STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175281	A. BUILDING _____ B. WING _____	C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF KANSAS CITY	3231 N 61ST STREET KANSAS CITY, KS 66104

(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 #KS00187112 and KS00186947. The 2567 wa sent electronically on 04/26/24.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: The facility identified a census of 63 residents. The sample included four residents. Based on observation, interview, and record review, the facility failed to accurately and thoroughly complete Minimum Data Sets (MDS) for Resident (R) 1. This placed the resident at risk for unidentified care needs. Findings included: - R1's Electronic Medical Record (EMR), under the "Diagnosis" tab, recorded diagnoses of traumatic subdural hemorrhage (a condition due to bleeding under the membrane covering the brain), respiratory failure (a condition where there is not enough oxygen or too much carbon dioxide in your body), convulsions (involuntary series of contractions of a group of muscles), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). The "Annual MDS" dated 05/17/23 documented a Brief Interview for Mental Status (BIMS) score of	F 641		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/26/2024

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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F 641	Continued From page 1	F 641		

12 which indicated moderately impaired cognition. R1 was independent with activities of daily living (ADL). R1's oral and dental status documented there were no dental concerns noted.

The "Dental Care Area Assessment" (CAA) dated 05/17/23 did not trigger.

The "Quarterly MDS" dated 08/17/23 lacked documentation of a BIMS performed by R1 or a staff assessment. R1's oral and dental status was not addressed on the MDS.

The "Quarterly MDS" dated 11/17/23 documented a BIMS score of 11 which indicated moderately impaired cognition. R1's oral and dental status was not addressed on the MDS.

The "Quarterly MDS" dated 02/16/24 documented R1 was rarely understood, and per staff interview, R1 had short- and long-term memory problems. R1 was independent of ADLs. R1's oral and dental status was not addressed on the MDS.

R1's "Oral Assessment" completed by a dental vendor dated 04/03/23, under the "Misc" tab, recorded R1 had probable extensive decay, and moderate inflammation, and R1 stated all his top teeth hurt. Additional notes documented that two unidentified licensed nurses (LN) stated that R1 complained of tooth pain often and asked if the dental services could see him. The assessment documented R1 stated that all his upper teeth hurt. R1 appeared non-emergent at that time, but R1 was directed to let staff know if he started to have pain that kept R1 awake at night. R1 was to seek an appointment with an offsite dentist if the pain worsened.

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F 641	Continued From page 2 On 04/15/24 at 11:23 AM R1 lay in bed with his blankets pulled up to his chin. R1 appeared with a flat affect. R1 stated he told the nurses all the time that his teeth hurt. R1 then pointed at the front of his mouth and stated his front teeth hurt and the doctor was aware that his teeth hurt. R1 revealed his teeth were hurting at the time of the interview. On 04/15/24 at 12:00 PM Administrative Nurse E stated she usually went and asked the resident for the oral and dental status. Administrative Nurse E stated it could be tricky if a resident refused to open up his or her mouth. Administrative Nurse E stated she tried to talk with a resident if there was pain, trouble swallowing, or a concern with their teeth. Administrative Nurse E revealed she asked R1 about his oral and dental status, but R1 failed to answer and refused to open his mouth. Administrative Nurse E stated that she should have reviewed the "Oral Assessment" in R1's EMR under the "Misc" tab but failed to look for any documentation related to R1's teeth. Administrative Nurse E stated she should have marked R1's assessment as not assessed instead of leaving the area blank or documenting no issues. The facility stated they used the Resident Assessment Instrument (RAI) Manual for MDS direction and policy. The facility failed to develop an accurate and thorough MDS assessment related to R1's oral status. This placed the resident at risk for unidentified care needs.	F 641		
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs	F 791		

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F 791	Continued From page 3 CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay; §483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and	F 791		

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F 791	Continued From page 4	F 791		

§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 63 residents. The sample included three residents reviewed for dental services. Based on record review, interview, and observation, the facility failed to identify and respond to Resident (R)1's dental needs which resulted in tooth pain and untreated dental issues. This deficient practice placed R1 at risk for pain and other complications related to dental issues.

Findings included:

- R1's Electronic Medical Record (EMR), under the "Diagnosis" tab, recorded diagnoses of traumatic subdural hemorrhage (a condition due to bleeding under the membrane covering the brain), respiratory failure (a condition where there is not enough oxygen or too much carbon dioxide in your body), convulsions (involuntary series of contractions of a group of muscles), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).

The "Annual Minimum Data Set" (MDS) dated 05/17/23 documented a Brief Interview for Mental Status (BIMS) score of 12 which indicated intact cognition. R1 was independent with activities of daily living (ADL). R1's oral and dental status documented there were no dental concerns noted.

The "Dental Care Area Assessment" (CAA) dated

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F 791	Continued From page 5	F 791		

05/17/23 did not trigger.

The "Quarterly MDS" dated 02/16/24 documented R1 was rarely understood, and per staff interview, R1 had short- and long-term memory problems. R1 was independent of ADLs. R1's oral and dental status was not addressed on the MDS.

R1's "Care Plan" initiated 05/12/22 documented that R1 was independent with ADLs but may need stand-by assistance of supervision at times.

R1's "Care Plan" lacked interventions related to dental care and dental monitoring.

R1's "Oral Assessment" completed by the dental vendor dated 04/03/23, under the "Misc" tab, recorded R1 had probably extensive decay, and moderate inflammation, and R1 stated all his top teeth hurt. Additional notes documented that two unidentified licensed nurses (LN) stated that R1 complained of tooth pain often and asked if the dental services could see him. The assessment documented R1 stated that all his upper teeth hurt. R1 appeared non-emergent at that time, but R1 was directed to let staff know if he started to have pain that kept R1 awake at night. R1 was to seek an appointment with an offsite dentist if the pain worsened.

A review of R1's assessments under the "Assessments" tab lacked oral assessments from 01/01/23 to 04/15/24.

A review of R1's clinical record lacked evidence facility staff followed up on the dental concerns and needs identified on 04/03/23.

R1's "Plan of Care Progress Note" dated

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F 791	Continued From page 6	F 791		

04/12/24 at 12:42 PM documented the social worker scheduled a dental visit with the dentist on 04/15/24 at 07:00 AM. R1 would have a Certified Nurse Aide (CNA) escort attending the appointment with him.

On 04/15/24 at 11:23 AM R1 lay in bed with his blankets pulled up to his chin. R1 appeared with a flat affect. R1 stated he told the nurses all the time that his teeth hurt. R1 then pointed at the front of his mouth and stated his front teeth hurt and the doctor was aware that his teeth hurt. R1 revealed his teeth were hurting at the time of the interview.

On 04/15/24 at 11:28 AM LN G stated that R1 had never complained of pain and ate his food with no issues. LN G stated that R1's appointment at the dentist was an emergency but LN G did not know what the emergency was.

On 04/15/24 at 02:18 PM Administrative Nurse D stated she did not see R1's dental assessment done in April 2023 until recently. Administrative Nurse D stated that R1 had not reported any oral pain that she was aware of. Administrative Nurse D stated the dentist came to the facility for monthly cleaning for residents.

The facility's "Dental Services" policy reviewed on 08/23/23 documented that the facility was responsible for assisting the resident in obtaining needed dental services, including routine dental services. The facility would provide or obtain from an outside resource routine and emergency dental services to meet the needs of each resident.

The facility failed to identify and respond to R1's

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F 791	Continued From page 7 oral needs which resulted in tooth pain and untreated dental issues. This deficient practice placed R1 at risk for pain and other complications related to dental issues.	F 791		