STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175543	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ascension Living via Christi Village McLean	777 N McLean Blvd Wichita, KS 67203

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. The facility had a census of 32 residents. The sample included 12 residents, with one resident reviewed for hospitalization. Based on interview and record review, the facility failed to provide a written bed hold policy and failed to issue a written notification as soon as practicable for transfers of Resident (R) 39. This placed the resident at risk for impaired rights related to returning to the facility. Findings included:Review of the Electronic Health Record (EHR), documented R39 had diagnoses acute hypoxia (a condition characterized by a relatively sudden onset inadequate supply of oxygen that are usually severe), and respiratory failure (a condition where the lungs can't adequately provide enough oxygen to the body or remove enough carbon dioxide, leading to potentially dangerous levels of oxygen and/or carbon dioxide in the blood).R39's 05/17/25 Entry Minimum Data Set (MDS) documented a Brief Interview of Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R39 was totally dependent on staff for transfers, toileting, and lower-body dressing. The MDS documented R39 required oxygen and bilevel positive airway pressure (BiPAP- a noninvasive ventilator that helps breathing). R39's 05/17/25 Progress Note at 11:56 PM documented R39's family requested R39 be transferred to the hospital for an evaluation. R39's EHR lacked evidence the facility provided a bed hold notice or written notification of the transfer to R39 and/or his representative.During an interview on 08/14/25 at 01:54 PM, Licensed Nurse (LN) H reported that she would complete a bed hold form and would have the family or resident sign the form if they could. LN H said if the transfer was emergent, the bed hold form would not be completed.During an interview on 08/14/25 at 01:57 PM, Social Service Designee (SSD) X reported Administrative Staff B, the Business Office Manager (BOM), would complete a bed hold form when a resident transferred to the hospital. During an interview on 08/14/25 at 02:02 PM, Administrative Staff B reported she would only do a verbal bed hold over the phone with the responsible party or the resident when they transferred to the hospital. Administrative Staff B said nursing would provide the bed hold form; however, the form did not state the cost of the room. Administrative Staff B reported she did not have a completed bed hold for R39. During an interview on 08/14/25 at 02:30 PM, Administrative Staff A stated the expectation was for staff to complete a bed hold for every transfer. Administrative Staff A said if the transfer was an emergency, staff would send it to the family the next business day or call them for a bed hold. Administrative Staff A said the nurse also sends a bed hold with the resident when they go to the hospital, but there is no rate on the form, and the resident or the responsible party could call the facility if they want to do a bed hold.The facility's policy Bed-Holds and Returns dated 01/2024, documented at the time of transfer for hospitalization or therapeutic leaves, the nursing facility must provide to the residents or resident representatives written notice which specifies the duration for the bed hold. The current bed-hold and return policy established by the state (if applicable) will apply to residents in the community. Prior to a transfer, written information will be given to the residents and the resident representatives that explains the duration of the (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bed-hold, the reserve bed payment policy as indicated by the state plan, and the details of the transfer.