

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  02/26/2026
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to prevent the development of an unstageable pressure injury (a severe, full-thickness wound where the base is completely covered by dead tissue) for one resident (Resident #2), of 6 sampled residents, when the facility failed to periodically check the resident's skin under a removable medical device for more than 20 days and the resident required surgery to clean the wound. The facility census was 115. Review of the facility policy titled, Skin Identification, Evaluation, and Monitoring, dated 2/2026 showed:-The purpose of this policy is to outline a method of identification, evaluation and monitoring for alterations in skin integrity, Communities will implement preventative measures and an individualized care plan will be formulated upon completion of findings;-A licensed nurse will evaluate the skin integrity through a physical skin evaluation upon admission, weekly and when a significant change is identified;-The nursing assistant will observe the resident's skin when assisting with activities of daily living (ADLs: tasks completed in a day to care for oneself) and report changes to the nurse;-The Licensed Nurse will initiate preventative and/or treatment intervention as indicated;-Eliminate or reduce: the source of pressure using positioning techniques, enhancement of mobility and circulation, and other sources of skin injury by evaluating the cause and providing interventions. 1. Review of Resident #2's hospital discharge paperwork dated 01/05/26 showed:-He/She was awaiting placement in post acute care facility;-He/She had a fracture of the left ankle;-His/Her skin had no lesions (abnormal change in skin caused by injury or disease). Review of the resident's Operative Report dated 12/31/25 showed:-The resident's ankle was sterilely dressed; -The resident was placed in a new splint (soft cast, made of fiberglass or plaster, the splint covers the back of the leg and calf, held in place by an elastic bandage. Padding is crucial to prevent pressure ulcers, particularly around the heel and ankle bones. The splint is usually not designed for walking and is used for non-weight-bearing protection.) Review of the resident's admission Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 01/06/26 showed:-Brief Interview of Mental Status (BIMS) of 12 indicated minimal cognitive loss;-Partial to moderate assistance from staff for ADLs;-Risk for pressure ulcers;-Diagnoses included: Fracture of the ankle, muscle weakness, anxiety, stroke, and dementia (a disease that affects the way a person thinks and affects reasoning). Review of the resident's Comprehensive Care Plan dated 01/06/26 showed the resident had a splint on his/her left ankle and a pressure injury to right great toe. Review of the resident's admission assessment dated [DATE] showed he/she did not have impaired skin integrity. Review of the resident's Nurse Progress Notes showed the following:- The Assistant Director of Nursing (ADON) documented on 01/6/26 at 09:10 P.M. He/She had a Stage I (an area of skin damage characterized by intact, red, skin with temperature changes) to the right great toe, present on admission;-The resident had no other skin issues;-Registered Nurse (RN) A Documented on 01/10/26 at 10:22 P.M. the resident had a left ankle fracture and right great toe discoloration;-The resident had no other</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  265863	Facility ID:  265863
		If continuation sheet Page 1 of 3

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