

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  09/11/2025
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review the facility failed to honor a resident's choice for a Do Not Resuscitate (DNR) advanced directive when the facility staff performed Cardiopulmonary Resuscitation (CPR), an emergency lifesaving procedure performed when the heart stops beating, and notified EMS (Emergency Medical Services) to complete all life saving measures because the facility failed to ensure the DNR had been entered into the resident's physician orders and medical record accurately. The facility census was 108. On [DATE], the Administrator was notified of the past noncompliance incident which occurred on [DATE]. On [DATE], facility administration was notified of the incident, an investigation immediately began, and corrective actions were implemented to include:- 100% audit all current residents for proper code status orders and advance directives;- All nursing staff educated on advance directive policy including: * All residents should have an advance directive order in place; * All residents advance directive status audited by social services weekly and sent to clinical leadership; * Night nurses will print code status order listing nightly and ensure all residents have code status, comparing to census and place on the emergency supply crash cart; * If a resident is found to not have a code status in place review miscellaneous under advance directive for Do Not Resuscitate (DNR- No life saving measures), review for completion, enter code status. Notify clinical supervisor;- Education will continue with all new licensed staff prior to working their next scheduled shift;- Director of Nursing (DON) or designee will review code status audit completed by social services weekly for eight weeks to ensure consistency;- DON or designee will audit emergency crash carts three times weekly for code status audit reports being ran nightly by nurses for eight weeks;- Administrator or designee will attend clinical rounds and ensure code status reports are being reviewed two times weekly for eight weeks;- Quality Assurance and Performance Improvement (QAPI) meeting was immediately held with the medical director on [DATE];- DON or designee will audit daily staffing assignments to review that one Basic Life Support (BLS) for healthcare providers Cardiopulmonary Resuscitation (CPR- All life saving measures) certified staff member was scheduled every shift. This will occur Monday through Friday for the next 60 days to ensure consistency;- DON or designee will audit all van transports to review that one BLS for healthcare providers CPR certified staff member was present during transports for full code residents. This will occur Monday through Friday for the next 60 days;- Any deficient practice will be corrected immediately. Patterns or trends will be reported to Quality Assurance (QA) Committee for further recommendations and follow up. The non-compliance was corrected at the time of the onsite visit on [DATE]. Review of the facility's Advanced Directive Policy, dated [DATE], showed:- Prior to or upon admission of a resident, the Social Services Director (SSD) or designee will inquire of the resident, and/or his/her representative, about the existence of any written advance directives;- Information about whether or not the resident has executed an advance directive shall be placed in the medical record;- The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive;- Do Not Resuscitate indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative has directed that no CPR or other life-sustaining treatments or methods are to be used;- Staff will assist the resident or representative to make changes to advanced directives in accordance with state law. Changes and/or revocations will be added to the clinical record. The care plan will be updated to reflect the change. Review of the facility's Cardiopulmonary Resuscitation Policy, dated February 2025, showed:- If a resident is found unresponsive and not breathing normally, a clinical staff member will verify code status using the medical record;- If the resident is full code, per the medical record, a staff member that is certified in CPR will initiate CPR;- If the resident is DNR, per the medical record, notify the attending provider;- Discuss information on advance directives to each resident/representative upon admission and at least quarterly in care conference. 1. Review of Resident #1's care plan, revised [DATE], showed:- [DATE] Code Status: DNR; - Ensure resident's wishes are honored in regard to any Advanced Care Directive;- Resident's wishes for end-of-life care will be honored; The resident was on hospice services;- The resident is dependent on staff for activities of daily living, cognitive stimulation, social interaction, and transfers. Review of the resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed:- Cognitive skills intact;- Dependent on staff for all cares;- Diagnoses included: lung cancer and depression. Review of the resident's medical record on [DATE] showed:- On [DATE] a DNR was signed by resident and unloaded to miscellaneous section in record;- On [DATE] at 1:03 P.M. the Physician</p>		