

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Wilshire at Lakewood Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 N E Meadowview Drive Lees Summit, MO 64064	

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)
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>(continued on next page)</p>

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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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one sampled resident's (Resident #147) physician's order for no cardiopulmonary resuscitation (CPR - any medical intervention used to restore circulatory and/or respiratory function that has ceased) was followed when the resident was found not breathing and having no heart beat out of 31 sampled residents. The facility census was 122 residents.1. The Administrator was notified on [DATE] of past non-Compliance which occurred on [DATE]. The facility had completed an internal investigation and had in-serviced all staff on [DATE]. The past non-compliance was corrected on [DATE]. Review of the facility Cardiopulmonary Resuscitation (CPR) policy dated [DATE], showed:-CPR is instituted (started) in cases of recognized cardiac arrest (the heart has stopped) and/or pulmonary arrest (breathing has stopped) to sustain or support a resident's cardiac and/or breathing function until medical emergency personnel are available to take over the resuscitation efforts.-CPR is instituted on all residents except those designated as No Code or No CPR. Review of Resident #147's physician order dated [DATE] showed:-Do not resuscitate (DNR - a medical order issued by a physician or other authorized non-physician practitioner that directs healthcare providers not to administer CPR in the event of cardiac or respiratory arrest.Review of the resident's licensed nurse progress note dated [DATE] showed:-At approximately 4:00 A.M. on [DATE] the licensed nurse making rounds found the resident in his/her room not breathing and without a pulse.-The licensed nurse yelled Code Blue (an announcement that an adult is having a medical emergency, usually cardiac or respiratory arrest) and for help to come.-CPR was started.-911 was called.-Emergency Medical Services (EMS) arrived at the facility at approximately 4:20 A.M. Review of the resident's Fire Department Prehospital Care Report dated [DATE], showed:-Emergency Medical Services (EMS -a system of pre-hospital care and transport for patients with urgent medical needs) was dispatched to the facility at 4:22 A.M. on [DATE]/ 2024 for a resident having cardiac arrest and not breathing with CPR in progress. cardiac arrest-The resident's medical history was obtained from facility health care personnel.-The resident had cardiac arrest (his/her heart was not beating) and respiratory arrest (he/she was not breathing).-He/she had no advance directives.-On arrival, EMS found the resident unresponsive, lying on his/her back with his/her face and torso pointing up on his/her bed (NOTE: For chest compressions to be effective, they must be delivered with enough force to compress the chest by at least 2 inches (5 cm) for adults. When performed on a soft, flexible surface like a bed mattress, a significant amount of the force is absorbed by the surface, preventing adequate chest compression.)-Facility staff reported CPR had been started approximately 15 minutes before EMS arrival.-The resident was pale, with lividity (the bluish-purple discoloration of skin after death) starting to form on the dorsal (back) side of his/her arms, near his/her shoulders.-He/she was not breathing, rigor (stiffness that occurs shortly after death) was absent and he/she was warm to touch.-His/her eyes were non-reactive (the pupils did not change size in response to light - a sign of serious neurological damage in the brain stem that controls automatic body functions of breathing, heartbeat and blood pressure).-His/her breastbone was soft and flexible, in conjunction with CPR.-Facility staff reported the resident to be a full code (a healthcare directive indicating that all life-saving measures, such as CPR, should be used if a patient's heart stops beating or they stop breathing) and were in the process of contacting the resident's family upon EMS arrival.-Chest compressions were immediately taken over by EMS; pulse and breathing were found to be absent.-EMS moved the resident from his/her bed to the floor and continued chest compressions.-An oropharyngeal airway (ORA - a medical device used to maintain an open airway in persons who are unconscious or have difficulty breathing) was inserted and Bag-valve-mask (BVM - ventilation is a manual resuscitation technique that provides positive pressure ventilation to patients with inadequate or absent breathing) ventilation was initiated.-A nasal capnography was also placed (a non-invasive technique that monitors ventilation and airway integrity during procedures and critical care measures).-He/she was placed on a heart monitor and was found to be in asystole (the most serious form of cardiac arrest when the heart's electrical system fails entirely, which causes the heart to stop pumping and is usually irreversible); throughout EMS care, he/she never left asystole.-Possible Intravenous (IV) access was not found; intraosseous (IO - vascular access procedure used in emergencies to provide rapid, temporary access to the blood stream by inserting a needle into bone marrow allowing administration of fluids and medications). -The [NAME] device (a mechanical device that provides consistent and high-quality chest compressions during CPR) was placed -Epinephrine (a medication used to increase blood flow to the heart</p>		