STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175541	A. BUILDING _____ B. WING _____	C 11/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALLGRASS CREEK, INC	13760 METCALF AVENUE OVERLAND PARK, KS 66223

(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 #KS00135518.	F 000		
F 678 SS=D	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: The facility reported a census of 41 residents. The sample included 3 residents. Based on interview and record review, the staff failed to confirm 1 (#1) of 3 residents rights in self-determination regarding his/her desire to not have cardiopulmonary resuscitation (CPR) (a life-saving medical procedure that consists of chest compressions to allow oxygenated blood to circulate to vital organs, such as the brain and heart and artificial ventilation) when the resident became unresponsive and CPR was initiated, which was against the residents preference. Findings included: - The resident's closed Electronic Medical Record (EMR) listed diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and hypertension (elevated blood pressure). The Minimum Data Set (MDS) dated 10/26/18 documented a Brief Interview for Mental Status	F 678		

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

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 678	Continued From page 1	F 678		

(BIMS) score of 6, which indicated a severe cognitive impairment. He/she required extensive staff assistance for Activities of Daily Living (ADLs).

The cognitive Care Area Assessment (CAA) dated 10/26/18 documented the resident was alert and oriented with intermittent confusion and could make his/her needs known. The ADL CAA dated 10/26/18 documented he/she required extensive staff assistance for ADLs.

The Outside The Hospital DNR (Do Not Resuscitate) Request Form signed by resident #1's power of attorney and dated 10/19/18 and signed by resident #1's primary physician on 10/22/18 indicated the resident wanted to be DNR.

The nursing progress note dated 11/17/18 at 6:47 AM documented the resident became unresponsive at 4:45 AM on 11/17/18 and nurse G began CPR.

11/20/18 at 12:40 PM direct care staff M stated, the facility DNR/CPR training instructed staff to view the care plans for the residents' wishes for CPR or DNR.

1/20/18 at 12:50 PM staff G stated, the facility places a DNR or CPR form in the residents' charts and an initial order upon admission. The resident was a DNR and CPR was initiated prior to verifying his/her code status.

11/20/18 at 1:20 PM administrative nursing D stated, staff should find resident code status in the medical chart under advanced directive tab, admission orders, or electronic charting prior to

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F 678	Continued From page 2 initiating or holding CPR. 11/21/18 at 7:03 AM consultant GG stated the nurse had already started the code when he/she arrived. The 9/6/2018 CPR-Cardiopulmonary Resuscitation Policy documented in the case of an unwitnessed arrest of a resident who is a FULL CODE, determination of the appropriateness of CPR initiation should be undertaken by the nurse after a resident assessment, validation of Code Status and interventions appropriate to the findings initiated. The facility failed to ensure staff knew to confirm residents' code status prior to initiating CPR.	F 678		