STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #KS00178881. The 2567 was sent electronically on 03/27/23.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/27/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 1	F 580		

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.
(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

§483.10(g)(15)
Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 64 residents. The sample included three residents. Based on interviews and record review the facility failed to inform Resident (R)1's physician of a change in condition. This placed R1 at risk for health complications due to delayed physician involvement or uncommunicated care needs.

Findings included:

- R1's Electronic Medical Record (EMR) under the "Diagnosis" tab listed diagnoses of sepsis (a systemic reaction that develops when the chemicals in the immune system release into the blood stream to fight an infections which cause inflammation throughout the entire body instead. Severe cases of sepsis can lead to the medical emergency, septic shock), acute respiratory failure, chronic pulmonary edema (accumulation of extravascular fluid in the lung tissues), acute

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 2	F 580		

chronic diastolic heart failure (a condition in which your heart's main pumping chamber becomes stiff and unable to fill properly), and hypertension (elevated blood pressure).

The "Five Day Minimum Data Set" (MDS), dated 03/06/23, recorded a Brief Interview for Mental Status (BIMS) score of 14 which indicated intact cognition. R1 required limited assistance of one staff member with transfers, locomotion on the unit, dressing, and toilet use. R1 required supervision of one staff member for bed mobility, eating and personal hygiene.

The "Care Plan" lacked direction related to medication orders or when to notify the physician.

Review of the "Vitals Tab: Blood Pressure (BP)" documented the following:

02/28/23 02:06 PM	162/98 millimeters of Mercury (mmHg)
02/28/23 06:11 PM	206/113 mmHg
03/01/23 09:33 AM	179/114 mmHg
03/01/23 03:37 PM	170/111 mmHg
03/02/23 09:49 AM	227/118 mmHg
03/02/23 05:34 PM	158/118 mmHg
03/03/23 11:24 AM	159/81 mmHg
03/03/23 05:00 PM	158/93 mmHg
03/04/23 07:10 AM	189/80 mmHg
03/04/23 04:34 PM	166/92 mmHg
03/05/23 12:12 AM	154/78 mmHg
03/05/23 08:25 AM	217/123 mmHg
03/05/23 03:05 PM	185/104 mmHg
03/05/23 09:39 PM	150/90 mmHg
03/06/23 09:06 AM	182/112 mmHg

The "Daily Skilled Note" dated 03/01/23 at 03:13 AM documented R1 had a BP of 170/111 mmHg. The note further documented R1's vital signs did

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 3	F 580		

not show any fluctuations from baseline that required intervention.

The "Physician Progress Note" dated 03/01/23 at 09:50 AM documented the medications, history and physical, and hospital records were reviewed. R1 had no acute conditions noted at that time. R1 reported increasing weakness. Physical exam revealed R1 had a BP of 206/113 mmHg. Verbal orders were given to continue all diet/fluids orders, mobility, weight-bearing status orders, medication orders, and follow up appointment orders as prescribed by the hospital.

The "Nursing Note" dated 03/02/23 at 05:56 PM documented R1 reported nursing staff had not listened to his lungs with a stethoscope or completed a head-to-toe assessment since he admitted to the facility. The unidentified Licensed Nurse (LN) completed a full head to toe assessment with a full set of vital signs. R1's BP was 158/102 mmHg. The note lacked evidence of physician notification related to the elevated BP.

The "Physician Admission Progress Note" dated 03/03/23 at 04:01 PM documented R1 had no acute conditions at that time. R1 reported increase in weakness. Nursing staff were directed to continue medications and plan of care and report changes in condition for R1. Verbal orders were given to continue all diet/fluids orders, mobility, weight-bearing status orders, medication orders, and follow up appointment orders as prescribed by the hospital.

The "Progress Notes" lacked further evidence of physician notification of R1's elevated blood pressures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 4 On 03/20/23 at 01:34 PM Administrative Nurse E stated that if a resident had a blood pressure that was elevated, she would call the physician and get some orders related to the blood pressure being abnormal. Administrative Nurse E further stated the resident might need a one-time dose or an as needed medication ordered related to elevated blood pressure but that would be up to the physician. On 03/20/23 at 2:20 PM Administrative Nurse D stated that elevated blood pressures needed to be reported to the physician. Administrative Nurse D revealed that elevated blood pressure would be anything above 160/90 mmHg. She further revealed that if the diastolic blood pressure (minimum level of blood pressure measured between contractions of the heart; the bottom number of a blood pressure reading) was above 100 it definitely needed to be called to the physician. The facility failed to provide a policy for physician notifications. The facility failed to notify the physician when R1 had elevated diastolic blood pressures and systolic blood pressure (blood pressure when the heart is contracting) during R1's seven day admission to the facility. This placed R1 at risk for health complications due to delayed physician involvement or uncommunicated care needs.	F 580		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 5	F 760		

This REQUIREMENT is not met as evidenced by:
The facility identified a census of 64 residents. The sample included three residents reviewed for medication errors. Based on interview and record review, the facility failed to prevent a significant medication error when the facility failed to administer medications as ordered by the physician for Resident (R)1 who had elevated blood pressures (BP). This deficient practice placed R1 at increased risk for cardiac complications and/or high blood pressure

Findings included:

- R1's Electronic Medical Record (EMR) under the "Diagnosis" tab listed diagnoses of sepsis (a systemic reaction that develops when the chemicals in the immune system release into the blood stream to fight an infections which cause inflammation throughout the entire body instead. Severe cases of sepsis can lead to the medical emergency, septic shock), acute respiratory failure, chronic pulmonary edema (accumulation of extravascular fluid in the lung tissues), acute chronic diastolic heart failure (a condition in which your heart's main pumping chamber becomes stiff and unable to fill properly), and hypertension (elevated blood pressure).

The "Five Day Minimum Data Set" (MDS), dated 03/06/23, recorded a Brief Interview for Mental Status (BIMS) score of 14 which indicated intact cognition. R1 required limited assistance of one staff member with transfers, locomotion on the unit, dressing, and toilet use. R1 required supervision of one staff member for bed mobility, eating and personal hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 6	F 760		

The "Care Plan" lacked direction related to medication orders or when to notify the physician.

Review of the "Hospital Discharge Orders" dated 02/28/23 at 11:44 AM documented the following orders:
Aspirin 81 milligrams (mg) by mouth daily.
Carvedilol (medications used to treat hypertension) 25 mg by mouth twice a day.
Hydralazine (medications used to treat hypertension) 100 mg by mouth twice a day.
Isosorbide mononitrate extended release (medications used to treat hypertension) 120 mg by mouth daily.
Lisinopril (medications used to treat hypertension) 40 mg by mouth daily.

Review of the "Pharmacy Shipping Manifest" dated 02/28/23 at 07:19 PM documented the facility received Carvedilol 25 mg tablets 28 tablets in total for R1. The manifest was signed by an unidentified (illegible) staff member on 02/28/23 verifying receipt.

The "Orders" tab documented the following orders:
Aspirin enteric coating (EC) tablet delayed release 81 mg give one tablet by mouth one time a day ordered 02/28/23.
Hydralazine HCL oral tablet 100 mg give one tablet by mouth twice a day ordered 02/28/23.
Isosorbide Mononitrate extended release (ER)120 mg give one tablet by mouth daily ordered 02/28/23.
Lisinopril tablet 40 mg give one tablet by mouth daily, hold for BP less than 110 or pulse less than 60 ordered 02/28/23.

R1's clinical record lacked evidence staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 7	F 760		

transcribed, and administered, the Carvedilol as ordered.

Review of the "Vitals Tab: BP" documented the following:

02/28/23 02:06 PM	162/98 millimeters of Mercury (mmHg)
02/28/23 06:11 PM	206/113 mmHg
03/01/23 09:33 AM	179/114 mmHg
03/01/23 03:37 PM	170/111 mmHg
03/02/23 09:49 AM	227/118 mmHg
03/02/23 05:34 PM	158/118 mmHg
03/03/23 11:24 AM	159/81 mmHg
03/03/23 05:00 PM	158/93 mmHg
03/04/23 07:10 AM	189/80 mmHg
03/04/23 04:34 PM	166/92 mmHg
03/05/23 12:12 AM	154/78 mmHg
03/05/23 08:25 AM	217/123 mmHg
03/05/23 03:05 PM	185/104 mmHg
03/05/23 09:39 PM	150/90 mmHg
03/06/23 09:06 AM	182/112 mmHg

On 03/20/23 at 12:40 PM Administrative Nurse D stated that when a resident admitted to the facility the nurses had to fill out a checklist to assure everything was done that was required. Administrative Nurse D further stated that the checklist was then turned in to be reviewed by a second nurse.

On 03/20/23 at 01:34 PM Administrative Nurse E stated that when a resident admitted to the facility the facility faxed a preliminary list of the discharged residents medications to the pharmacy. She further stated that once the orders were entered into the medication administration record, that was also faxed to the pharmacy. Administrative Nurse E revealed that the floor nurse that worked when a resident was admitted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175548	A. BUILDING _____ B. WING _____	C 03/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF KANSAS CITY	8900 PARALLEL PARKWAY KANSAS CITY, KS 66112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 8	F 760		

was the person responsible to enter the orders from the hospital into the system; the double check system for the orders occurred when the checklist was provided to either the Administrative Nurse D or Administrative Nurse E. Administrative Nurse E further revealed that the admissions were discussed in the morning meeting.

On 03/20/23 at 2:20 PM Administrative Nurse D stated that the missing Carvedilol should have been caught on the audits or second checks. She said she expected the nurses to catch medication errors and similar issues with the use of the admission checklist audit. Administrative Nurse D stated she identified the facility's double check system had some issues and the facility hired a staff member specifically to assist with auditing admissions and medication orders.

The facility failed to produce a reconciliation of medications policy.

The facility failed to enter a Carvedilol order when R1 was admitted to the facility which resulted in a medication error. This placed R1 at increased risk for cardiac complications and high blood pressure.