STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175236	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hutchinson Operator, LLC	2301 N Severance Street Hutchinson, KS 67502

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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43204 The facility identified a census of 42 residents with three residents reviewed for code status. Based on interviews and record review, the facility failed to ensure staff provided cardiopulmonary resuscitation (CPR) to Resident (R) 1, who desired resuscitative measures indicated by her full code status. At 05:20 PM on [DATE] Licensed Nurse (LN) G left R1's room to obtain a breathing treatment for R1. Before she could return to the room, Certified Medication Aide (CMA) R told LN G that R1's spouse reported R1 was unresponsive. LN G assessed R1 and noted a weak apical pulse. LN G asked R1's spouse if he wanted staff to start CPR and R1's non-DPOA spouse nodded and confirmed that was what R1 wanted. R1's spouse then recanted and told staff not to start compressions. At 05:29 PM R1 had no heartbeat but staff did not initiate resuscitative measures despite her full code status. This deficient practice placed R1 and all 22 residents with full code status in immediate jeopardy. Findings included: - R1's Electronic Medical Record (EMR) documented R1 had diagnoses of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), lymphedema (swelling caused by accumulation of lymph), heart failure congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), and hypertension (high blood pressure). The Admission Minimum Data Set (MDS), dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderately impaired cognition. The MDS documented R1 required maximum assistance for toileting, bathing, dressing, bed mobility, and transfer. The MDS documented R1 required continuous oxygen and a non-invasive mechanical ventilator (Trilogy machine - bilevel positive airway pressure BiPAP-medical device which helps with breathing). The Cognitive Loss/Dementia Care Area Assessment (CAA), dated [DATE], documented R1 had orientation, memory, and recall deficits. The care plan would be initiated to improve R1's cognitive status, activity of daily living (ADLs) status, and mobility. The Functional Ability CAA, dated [DATE], documented R1 required assistance with ADLs, had impaired balance and transition during transfers, and functional impairment in activity. R1's care plan would be initiated to improve her current ADL status and functional abilities. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175236	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hutchinson Operator, LLC	2301 N Severance Street Hutchinson, KS 67502

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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	R1's Care Plan, dated [DATE], documented R1 requested that CPR measures be performed and R1 was a full code. The care plan documented the facility staff would respect R1's wishes and rights to have CPR performed. The care plan directed staff to communicate R1's choice to all appropriate staff members, continue to administer ordered medications and treatments per physician's orders, follow the instructions as detailed in the Advanced Directives and/or Living Will, and initiate CPR when appropriate and continue until paramedics arrive to take over. R1's banner on her EMR page showed R1 was a full code. The Physician's Order, dated [DATE], documented R1 was a full code. The Full-Code Resuscitate Directive, dated [DATE], documented R1 understood that Code meant that if her heart stopped beating or if R1 stopped breathing, medical procedures to restart R1's breathing or heart functioning would be instituted. The request documented R1 understood this decision would not prevent her from obtaining other medical care by care providers or medical care directed by a physician prior to R1's death. The directive documented the code directive would remain in effect while R1 was admitted to a medical care facility or care home as well as during transport to or from a home or facility. The directive was signed by R1 with a witness declaration of the said signage and was signed by the attending physician. The Nursing Progress Note, dated [DATE] at 02:10 AM, documented the nurse entered R1's room to administer her nebulizer treatments and R1 appeared to be short of air and used accessory muscles to breathe. R1's oxygen saturation was 68% on the Trilogy with two liters (L) of oxygen. R1's oxygen was increased to 3L and R1's oxygen saturation increased to 72%. R1's lung sounds had rhonchi (low-pitched continuous lung sounds that are caused by fluid in the respiratory system), crackles (discontinuous and explosive sounds that can be heard in the lungs of someone with respiratory disease when they inhale), and wheezes (a high-pitched whistling or rattling sound that occurs when air moves through narrowed airways in the lungs). Staff notified R1's provider of R1's condition at 09:30 PM and orders were received to send R1 to the emergency room . Staff called Emergency Medical Staff (EMS) at 09:32 PM. At 09:40 PM, EMS arrived at the facility. R1's oxygen saturation had increased to ,d+[DATE]% with the Trilogy using 3L of oxygen. EMS evaluated R1. R1 and her spouse decided not to go to the emergency room . At 09:52 PM, EMS left the facility. At 09:53 PM, staff notified R1's provider of R1's choice not to go to the emergency room . The provider directed the nurse to watch R1 and if R1 changed her mind and wanted to go to the emergency room then she had the order to send. The Nursing Progress Note, dated [DATE] at 08:51 AM, documented R1 struggled with air hunger at 07:00 AM. R1's oxygen saturation fluctuated from 67% to 90% on the Trilogy with respirations between 20 to 24 breaths per minute. The Trilogy foam filter was checked and cleaned. R1 received treatments by mask to help with breathing issues. R1's spouse went home to get new filters for the Trilogy. Staff administered lorazepam (medication to help relieve anxiety) to R1 at 07:45 AM. R1's oxygen saturations stabilized between ,d+[DATE]% with respirations between 14 to 17 breaths per minute. R1 rested easier with the Trilogy machine on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175236	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hutchinson Operator, LLC	2301 N Severance Street Hutchinson, KS 67502

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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The Nursing Progress Note, dated [DATE] at 07:40 PM, documented R1 had been resting throughout the day with the Trilogy mask except during her respiratory therapy treatments. R1's spouse was by R1's side most of the day. LN G asked R1's spouse if he was okay with R1 resting with her Trilogy here at the facility and informed the spouse this is what the hospital would do for R1 if she was there. R1's spouse was okay with how R1 was being cared for at the facility. At approximately 05:15 PM, LN G went in to check on R1 and see if R1's spouse wanted R1 to do her respiratory therapy treatment that was due and R1's spouse said Okay. R1's oxygen saturation was 85%. LN G left to get R1's respiratory treatments. At approximately 05:20 PM, LN G was headed back to R1's room when CMA R came around the corner and stated R1 was not responding. LN G went back to R1's room and sent CMA R to get a stethoscope so LN G could listen for a heartbeat. R1's heartbeat was very weak. LN G asked R1's spouse if he wanted staff to start chest compressions. R1's spouse said, That is what she wanted. R1's spouse then paused for a moment and stated, No, do not start compressions. LN G clarified with R1's spouse a couple of times. The note documented that compressions were not attempted. Staff notified Administrative Nurse D and R1's provider at approximately 05:29 PM that R1 was without a heartbeat. Staff then notified Administrative Staff A. Physician GG's Physician Progress Note, dated [DATE], documented the provider was notified of R1's death over the weekend. R1 had end-stage cardiac disease as well as end-stage hypoxic (insufficient oxygen) respiratory failure due to severe COPD. R1 had multiple hospitalization s in recent months for exacerbations of her respiratory failure, which indicated R1's prognosis was very poor. Despite aggressive interventions, R1 continued to decline. The provider documented that during R1's final day, R1 deteriorated quickly, and she did not wish to return to the hospital. R1 quickly declined and died . Given R1's end-stage disease and inevitable death that was rapidly approaching, there was no medical indication to perform advanced cardiac life support (ACLS-refers to a set of clinical guidelines established by the American Heart Association for the urgent and emergent treatment of cardiac arrest using advanced medical procedures, medications, and techniques) since there was no probability of changing the inevitability of R1's death on that day. Physician GG documented that performing chest compressions could have indeed caused R1 suffering. The note documented that R1's spouse appropriately requested no chest compressions despite R1's full code status and there was no rationale for performing CPR if R1 did not want to be hospitalized again. Consultant GG noted that per ACLS protocols, it was not appropriate to perform chest compressions when there was no probability of success. The note documented that attention to R1's peaceful passing was the medically appropriate approach. A review of LN G's CPR certification documented LN G had an active basic life support (BLS) CPR certification. On [DATE] at 10:45 AM, Certified Nurse Aide (CNA) M stated there was no physical sign in resident's rooms to distinguish which residents were full code and which residents were do not resuscitate (DNR). CNA M stated staff had to check the resident's EMR to find out the resident's code status. On [DATE] at 11:15 AM CMA R stated R1's spouse came out of R1's room and stopped her and told her R1 was not breathing. CMA R stated she knew R1 was a full code and that was why she got LN G. CMA R stated it happened during supper meal pass and she ran and got the crash cart and stopped the Certified Nurse Aides (CNAs) from delivering meals and told them all hands-on deck in R1's room. CMA R stated she felt really bad for not providing CPR to R1 because it was R1's wish to be a full code. CMA R said she followed the chain of command. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175236	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hutchinson Operator, LLC	2301 N Severance Street Hutchinson, KS 67502

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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On [DATE] at 11:30 AM, LN G stated she asked R1's husband what he wanted LN G to do, start compressions or not. At first, R1's husband said to start compressions and then he told her to not start compressions. LN G stated she verified with R1's husband several times he did not want staff to start compressions, so staff did not start compressions. On [DATE] at 11:00 AM, Administrative Nurse D stated that she expected the staff at the facility to follow the resident's code status if a resident was found unresponsive. Administrative Nurse D stated CPR was not initiated on R1 because her husband said not to start compressions and LN G tried to keep her comfortable during the dying process. Administrative Nurse D stated R1 did not want to go to the hospital the previous night when she was having breathing difficulty. Administrative Nurse D stated there were twenty-two residents out of forty-two residents that were full code. Administrative Nurse D stated the facility had nineteen staff at the facility who were CPR-certified, and the scheduler always made sure CPR-certified staff were on shift. The facility's Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) Policy, revised ,d+[DATE], documented that the community staff, certified in CPR, will provide basic life support, including CPR, to a resident requiring such an emergency prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advanced directives. Staff certified in CPR will be available 24 hours a day. This is posted in the community. Verify the presence of advanced directives regarding CPR upon admission per policy. If the CPR order is missing or the resident's wishes are different from the admission order, notify the physician immediately to update such order and document it in the medical record. If CPR is to be withheld, or awaiting the physician's order, document discussions with the resident or their representative, including as needed the wish to withhold CPR. Verbal declination of CPR by the resident or representative should be witnessed by two staff members or per state directives. While waiting on a change in a physician's order, the current order will be honored. If an individual is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR unless: It is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; or There are obvious signs of irreversible death (e.g., rigor mortis, lividity) then initiate CPR. On [DATE] at 12:58 PM, Administrative Staff A received a copy of the Immediate Jeopardy Template and was informed the facility failure to ensure staff provided CPR to R1, who desired resuscitative measures indicated by her full code status, placed R1 and all 22 residents with full code status in immediate jeopardy. The facility submitted an acceptable plan to remove the immediacy on [DATE] at 03:26 PM which included the following corrective actions: Current nursing staff were re-educated on initiating the current code status. When a resident is declining, review the code status with the resident and/or DPOA and if changes are desired, notify the provider. Educated current nurses to initiate advance directives as ordered until new orders are obtained from the provider. Current residents were audited and updated as needed for desired code status. Current residents' code statuses were audited for validation of code status. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175236	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hutchinson Operator, LLC	2301 N Severance Street Hutchinson, KS 67502

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 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On [DATE], an onsite survey verified the facility completed the above corrective actions to remove immediacy. The deficient practice remained at a scope and severity of G.