

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2026
NAME OF PROVIDER OR SUPPLIER  Ignite Medical Resort Kansas City, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2100 N W Barry Road 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to treat Resident #131 with dignity and respect when staff failed to assist the resident with trimming facial hair. This affected one of 18 sampled residents. The facility census was 86.</p> <p>Review of the facilities Resident Rights policy, dated May 2023, showed:</p> <ul style="list-style-type: none"> <li>- Resident's had rights to a dignified existence, self-determination, and communication;</li> <li>- The facility must protect and promote the rights of the resident's;</li> <li>- The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.</li> </ul> <p>Review of the facility's Bathing policy dated April 2023, showed:-All residents are given a bath or shower in accordance with their preferences;-If no preference is voiced a bath or shower will be offered twice a week.</p> <p>Review of Resident #131's admission MDS a dated 10/20/25 showed:-No cognitive impairment;-Substantial assistance with showers and bathing;-Substantial assistance with personal hygiene;-Diagnoses included heart failure, pneumonia and respiratory failure.</p> <p>Review of the resident's care plan dated 2/8/26 showed:-The resident had an Actives of Daily Living (ADL) self-care deficit related to imitated physical mobility;-Respiratory impairment related to respiratory failure;-The resident required substantial assistance with showers and personal hygiene.</p> <p>Review of shower sheets for the resident's hall dated 2/2/26 through 2/9/26 showed no shower sheet or documentation that the resident had received a shower or shave was found.</p> <p>Review of shower refusal sheets for the resident's hall dated 2/2/26 through 2/9/26 showed no refusal or documentation to show the resident had been offered and refused a shower or shave.</p> <p>Observation and interview on 02/8/2026 at 9:18 A.M. showed:-The resident in his/her room in bed;-The resident's skin looked dry and flakey;-The resident's hair was disheveled and greasy;-The resident had facial hair;-The resident had body odor;-The resident said he/she had been at the facility since Tuesday and had not received a shower, bed bath or a shave;-The resident said the staff kept saying they would give him/her at least a bed bath and trim his/her facial hair but they never do it;-The</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2026
NAME OF PROVIDER OR SUPPLIER  Ignite Medical Resort Kansas City, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2100 N W Barry Road 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident said he/she is here because he/she needs help and he/she said he/she has not got the help he/she needed;-He/She said it made him/her feel self-conscious and uncomfortable because he/she had not been clean and groomed.</p> <p>During an interview on 02/8/2026 at 11:43 A.M., CNA F said:-Residents should get at least two showers per week or more if needed;-He/She worked with the resident 2 days last week and he/she did not get a shower when he/she worked;-The resident was here for respite care and only here for five days;-He/She would expect the resident to have at least one shower within that time;-The staff helped residents with grooming and shaving;-Residents should be well groomed and dignified;During an interview on 02/11/2026 at 12:18 P.M., LPN H said:-Residents should get at least two showers a week;-The residents can refuse showers;-If a resident refused a shower the staff filled out a form stating when and why the resident refused the shower;-Resident #131 was here only five days but still should have received a shower;-If resident #131 refused there should be a refusal in his/her record;-Residents that request to be shaved should get that help from the staff;-All residents should be well groomed and clean.</p> <p>During an interview on 02/11/2026 at 02:37 P.M., the DON said:-She expected resident's to be offered a shower at least twice per week;-Residents can refuse and there is a refusal form that should be completed;-She would expect Resident #131 to receive a shower during his/her five day stay;-She expected staff to assist residents with shaving if they asked;-Residents should be clean, dry and well groomed.</p> <p>During an interview on 02/11/2026 at 02:45 P.M., the Administrator said:-She expected residents to be offered a shower at least twice per week;-Residents can refuse and there is a refusal form that should be completed;-She expected staff to assist residents with shaving;-Resident should be clean, dry and well groomed.</p> <p>Intake 2708511</p>		