. During an interview on 12/31/24 at 11:02 A.M., CMT A said: -The resident had been without his/her clonazepam for approximately two weeks; -He/She notified all the nurses; -The pharmacy would only send five medications at a time; -The pharmacy wanted weekly lab draws in order for staff to provide medication; -The resident's last lab draw was on 12/3/24; -The resident had been restless during the night; -He/She had not observed any other behavior changes in the resident; -The psychiatrist was notified regarding the medication; -He/She had contacted the pharmacy every day regarding the medication; -The clonazepam was not available in the facility emergency medication storage system to provide to the resident. During an interview on 12/31/24 at 12:36 P.M., the ADON said: -The NP changed his/her laboratory orders to monthly in November; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-He/She talked with the pharmacy and pharmacy said the way the medication was ordered it required weekly laboratory results; -The NP changed the lab orders to weekly; -The labs were on requisition for labs to be obtained on 12/9 and 12/16, but were not drawn by the phlebotomist and there was no reason from the lab on why the requisition was left blank; it was not done. During an interview on 12/31/24 at 1:19 P.M., the Psychiatrist office manager said: -The resident was last seen on 12/16/24 in the office; -The facility had not notified the physician about any issues with the resident being able to obtain his/her clonazepam; -That call was the first time their office was made area aware of any issues with the resident not receiving the clonazepam. During an interview on 1/2/25, the Psychiatrist said: -He/She changed the lab order to be completed monthly during the resident's last appointment; -He/She provided a printed lab order to the resident during his/her visit on 12/16/24; -Possible results of the resident not receiving his/her medication included mood changes, manic episodes, and a risk of psychosis. 4. During an interview on 12/30/24 at 4:01 A.M., LPN A said: -The facility had a new lab, they are supposed to pick up labs 2:00-3:00 A.M. on Mondays, Wednesday, and Friday; -If labs were ordered stat (immediately), the lab was [NAME] (late); -Each unit in the facility has a soiled utility room with a fridge and laboratory staff know to come check refrigerators if there are urine samples to be picked up. on 11/21/24 inquiring why he/she had so many UA orders at the same time. -He/She contacted the nurse practitioner about not having the lab results and if he/she should recollect the UAs; -The DON and ADON contacted him/her via text message on 11/21/24 after she put in new UA orders and wanted to know why all the orders had been entered for so many residents; -He/She notified DON/ADON that residents were still experiencing symptoms and no lab results were found. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	During an interview on 12/30/24 at 5:48 A.M., RN A said: -There was issues with stat lab orders as the lab did not respond as they should for stat labs. During an interview on 12/31/24 at 9:40 A.M., NP A said: -There had been a delay in treatment for residents in the facility due to issues with the laboratory company; -The delay in laboratory results had especially impacted residents with UTIs having delayed treatments, and even hospitalization . During an interview on 12/30/24 at 2:47 P.M., the DON said: -She was aware of the issues with laboratory services; -The laboratory did not always show up as scheduled; -At times the laboratory phlebotomist will show up and say they only had time to do lab draws on five residents and then leave; -The laboratory company had promised a lot of items they had not been able to commit to. -The corporate facility staff had talked to their management team multiple times; -She expected stat lab orders to take six hours or less; -There were times that stat lab orders will be made and the laboratory will say that they cannot be to the facility until Monday morning; -The facility had advised the laboratory they were willing to pay stat fees and the facility could not get the laboratory to come out even with fees; -NP A had questioned where lab results were located and would contact the laboratory and try to locate specimens; -She expected urine specimens to be picked up within 24 hours; -The facility had to start adding CBC on all UA orders or the laboratory would refuse to pick up the UA; -She did not know where some specimens were, if they had been picked up or if specimens had been thrown away; -The facility was giving the laboratory 48 hours before they would attempt to call and track down results; -There were multiple issues with locating and obtaining laboratory results; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	-The laboratory came to pick up this afternoon, on Mondays the laboratory was supposed to be arriving between 2-3 A.M.; -There are some dates nothing is ever picked up by the lab company. During an interview on 12/30/24 at 3:14 P.M., the Administrator said: -He/She was aware there was issues with the laboratory including issues with labs being drawn, labs being picked up, and stat labs sometimes taking longer to obtain results; -He/She expected the laboratory to take what specimens were in the refrigerators every time they were in the facility; -He/She believed the lab came to the building [NAME] days a week; -He/She was unsure on expectation of how long stat laboratories should take; -He/She was not aware of any outcomes to residents as a result of not having laboratories drawn or test results back in a timely manner. During an interview on 12/31/24 at 10:31 A.M., Laboratory Account Manager said: -The facility was to order lab work and put in the lab requisition book; -The laboratory technician would go to the facility, get the lab requisition book and then proceed to draw the patient's labs; -Stat labs are put in by the facility and the laboratory customer service was alerted and dispatch out the orders to a technician; -Stat lab orders are processed at a local hospital; -The stat lab results are faxed to the facility, but the system was not perfect and sometimes the lab had to call the hospital to get results because the hospital's patients came first over our stat labs; -UAs are put on lab requisition orders and laboratory technicians pick up the specimens; -The laboratory turn around time for results is same day or the next morning

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47195 Based on observation, interview and record review, the facility failed to provide necessary laboratory services for residents when they did not ensure residents needs were met with timely collection and reporting of laboratory results. This occurred when the facility failed to obtain lab testing for one resident (Resident #1) who was without his/her psychotropic medication for fourteen days when the pharmacy would not provide the medication without lab results. The facility also failed to ensure urine cultures for residents with potential urinary tract infections (UTI) were collected by the laboratory company, tested , and results received by the facility so the physician's could properly treat infections Residents #1, #2, #3, #4, #5, and #6 for signs and symptoms of UTI. The facility additionally failed to provide timely lab testing with results for two residents (Resident #2 & #5). The facility also failed to ensure sufficient laboratory testing supplies were available for staff, when the facility had no urine specimen containers in the building. The facility census was 111. Review of facility policy, Test Results, dated 12/2017, showed: -Results of laboratory, radiological, and diagnostic tests shall be reported to the facility. -The Medical practitioner shall be notified of the results. -The Director of Nursing Services, or nurse receiving the test results, shall be responsible for notifying the medical practitioner of such test results. Review of facility policy, Test Results Notification, dated 12/2024, showed: -Results of laboratory, radiological, and diagnostic tests shall be reported to the facility. The medical practitioner shall be notified of the results. -The medical practitioner shall mark labs as reviewed in the electronic health record. -Director of Nursing or their designee will review results of laboratory, radiological, and diagnostic tests daily -Any lab result not marked as reviewed by the medical practitioner will be called to the practitioner. Documentation of the notification will be done in the electronic health record. -All other radiological and diagnostic test results will be called to the practitioner. Documentation of the notification will be done in the electronic health record. Review of laboratory services agreement, dated 8/1/24, showed: -Lab will travel to location to draw and/or collect patient specimens for duly ordered tests and will transport the specimens to one of laboratories for testing. -Requisition procedures: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Online: all orders will be submitted via the online order porter for order entry and test results. -Written requisitions: Facility shall use laboratories pre-printed requisition form which must be properly completed by facility and delivered to the laboratory representative by hand at the time of specimen collection. -Reporting procedures: laboratory shall make test results available to facility via the online order portal. -The lab agreement did not mention responsibility of lab supplies. 1. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 12/27/24, showed: -He/She was cognitively intact; -He/She had clear speech, was able to make self-understood and understand others; -Diagnoses included: Schizoaffective disorder (a mental health condition that combines symptoms of schizophrenia and a mood disorder), overactive bladder, need for assistance with personal care, personality disorder, anxiety disorder (a mental health condition characterized by excessive worry, fear, and nervousness that can interfere with daily life), depression, bipolar disorder (a chronic mood disorder that causes intense shifts in mood, energy levels, and behavior). Review of care plan, revised 12/18/24, showed: -He/She was on an antibiotic therapy for a UTI until 12/1/24; -He/She had depression, anxiety, bipolar, and schizoaffective disorder; -Clozapine (a medication used to treat schizophrenia) treatment had caused severe neutropenia, defined as an absolute neutrophil count (ANC) (a blood test that measures the number of neutrophils in the blood) less than 500/mm3. Severe neutropenia can lead to serious infection and death. Prior to initiating treatment, a baseline ANC must be at least 1,500/mm3 for the general population and must be at least 1,000/mm3 for patients with documented benign ethnic neutropenia (BEN). During treatment, patients must have regular ANC monitoring. Advise patients to immediately report symptoms consistent with severe neutropenia or infection (fever, weakness, lethargy, sore throat). -Because of risk of severe neutropenia, clozapine is available only through restricted program under a risk evaluation mitigation strategy called Clozapine REMS program. -Administer medications as ordered. Monitor/document for side effects and effectiveness. -Monitor/document/report to NURSE/MD signs and symptoms of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious or health-related complaints, tearfulness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of physician's orders, dated 12/30/24, showed: -Ordered 3/5/24, UA with complaints and symptoms of dysuria; -Ordered 3/8/24, UA with complaints and symptoms of cloudy urine or dysuria; -Ordered 5/28/24, Obtain UA with complaints and signs of burning, increase in urinary frequency; -Ordered 12/17/24, weekly complete blood count with differential (CBCD) lab for clozapine. An interview on 12/30/24 at 2:29 P.M., the Resident said: -He/She was experiencing itching, burning and needed another lab to be done; -The nurse working on Friday night was going to take urine for his/her labs to be completed but the facility did not have any urine specimen containers; -He/She was put on ciprofloxacin (an antibiotic used to treat infections) a month ago; -He/She did not know if facility ever received his/her lab results; -He/She had been without his/her clozapine for two weeks; -He/She had felt more stressed, had not been slept well, had cringed his/her teeth which made his/her jaw and forehead hurt since not having his/her psychotropic medication. Review of the resident's electronic progress notes, dated 12/1/24-12/30/24, showed: -On 12/17/24, Certified Medication Technician (CMT) B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, medication was not in stock. Pharmacy was waiting on labs. The assistant director of nursing (ADON) was aware; -On 12/17/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting on pharmacy to deliver medication, charge nurse and unit manager aware; -On 12/18/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting for lab to draw blood, then needed to fax pharmacy results. Charge nurse and unit manager notified; -On 12/18/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, medication unavailable, waiting for lab results to send to pharmacy, charge nurse, unit manager, and medical doctor aware; -On 12/19/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not in stock, pharmacy is waiting for labs. The ADON was made aware; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 12/19/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting for lab results to fax to pharmacy; -On 12/21/24, CMT B wrote clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder. This medication was not available until the patients' labs were give to the pharmacy, the ADON was made aware; -On 12/22/24, CMT B wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, this medication was not available, labs were needed; -On 12/22/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available in stock, pharmacy needed a copy of the labs; -On 12/23/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting on pharmacy to deliver, charge nurse, unit manager, and medical doctor aware; -On 12/24/24, CMT A wrote, clozapine oral tablet 25mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting on lab results to fax to pharmacy .charge nurse, unit manager, and medical doctor aware; -On 12/24/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder. This medication was not available until labs were received, the ADON is aware of this; -On 12/25/24, CMT A wrote, clozapine oral tablet 25mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting for delivery from pharmacy, charge nurse, unit manager, and medical doctor aware; -On 12/25/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available until pharmacy received labs; -On 12/26/24, CMT C wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder not available; -On 12/26/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth for schizoaffective disorder, this medication is not available until labs have been received; -On 12/27/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting on pharmacy to deliver, charge nurse, unit manager, and medical doctor aware; -On 12/27/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet my mouth at bedtime for schizoaffective disorder. This medication was not available, until pharmacy has new labs; -On 12/28/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, waiting on lab results, charge nurse, unit manager, and medical doctor aware; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 12/28/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet my mouth at bedtime for schizoaffective, this medication was not available at this time, new labs were needed; -On 12/29/24, CMT A wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, still waiting on lab, charge nurse, unit manager, and medical doctor aware; -On 12/29/24, CMT B wrote clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available at that time, the pharmacy was needing updated labs; -On 12/30/24, CMT C wrote, clozapine oral tablet 25 mg, give 1 tablet by mouth one time a day for schizoaffective disorder, not available; -On 12/30/24, CMT B wrote, clozapine oral tablet 50 mg, give 1 tablet by mouth at bedtime for schizoaffective disorder, this medication was not available, new labs were needed. Review of the lab requisition standing order log, dated 12/1/24-12/30/24, showed: -On 12/3/24, Thyroid Stimulating Hormone- 3 Ultra (TSH 3-UL, a thyroid test), lipid profile with calculated (a blood test that measures the levels of various fats in the blood stream) low-density lipoprotein (LDL) (a type of cholesterol found in the blood), comprehensive metabolic panel (CMP, a routine blood test that measured 14 substances in the blood that provide information about a person's overall health), glycohemoglobin A1C (glyco-HGBA1C, a blood test that shows average blood sugar), and CBC with differential (a lab test that measures the number and types of various cells in the blood including red blood cells, white blood cells, and platelets) was ordered, the phlebotomist initialed as completed; -On 12/9/24 a CBC with differential was ordered, there were no initials entered by phlebotomist that these labs were obtained; -On 12/16/24 a CBC with differential was ordered, there were no initials entered by phlebotomist that these labs were obtained; -On 12/28/24 a UA with urine culture was ordered, there were no initials entered by phlebotomist that this specimen was obtained; -On 12/30/24 a CBC with differential was entered and were initialed that had been completed by phlebotomist. Review of laboratory reports, 12/1/24-12/30/24, showed: -On 12/3/24 CMP was collected, and reported to the facility nursing staff on 12/4/24; -No other lab reports were available for December. During an interview on 12/30/24 at 4:01 A.M., Licensed Practical Nurse (LPN) A said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She collected a urinalysis for the resident on 11/21/24 because he/she was contacted by DON and unit manager on the same date inquiring why he/she had so many urinalysis orders for residents to put in system; -The Resident still had complaints today that he/she had burning pain when urinating; -The Resident told me he/she still needed a urinalysis; -The Resident was to have labs completed one time weekly for psychotropic medication clozapine; -The last lab for the Resident was last completed on 12/4/24; -CMT A had reported this to him/her several times; -The online laboratory system showed nothing in labs reports to be viewed for the resident; -LPN B reported he/she had tried to collect a urine specimen over the weekend on 12/27/24 but there were no urine specimen containers available. During an interview on 12/30/24 at 2:47 P.M., Director of Nursing (DON) said: -Resident had not received his/her psychotropic medications due to the lab never made it on Friday and never collected labs on resident; -The facility notified the lab regarding the failed pick up and the physician was made aware. During an interview on 12/31/24 at 11:02 A.M., CMT A said: -Resident had been without his/her clozapine for approximately two weeks; -He/She notified all the nurses; -The pharmacy would only send five medications at a time; -The pharmacy wanted weekly lab draws in order for staff to provide medication; -Resident's last lab draw was on 12/3/24; -Resident had been restless during the night. During an interview on 12/31/24 at 12:36 P.M., the Assistant Director of Nursing (ADON) said: -The nurse practitioner changed her laboratory orders to monthly in November; -He/She talked with the pharmacy and pharmacy said the way the medication was ordered it required a weekly laboratory results; -The nurse practitioner changed the lab orders to weekly; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The labs were to be obtained on 12/9 and 12/16 but were not drawn by the phlebotomist and there was no reason from lab on why it was not done. During an interview on 12/31/24 at 1:19 P.M., Psychiatrist office manager said: -He/She was last seen on 12/16/24 in the office; -This was the first time their office was made area aware of any issues with resident not receiving the clonazepam. During an interview on 1/2/25, the Psychiatrist said: -He/She did change the lab order to be completed monthly during resident's last appointment; -He/She provided a printed lab order to the resident during his/her visit on 12/16/24; -He/She expected mood changes, manic episodes, and a risk of psychosis if resident did not receive his/her clonazepam. 2. Review of Resident #2's Quarterly MDS, dated [DATE], showed: -He/She had severe cognitive impairment; -Total care of all activities of daily living; -Diagnoses included: Alzheimer's disease with late onset (a neurodegenerative disease that affected the brain and caused memory and language problems) dementia, anxiety disorder, depression, and palliative care (a specialized approach to medical care that focuses on improving the quality of life for people with serious illness) Review of care plan, revised 12/9/24, showed: -He/She received end of life hospice services; -He/She was at risk for septicemia (a life threatening condition where bacteria or other microorganisms enter the bloodstream and spread throughout the body) and will be minimized and prevented via prompt recognition and treatment symptoms of UTI through review date; -Monitor and document for signs and symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Review of hospice physician's order showed: -11/12/24 at 2:01 P.M., resident was showing signs of UTI-delirium, low grade fever, restless and stated he/she hurt and burns in his/her genital area, physician ordered macrobid 100mg BID x 5 days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/29/24 at 9:16 A.M., resident's representative said: -He/She told facility and hospice three weeks ago that resident probably had a urinary tract infection due to her change in her mental status of being more foggy; -It took three weeks to send the resident to the hospital; -Hospice staff reported that they ordered a test for a urinalysis; -Hospice told resident representative that the urinalysis was never completed when they followed up with the facility; -The hospital placed the resident on an antibiotic for three to six weeks to treat the infection in his/her blood; -The hospice case worker reported to the resident's representative that the hospice orders had not been carried out by the facility. Review of the resident's progress notes, dated 12/1/24-12/30/24, showed: -On 12/3/24, ADON wrote resident had been screaming since yesterday and yelling out and had been incontinent of urine several times; -On 12/18/24, LPN A wrote he/she spoke to hospice nurse who stated she ordered labs to be completed in November and they were not carried out, so nurse entered lab as they had been ordered; -On 12/23/24, ADON wrote resident sent to hospital per hospice; -On 12/23/24, ADON wrote resident had UTI and the hospital was going to start resident on IV antibiotics. -On 12/26/24, DON wrote resident continued hospitalization , receiving IV antibiotics for UTI. Review of lab requisition standing order log from 11/1/24-12/30/24, showed: -No orders on requisition log for resident. Review of hospital medical record, dated 12/27/24, showed: -Resident was admitted to hospital on 12/23 with altered mental status, sepsis (blood infection) with pneumonia, MSSA bacteremia (methicillin-susceptible staphylococcus aureus) (a type of bacteria that is sensitive to antibiotic methicillin); -Hospital labs showed on 12/23/24 at 12:36 P.M. that his/her white blood count (WBC) was 37.21 (above a normal white blood count range is 4.5-11.0 in adults); -He/She was treated with IV antibiotics, ancef (cefazolin) (an antibiotic used to treat bacterial infections). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/30/24 at 3:54 A.M., Certified Nurse Aide (CNA) A said: -He/She reported to nurse a change in condition with resident when his/her speech became unclear and had a different look in the face; -He/She noticed change in condition on Saturday, the same day resident fell out of his/her bed. During an interview on 12/29/24 at 4:01 A.M., LPN A said: -During a call with the hospice nurse he/she wanted to know the results of resident's labs; -He/She could not locate that lab orders were ever entered into electronic medical system; -He/She found orders written in the hospice book; -During last two weeks resident's yelling and restlessness had increased significant; -The resident's family member said when resident got like this it was usually a urinary tract infection; -A urinalysis was completed a month ago but still had not received the results from the lab; -Resident is hospitalized for a urinary tract infection and sepsis. During an interview on 12/31/24 at 12:36 P.M., the ADON said: -Hospice had collected residents urine around 12/23/24; -The urinalysis was ordered at same time the KUB (kidney, ureter, and bladder on 12/23/24) (a medical imaging test that used xrays to visualize organs in urinary system) was ordered for resident; -The requested lab was completed before the resident went to the hospital; -The results were never received for these labs; -Hospice staff does not have access to facility electronic medical records or the laboratory results. During an interview on 12/31/24 at 2:33 P.M., Hospice RN Case Manager, said: -There were several lab orders that he/she wrote and provided to facility nurse and wrote in the resident's hospice binder; -He/She would ask for results and the nurse on duty would not have access to the lab system; -He/She requested the UA on 11/12/24 and started empirically (by means of observation) treating resident due to low grade fever and restlessness; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She placed a request for TSH (a thyroid-stimulating hormone) (a blood test that can measures thyroid hormone levels) and second request for c.dff (clostridium difficile) (a test to detect the presence of C.diff bacteria and its toxins) on 11/22/24; -He/She had ordered the same testing in October but the labs had not been done; -He/She would write orders down on piece of paper and hand to the nurse via facility's third party form; -He/She made c.diff lab request on 11/22/24; -He/She ordered TSH and C.diff on 11/26/24; -He/She never obtained the results for the TSH or the C.diff; -He/She did not have access to the facility electronic medical record system or the lab system records. 3. Review of Resident #3's, Annual MDS, dated [DATE], showed: -He/She was cognitively intact; -He/She had clear speech, was able to make self-understood and understand others; -He/She required partial to moderate assistance with toileting; -Diagnoses included: Respiratory failure (a condition in which lungs were unable to effective exchange gases), and muscle weakness. Review of care plan, revised 12/16/24, showed: -He/She required a one person assist with personal hygiene; -Staff to monitor his/her lab work including potassium, sodium, blood urea nitrogen, and creatinine. During an interview on 12/30/24 at 2:32 P.M., the resident said: -He/She had a UTI and kept telling the aides and nurses about it; -It was upsetting that the nursing home staff did nothing about his/her concerns; -He/She had been experiencing cloudy urine; -Spoke with nurse practitioner who was unaware of her symptoms or concerns; -The nurse practitioner said would have staff obtain a UA; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She never received any test results from his/her provided specimens; -He/She received a shot of ceftriaxone for the infection. Review of electronic medical record's provider progress notes, dated 12/1/24-12/30/24, showed: -On 12/5/24, Nurse Practitioner (NP) A wrote, resident having urinary tract symptoms. A urinalysis was ordered on 12/5 for dysuria (discomfort with urination), results were pending; -On 12/11/24, NP A followed up at patient request due to on going urinary tract symptoms and strong foul urine smell. UA had been ordered 12/5, but no results were available. A UA was reordered. Started resident on AZO for symptoms and would follow up after UA and culture results. If symptoms were worse would consider empiric (treatment based on observations of symptoms) treatment but at time resident appeared stable; -On 12/27/24, NP A followed up on UTI including cloudy urine, bladder pressure, no burning. He/She would order Rocephin to empirically (by means of observation) as he/she had symptoms for prolonged period and still did not have urinalysis results. Will follow up on symptoms and UA results when they were available. Review of lab requisition standing order log, dated 12/1/24-12/30/24, showed: -On 12/5/24, basic metabolic panel including glomerular filtration rate (GFR), urinalysis (UA) (a laboratory test that examines a urine sample to detect various substances and conditions) with culture, was completed and signed by phlebotomist; -On 12/11/24, a UA with urine culture was ordered, there was no phlebotomist initials of completion; -On 12/28/24, a UA with urine culture was ordered, there was no phlebotomist initials of completion. Review of laboratory reports showed: -On 11/20/24, specimen was collected, it was reported on 12/10/24 as problem with sample integrity; -On 12/5/24, specimen was collected for Basic Metabolic panel including GFR (BMP), it was reported on 12/6/24. A urine specimen was not included in the results; -There was no laboratory reports found for the resident on 12/11/24 or 12/28/24. During an interview on 12/30/24 at 4:01 A.M., LPN A said: -Resident is having complaints of his/her urine burning pain; -He/She obtained UA on 11/21/24 for resident; -A UA on 12/10 was ordered but there were no results in lab system; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A stat UA was ordered on 12/14, but there were no lab results; -There was an order in the system to obtain a UA again on 12/27, but there were no specimen containers in facility to obtain orders; -Resident asked for another UA that morning on 12/30/24, because he/she was still experiencing burning while urinating; -He/She gave resident a medication shot, ceftriaxone also known as Rocephin (an antibiotic to treat infections), in his/her right hip on 12/27/24 for a UTI but there were still no UA results available from the laboratory; -The physician was treating resident without lab results for the UTI; -LPN B told LPN A on 12/29/24 that he/she could not do another UA on resident because the facility did not have urine specimen collection containers. During an interview on 12/31/24 at 9:40 A.M., NP A said: -He/She had ordered urinalysis on the resident three times and it had disappeared; -He/She had to empirically (by means of observation or experience) treat resident because he/she had been sick for a month and had to do something for resident. During an interview on 12/31/24 at 12:36 P.M., the ADON said: -There had been a delay in the collection of resident's UA due to collection error; Resident had accident thrown toilet paper in his/her collection hat; -He/She would not have expected it to take the facility three weeks to collect a urinalysis on the resident. 4. Review of Resident #4, Quarterly MDS, dated [DATE], showed: -He/She was cognitively intact; -He/She had clear speech, was able to make self-understood and understand others; -He/She required partial to moderate assistance with toileting hygiene; -Diagnoses included: Dementia (a condition causing cognitive impairment and difficulty with daily tasks), and diabetes (a condition resulting from too much sugar in the blood). Review of care plan, revised 8/5/24, showed: -Monitor for signs and symptoms of UTI: pain, burning, bladder infection, loss of bladder tone, deepening of urine color, increased pulse, temperature, and foul smelling urine; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident will maintain lab values within acceptable parameters per medical doctor through review date; -Obtain and monitor lab/diagnostic work as ordered. Report results to medical doctor and follow up as indicated; -He/She was currently on antibiotic therapy for UTI until 12/4/24; -He/She will be free from any discomfort or adverse side effects of antibiotic therapy through the review date; -Administer medications as ordered. Review of physician's orders, dated 12/30/24, showed: -Ordered 9/24/24, check UA with complaints and symptoms related to burning with urination; -Ordered 12/19/24, saccharomyces boulardii capsule 250mg, give 1 capsule by mouth twice a day probiotic chronic interstitial cystitis (also known as bladder pain syndrome) for 30 days; -Ordered 12/19/24, cranberry tablet 300mg, give 1 tablet by mouth twice a day for chronic infection for 30 days; -Ordered 12/22/24, schedule patient with urology for interstitial cystitis bladder pain. During an interview on 12/30/24 at 2:03 P.M., the Resident said: -He/She had pain from UTI; -He/She had several recent urine specimens collected; -He/She had chronic UTI's, -It currently burned and felt like hell before, during, and after urination; -He/She felt that at times nothing was being done to treat him/her; -He/She had not heard of any results regarding urinalysis. Review of electronic medical record's progress notes, dated 12/1/24-12/30/24, showed: -On 11/14/24, Physician's assistant wrote a UA had been done, and that resident reported always have a UTI and burning with urination. Recommended to check to see if resident had a UA and results and whether he/she had been placed on antibiotics; -On 12/6/24, LPN C wrote resident continued on antibiotics for urinary tract infection; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 12/10/24, Physician's assistant wrote resident continued with burning with urination and still having urinary tract symptoms. UA is pending and waiting on results. Recommended adding AZO 2 tabs for urinary symptoms; -On 12/20/24, Nurse Practitioner A wrote resident had severe pain with urination. Had been on AZO recently, but reports little relief with that. Recommended a urology follow up. Previous labs in November showed he/she had a positive UA. Will send repeat blood work and UA prior to urology visit. Review of lab requisition standing order log, dated 11/1/24-12/30/24, showed: -On 11/11/24, a UA with culture if indicate, nurse collection, no initials that specimen was collected by lab. Review of laboratory reports showed: -On 11/21/24, a UA was collected, on 11/27/24 was reported that specimen was too old. During an interview on 12/30/24 at 4:01 A.M., LPN A said: -He/She collected urinalysis on 11/21/24 for resident and it was not reported until 11/25/24; -It took the lab several days to provide lab results on the urine specimen; -Resident complained regarding having burning pain when he/she urinated; -A UA was also obtained on 11/11/24, and was sent out on 11/11/24, but the order was put in on 11/8/24; -No report is available or found in the system for the UA specimen that was sent out on 11/11/24. During an interview on 12/31/24 at 12:36 P.M., ADON said: -There had been a delay in sample urinalysis collection for this resident due to collection of UA in a collection hat and not a specimen cup. 5. Review of Resident #5's Admission MDS, dated [DATE], showed: -He/She was cognitively intact; -He/She had clear speech, able to make self-understood and understand others; -He/She was dependent in a wheelchair; -He/She was dependent for toileting hygiene; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265863	A. Building B. Wing	12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tiffany Springs Rehabilitation & Health Care Cente	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnosis included urinary tract infection (an infection in any part of the urinary system), pneumonia (an infection of the lungs), paraplegia (condition resulting in loss of muscle function and sensation in the lower half of the body), sepsis (a life-threatening medical emergency that required immediate medical care), bacteremia (bacteria in blood stream). Review of Resident #5's entry tracking record MDS, dated [DATE], showed: -He/She entered from short-term general hospital stay. Review of Resident #5' Discharge MDS, dated [DATE], showed: -discharged to short-term general hospital; -Return anticipated of resident. Review of care plan, revised 12/24/24, showed: -Monitor and document for signs and symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns; -He/She had hypothyroidism; -Obtain and monitor lab/diagnostic work as ordered. Report results to medical doctor and follow up as indicated. -He/She was on antibiotic therapy-sepsis until 1/29/24; -Administer medications as ordered. Review of lab requisition standing order log from 11/1/24-12/31/24, showed: -On 11/22/24, UA with urine culture was ordered, a note was made that it was not ready by the phlebotomist; -On 12/4/24, UA with urine culture, signed by phlebotomist