

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175544	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER IGNITE MEDICAL RESORT A PTR OF THE UNIV OF KANSAS		STREET ADDRESS, CITY, STATE, ZIP 3910 RAINBOW BLVD, SUITE 400 KANSAS CITY, KS 66103	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility identified a census of 80 residents. The sample included eight residents. Based on observation, record review, and interviews, the facility failed to fully screen staff for COVID-19 (a potentially life-threatening respiratory virus identified as a Federally Declared National Crisis/Pandemic) to ensure staff were free from signs and symptoms of COVID-19 before reporting to work. The facility also failed to monitor temperatures along with signs and symptoms of respiratory illness for five residents (R1, R2, R3, R4, and R5). This deficient practice placed the residents at risk for transmission and/or development of COVID-19. Findings included: - Upon entering on the first floor of the building staff had a questionnaire form COVID-19 Screening Questionnaire to answer related to COVID-19. Staff temperatures (the degree of internal heat of a person's body) and oxygen saturation (measure of how much oxygen the blood carried as a percentage of the maximum it could carry) are taken and recorded on the form prior to reporting for duty. The forms asked the following questions: Have you or someone you've been in contact with completed travel within the last 14 days to countries or states with sustained community transmission? (Y/N) Have you recently been on a cruise impacted by COVID-19? (Y/N) In the last 14 days, have you been in contact with someone with a confirmed [DIAGNOSES REDACTED]? (Y/N) Have you been exposed to a resident in a facility that has confirmed or suspected COVID-19? (Y/N) Do you have a cough? (Y/N) Do you have a sore throat? (Y/N) Do you have new shortness of breath or difficulty breathing? (Y/N) Do you have vomiting and/or diarrhea? (Y/N) Do you have chills and/or repeated shaking with chills? (Y/N) Do you have muscle pain? (Y/N) Do you have headache? (Y/N) Do you have new loss of taste or smell? (Y/N) *If answered yes to any of the above questions please ask to speak with the Chief Nursing Officer prior to entering the facility. Were you asked by the Chief Nursing Officer to go home. Review of the daily staff screening sheets from 07/13/20 to 07/27/20, revealed on 07/13/20 Therapy GG marked yes that she had a new loss of smell and taste. Therapy GG continued to work for her scheduled shift in the facility that day despite the positive symptom on the screening questionnaire. The form lacked evidence Therapy GG tested positive for COVID-19 two days, on 07/15/20. Review of the daily staff screening sheets from 07/13/20 to 07/27/20, revealed on 07/13/20 Certified Medication Aide (CMA) S had not answered questions concerning having a sore throat and having a cough but had answered yes and no to the question of a new loss of smell and taste. CMA S continued to work her scheduled shift that day despite not answering all questions on the questionnaire. The form lacked evidence the positive symptom was reviewed by designated personnel prior to employee entering care area and/or reporting to work. Review of the daily staff screening sheets from 07/13/20 to 07/27/20, revealed on 07/16/20 Certified Medication Aide (CMA) R marked yes that she had a cough on the screening questionnaire. She had continued to work her scheduled shift. The form lacked evidence the positive symptom was reviewed by designated personnel prior to employee entering care area and/or reporting to work. Review of the daily staff screening sheets from 07/13/20 to 07/27/20, revealed on 07/24/20 Certified Medication Aide (CMA) T marked yes that she had diarrhea, vomiting, headache and muscle pain on the screening questionnaire. She continued to work her scheduled shift on that day. The form lacked evidence the positive symptom was reviewed by designated personnel prior to employee entering care area and/or reporting to work. During an interview on 07/27/20 at 01:09 PM Licensed Nurse (LN) G stated that someone is always supposed to be at the front desk on the first floor to assist the staff with the screening prior to reporting for duty. During an interview on 07/27/20 at 04:38 PM Therapy GG stated that she had marked the question regarding new loss of taste and smell on 07/13/20 incorrectly and was going to correct the answer the next day she worked. She stated that she could not remember who was at the front desk on 07/13/20 or who would have reviewed her screening questionnaire. On 07/15/20 she had felt ill and had stayed home. She was tested on [DATE] which resulted in a positive test for COVID-19. During an interview on 07/28/20 at 09:56 AM with Administrative Nurse D stated that Therapy GG had not treated any one on 07/13/20. She stated that the COVID-19 screening sheet had been reviewed by Licensed Nurse (LN) H. The COVID-19 screening questionnaire sheet and screening had been changed on 07/14/20 to ensure the answers aligned properly with the questions and to ensure daily review of the screening sheets. The facility policy Coronavirus (COVID-19) dated revised June 2020 documented: To prevent the introduction of Respiratory Illness in the facility the following steps should be taken: Ensure employees who are sick stay home; make sure to track call-ins and symptoms on the facility log. Signs and symptoms of COVID-19 may include cough, sore throat, shortness of breath or difficulty breathing, vomiting and/or diarrhea, chills, muscle pain, headache, new loss of taste or smell. The facility failed to ensure staff were fully screened and those with positive signs and symptoms were assessed for COVID-19 prior to entering the resident care area. This deficient practice placed the residents at risk for transmission and/or development of COVID-19.</p> <p>- Review of the electronic medical record (EMR) for Resident (R)1 from 05/29/20 through 06/10/20, and 06/12/20 through 07/16/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. Review of the EMR for R2 from 05/29/20 through 06/05/20, 06/12/20 through 06/27/20, and 06/29/20 through 07/18/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. Review of the EMR for R3 from 05/29/20 to 06/09/20, and 06/11/20 through 07/10/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. Review of the EMR for R4 from 05/29/20 through 06/25/20, 06/29/20 through 07/11/20, and 07/12/20 through 07/21/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. Review of the EMR for R5 05/29/20 through 06/27/20, and 06/29/20 through 07/15/20 20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. On 07/28/20 at 09:54 AM Administrative Nurse D stated that nursing staff charted temperatures in the EMR by exception. Staff only chart a resident's temperature if a resident was showing or have complaints of cough and/or shortness of breath. The nurse on duty should enter a progress note and add the temperature reading in the resident's EMR when they showed COVID-19 signs or symptoms. On 07/28/20 at 11:45 AM Administrative Nurse E stated that there was no order in the resident's EMR for the residents to be screened daily. The temperature/vital signs was only taken daily by the residents that received skilled services or by exception. She would expect the nursing staff to chart in the resident's chart if the resident has any complaint or was feeling abnormal and all vital signs checked. All residents are in isolation and on droplet precautions as of 07/17/20. The Centers for Medicare and Medicaid Services (CMS) and CDC guidance dated 04/02/20 recommended: Long-term care facilities should immediately implement symptom screening for all. In accordance with previous (CMS) guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Facilities should limit access points and ensure that all accessible entrances have a screening station. In accordance with previous CDC guidance, every resident should be assessed for symptoms and have their temperature checked every day. The facility failed to follow the guidelines set by the CDC and CMS for monitoring and assessing residents' respiratory status and temperatures at least daily, which placed the</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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