STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245114	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony River Living Center	1555 Sherwood Street Southeast Hutchinson, MN 55350

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 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure medications were administered according to physician orders for 1 of 3 residents (R1) reviewed for significant medication errors. This failure resulted in actual harm when R1 did not receive twelve doses of a medication for treatment of congestive heart failure and subsequently required a two-day hospitalization. The facility implemented appropriate corrective action prior to the onsite investigation; therefore, the deficiency is being cited at past non-compliance. Findings include:R1's admission Minimum Data Set, dated [DATE], identified diagnoses of congestive heart failure (CHF) and renal insufficiency, R1 used diuretic medications (helps the body get rid of excess water).R1's care plan initiated 8/5/25, indicated R1 had an alteration in cardiovascular status related to atrial fibrillation (irregular heartbeat), CHF, and high blood pressure with a goal to receive medication per physician orders. Interventions included to observe for electrolyte imbalance which may include weak pulse, changes in cognition, changes in blood pressure.R1's Order Summary Report, with active orders, dated 9/1/25, directed staff to administer one Bumex three milligram (mg) tablet to R1 two times a day related to chronic diastolic (congestive) heart failure and four potassium chloride ten milliequivalents (MEQ) tablets two times a day for hypokalemia (low potassium).R1's September 2025 Medication Administration Record (MAR) identified an order was entered on 7/28/25, for Bumex oral tablet and directed to give 3 mg by mouth two times a day related to chronic diastolic (congestive) heart failure. The Bumex was scheduled daily at morning and at noon. The MAR revealed that the facility did not administer Bumex to R1 starting with the noon dose (second dose) on 9/10/25 continuing until the 9/16/25 noon dose due to the medication not being available. R1 missed 13 doses of Bumex. The facility continued to administer the potassium as ordered by the physician. According to Mayoclinic.org, Bumex is given to help treat fluid retention (edema) and swelling that is caused by congestive heart failure, liver disease, kidney disease, or other medical conditions. The medicine may cause you to lose more potassium from your body than normal. Your doctor would monitor the potassium in your blood while you are on this medicine.According to the American Heart Association, www.heart.org, hyperkalemia is defined as too much potassium in your blood. Severe cases can cause abnormal heart rhythms and need emergency treatment.R1's progress notes identified the following:9/11/25 at 9:27 a.m., there was no supply of Bumex and would call pharmacy.9/12/25 at 9:17 a.m., Bumex not available.9/14/25 at 1:32 a.m., R1 complains of SOB (shortness of breath), feeling nauseated, restlessness, confusion, and agitation.9/14/25 at 3:04 a.m., R1 complaining of feeling short of breath, feeling nauseous, noted to have mild expiratory wheezes, and using accessory muscles upon return to bed. Charge nurse updated on resident condition.9/14/25 at 7:45 a.m., R1 complaining that she could not breath and requesting to see a doctor R1 appeared very anxious. Supplemental oxygen was applied to R1 and seemed to help. R1's family member was notified.9/14/25, at 11:47 a.m., Bumex not available.9/15/25 at 10:40 a.m., physician notified and indicated R1 needed evaluation in urgent care or ER (emergency room). R1's family declined transfer at that time and will notify of any changes.9/15/25 at 12:28 p.m., physician requested facility's rounding physician evaluate R1 on 9/16/25.9/16/25 at 2:49 a.m., R1 was exhibiting increased confusion, weakness, and muscle movement while asleep. R1 was not at previous baseline and would be seen that day by a physician.9/16/25 at 6:48 a.m., Bumex not available-follow up pharmacy and nurse notified.9/16/25 at 1:23 p.m., physician saw R1 regarding weight increase and increased SOB. New orders to give Bumex 3 mg today when it arrives then continue BID (twice daily) dosing. Labs ordered.9/16/25 at 4:25 p.m., physician order note lab results received. On-call physician notified of critical potassium level and advised to send to ER. Faxed to primary physician.9/16/25 at 5:10 p.m., telephone order received by physician to send to the ER. R1's progress note lacked evidence the physician was notified of the unavailability of Bumex for administration to R1 until 9/16/25.R1's Lab Communication dated 9/16/25 at 5:58 p.m., identified R1 had a critical high potassium level of 7.4 mmol/L (Ref. (reference) range: 3.5 -5.1.R1's Physician Order dated 9/16/25, ordered to send R1 to the ER due to critical K (potassium) level of 7.4 today.R1's Hospital Progress Note dated 9/18/25 at 8:41 a.m., identified R1 was admitted for acute and chronic CHF and hyperkalemia. R1 had not received her Bumex dose for the last five (5) days; however, had received her potassium as ordered. Acute hyperkalemia management on admission. Required fluid bolus of 500 cc's (cubic centimeters) the first night for somnolence (abnormal drowsiness) and hypotension (low blood pressure).R1's Hospital Discharge Summary indicated R1 had a ten-pound weight gain over the past month and was having