

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185314  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                 |   | (X3) DATE SURVEY COMPLETED<br><br>C<br>04/16/2015 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PIONEER TRACE NURSING HOME |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>115 PIONEER TRACE<br>FLEMINGSBURG, KY 41041 |   |   |
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| F 279  | <p>Continued From page 78</p> <p>Administrator and the DON made daily rounds through the facility on all shifts to question and talk with staff about the new Code Status policy.</p> <p>10. On 04/07/15, the Administrator educated the Minimum Data Set (MDS) staff related to resident's code status documented on the resident's Comprehensive Care Plan (CCP) and it was to be reviewed at the resident Care Plan Conferences.</p> <p>11. On 04/07/15, MDS staff conferred with Medical Records staff to verify each residents' code status was correct. The MDS staff revised all resident CCPs to reflect each resident's Advance Directives.</p> <p>12. On 04/07/15, the Code Status Policy was revised to incorporate instructions to add code status to resident CCPs on admission.</p> <p>13. Beginning 04/15/15, the SSD will review code status with all the residents and/or their POA during resident Care Plan Conferences.</p> <p>14. On 04/07/15, the DON audited all licensed Charge Nurse's personnel files for the presence of current CPR certifications, and found two (2) who were not current. On 04/08/15, all licensed nurses were instructed to have current CPR certification by 04/10/15.</p> <p>15. On 04/08/15, the Administrator implemented a CPR policy and a Code 500 Policy. On 04/08/15, the Administrator provided education to the DON and the ADON related to the new CPR and Code 500 policies.</p> <p>16. On 04/08/15 through 04/11/15 the DON and</p> | F 279  |   |   |

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| F 279 | <p>Continued From page 79</p> <p>the ADON conducted education with all staff related to the CPR, Code Status, Code Status Acknowledgement and Code 500 policies and General Documentation Guidelines for CPR, with post-education tests implemented on 04/10/15, to ensure the staff's knowledge and understanding of the policies.</p> <p>17. On 04/09/15, the Administrator audited all current resident charts to verify the code status was on each resident's CCP, with no issues identified.</p> <p>18. The DON will audit new hire nursing staff for CPR certification expiration dates and will schedule CPR certification courses as necessary to ensure all charge nurses maintained CPR certifications.</p> <p>19. On 04/10/15, the Administrator audited all nurses' personnel files to ensure all were CPR certified as instructed on 04/08/15. No issues were identified and the Administrator will continue to verify the DON audits of Charge Nurse's personnel files to ensure they maintain CPR certification.</p> <p>20. On 04/10/15, the Administrator audited the current facility schedule to verify a CPR certified staff member was present in the facility at all times. The Administrator will continue to audit the nurse schedule monthly, and when changes occur, to ensure all shifts are staffed with a CPR certified nurse.</p> <p>21. On 04/10/15, the Administrator, the DON and the ADON conducted a Mock Code 500 drill and reviewed findings after completion with staff who responded to the drill. The facility will conduct</p> | F 279 |  |  |
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| F 279  | <p>Continued From page 80</p> <p>Mock Code 500 drills on a weekly basis for the next sixty (60) days, on different days and shifts. The Administrator and the DON will monitor Code 500 documentation for completeness and accuracy.</p> <p>22. On 04/10/15, the Administrator notified the Medical Director of the code policy revisions.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the facility's investigation of the incident revealed RN #1, CNA #3 and CNA #4 were interviewed related to the Code 500 event involving Resident #2. Continued review of the investigations revealed, RN #1 was suspended on 03/28/15, pending the investigation results. Per review, the initial report was sent to the State Survey Agency regarding the Code event involving Resident #2 on 03/30/15, and it was signed by the SSD.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed she had initiated the investigation on 03/28/15, and interviewed the staff involved (RN #1, CNA #3 and CNA #4). Per interview, RN #1 was suspended from work pending the results of the investigation. The DON stated the SSD sent the initial report of the incident to the State Survey Agency on 03/30/15.</p> <p>2. Review of RN #1's personnel file verified she was terminated from her employment at the facility. Interview with RN #1 on 04/04/15 at 3:26 PM, confirmed her employment at the facility was terminated on 03/30/15.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON</p> | F 279  |   |                      |   |

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| F 279  | Continued From page 81<br>revealed RN #1's employment was terminated on 03/30/15.<br><br>3. Review of the facility's Code Status Acknowledgement policy, dated 03/30/15, and revised 04/09/15, revealed it included the procedure for visual identification of a resident's code status. Per the Policy, Full Code status residents would wear a green bracelet on their wrist and have a green sticker located outside the room door by their name.<br><br>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the facility's Code Status Acknowledgement policy now included the procedure for visual identification of a resident's code status through Full Code residents wearing a green bracelet on their wrist and a green sticker placed by the resident's name outside their room door.<br><br>4. The facility's CPR policy and Code 500 policy, Code Status policy and Code Status Acknowledgement policy were reviewed. Review of the facility's in-service sign-in forms dated 03/31/15, revealed staff was educated on the facility's Code Status Acknowledgement policy and the other code related policies. Review of the facility's New Employee Education Pack revealed the Code Status Acknowledgement policy education had been added.<br><br>Interview on 04/06/15 at 8:00 AM with CNA #4; at 8:20 AM with CNA#3; at 12:38 PM with LPN #8; at 1:58 PM with CNA #5; at 2:00 PM with CNA #6; at 3:55 PM with CNA #11; and, at 4:05 PM with LPN #7 revealed they had all been provided education related to the facility's Code Status Acknowledgement Policy between 03/31/15 and | F 279  |   |                      |   |

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| F 279  | <p>Continued From page 82<br/>04/11/15, in small group sessions.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the education on the Code Status Acknowledgement policy had been provided as per the AOC, with all but four (4) staff receiving the education. The DON stated the four (4) staff who had not receive the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new hire orientation training agenda.</p> <p>5. Review of the Medical Records documentation related to the verification of all residents' code status, revealed all residents' code status was verified.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM, revealed after Medical Records compiled the code status information, she verified it with comparison to the residents' written signed consents.</p> <p>6. Review of the documentation of the SSD's Advance Directives review with all current "Full Code" status residents and/or their POAs to ensure the code was accurate revealed the code status was verified for each resident from 03/31/15 through 04/01/15.</p> <p>Interview, on 04/02/15 at 1:20 PM, with Resident #3 revealed his/her daughter was the resident's POA and talked to staff about decisions regarding his/her care; however, a green bracelet (Indicated a Full Code status) had been placed on him/her on 04/01/15. Interview, on 04/15/15 at 11:07 AM, with Resident #9 revealed the SSD had talked to the resident about his/her "Full Code" status.</p> | F 279  |   |                      |   |

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| F 279  | <p>Continued From page 83</p> <p>Interview, on 04/14/15 at 12:24 PM, with Resident #10 revealed the SSD had discussed the resident's "Full Code" status with him/her and he/she had made the decision to have the code status changed to a DNR. Interview, on 04/14/15 at 12:45 PM, with Resident #8 revealed the resident thought someone had talked with him/her about Advance Directives; however, he/she could not recall who had talked to him/her. Resident #8 revealed he/she was not aware of what his/her Advance Directive or code status was at this time.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the Advance Directives review with "Full Code" status residents and/or their POA to verify the code status was accurate. The SSD revealed if a resident requested to change their status, it was changed as requested.</p> <p>7. Review of documentation of the check off sheet, dated 04/01/15, revealed the SSD had verified all Full Code status residents had a green bracelet on their wrist and a green sticker next to their name on their door.</p> <p>Observation revealed eleven (11) of eleven (11) residents, who were "Full Code" status, were wearing a green bracelet and had a green sticker outside the room door by their name.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted a visual inspection of all "Full Code" residents on 04/01/15 to ensure the Code Status Acknowledgement policy had been implemented. Per the SSD, she verified all the "Full Code" status residents were wearing a green bracelet and a green sticker was by the</p> | F 279  |   |                      |   |

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| F 279  | <p>Continued From page 84</p> <p>resident's name outside their room door.</p> <p>8. The computer generated "Full Code" status logs utilized by the SSD to monitor that all "Full Code" status residents had a green slicker on their door by their name and was wearing a green bracelet. The review revealed the SSD's "Full Code" status log had been checked and signed by the Administrator on 04/10/15, to verify the log had been completed by the SSD.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the monitoring beginning 04/01/15 through 04/11/15, to ensure residents had the green bracelet on if they had a "Full Code" status, and to ensure the green sticker was beside their names outside their room doors.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had reviewed the SSD log and verified the SSD had completed the monitoring to ensure "Full Code" status residents had their green bracelet in place and the green sticker was beside their name outside the room door.</p> <p>9. Reviewed the Administrator's and DON's daily rounds log sheet dated 04/06/15 through 04/11/15, which revealed the rounds were made each day on all shifts. Reviewed the documentation of the educational questions and answers that were reviewed with staff.</p> <p>Interview, on 04/15/15; at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeper #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at</p> | F 279  |   |                      |   |

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| F 279  | <p>Continued From page 85</p> <p>3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18, the Administrator and DON had been completing rounds on each shift questioning and educating staff about codes and the facility's code status policies.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM and at 3:00 PM with the Administrator, revealed they had conducted the daily rounds throughout the facility on all shifts to question and talk with staff about the facility's Code Status policy. They stated they had ensured staff understood the new policy with no problems identified. Per interview, the results of the daily rounds would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>10. Reviewed the education given to the MDS staff by the Administrator related to ensuring residents' code status was documented on the CCP and that the code status was to be reviewed at residents' care plan conferences.</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed the education had been provided by the Administrator regarding residents' code status being on the care plan and ensuring the code status was discussed in the residents' care plan meetings.</p> <p>11. Reviewed 100% of the facility's residents' CCPs which revealed each resident's code status was care planned with interventions.</p> | F 279  |   |                      |   |

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| F 279  | <p>Continued From page 86</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed MDS staff had talked to the Medical Records staff to verify each resident's code status was correct. Per interview, MDS staff revised all resident's CCPs to address each resident's Advance Directives including the code status.</p> <p>12. Reviewed the Code Status Policy which revealed it had been revised April 2015, and included ensuring each resident's CCP included the code status be incorporated on admission. Reviewed the facility's "Admission Checklist for Nursing" form which revealed it included the information for nurse's to obtain an order for the new resident's code status, place the appropriate sticker on the resident's nameplate, place a green bracelet on "Full Code" residents and ensure the code status was added to the resident's care plan.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed the facility's Code Status Policy had been revised as per the AOC.</p> <p>13. Reviewed Care Plan Conference notes, dated 04/15/15, which included reviewing the resident's "Code Status" at the planned Care Plan Conferences.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed residents' code status was being discussed at care plan conferences which began on 04/15/15.</p> <p>14. On 04/16/15, the "Employee Roster Report" listing of all licensed staff with CPR expiration dates and copies of their CPR certification was reviewed. Reviewed the CPR certification class</p> | F 279  |   |                      |   |

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| F 279  | <p>Continued From page 87</p> <p>roster and certification cards from classes provided by the facility on 04/09/15 and 04/10/15. Review of the documentation revealed all licensed nursing staff now had current CPR certification.</p> <p>15. Reviewed the facility's CPR and Code 500 policies. Reviewed the sign in sheet and education provided by the Administrator to the DON and ADON related to the CPR and Code 500 Policy dated 04/08/15.</p> <p>Interview with the DON and ADON, on 04/16/15 at 2:26 PM, revealed they had been educated by the Administrator on 04/08/15, regarding the CPR and Code 500 policies.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed the facility's CPR and Code 500 policies had been implemented on 04/08/15, as per the AOC. A post-survey interview on 05/01/15 at 9:32 AM, with the Administrator revealed after becoming aware of the need to have someone CPR certified in the building at all times, he had read the regulatory requirements and conferenced with the Consultant Administrator for guidance. Per interview, the Consultant Administrator had discussed with him getting staff CPR certified and what needed to be done to ensure this was done. The Administrator stated he and the Consultant Administrator had communication "all the way through" the process and had developed the plan of action.</p> <p>16. Reviewed the sign-in sheets and education provided by the DON and ADON for all staff related to the CPR and Code 500 Policy, dated 04/08/15 through 04/11/15 and reviewed the</p> | F 279  |   |                      |   |

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| F 279  | <p>Continued From page 88 post-tests.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeping #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18 revealed they had all been educated on the CPR and Code 500 policies, and other code policies and General Documentation Guidelines for CPR, and had taken a post-test after the education.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed all but four (4) staff had received the education on the facility's code policies and CPR policy. The DON stated the four (4) staff who had not received the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new hire orientation training agenda.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed facility staff had been educated on the CPR, Code 500 and other code policies, as per the AOC.</p> <p>17. Reviewed the Administrator's audits of all resident's CCP for verification that each residents' code status was care planned. The audits revealed each resident had a "Code Status" CCP with no issues identified and the Administrator had signed the audits as completed on 04/09/15.</p> | F 279  |   |   |

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F 279 Continued From page 89  
Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had completed the audit of all residents' CCPs on 04/09/15, with no problems noted, as per the AOC. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.

18. Interview, on 04/18/15 at 2:26 PM, with the DON revealed she would audit all newly hired nursing staff for their CPR certification expiration dates. Per interview, she would schedule CPR certification courses as necessary to make sure the Charge Nurses all maintained their CPR certification.

19. Reviewed the Administrator's audits, performed on 04/10/15, of all nurses' personnel files to ensure they were CPR certified. The audits revealed each licensed staff's CPR certification was present with the expiration date, and no issues were identified by the Administrator.

Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had performed the audits of all nurses' personnel files for CPR certification on 04/10/15, and had not identified a problem. The Administrator revealed he would continue to monitor the DON's verification of the Charge Nurse's CPR certification to ensure they maintained current CPR certification. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.

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| F 279  | Continued From page 90<br><br>20. Reviewed the Administrator's audit of the current facility schedule verifying a CPR certified staff member was present in the facility at all times, dated 04/10/15.<br><br>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had completed the audit of the facility's current schedule to verify a CPR certified staff member was present in the facility at all times on 04/10/15. He revealed he would continue to monitor the nursing schedule monthly to ensure all shifts were staffed with a CPR certified nurse. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.<br><br>21. Reviewed the sign in sheet and notes for the Mock Code Drill, conducted on 04/10/15.<br><br>Interview on 04/15/15: at 11:45 AM with RN #4; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; and, at 2:10 PM with LPN #8 revealed the Mock Code Drill had been completed by the facility, and the findings had been reviewed with staff and allowed for staff input.<br><br>Interview, on 04/16/15 at 2:26 PM with the DON and at 3:00 PM, with the Administrator revealed the Mock Code Drill had been completed on 04/10/15, as per the AOC. They stated the results had been discussed with staff afterwards. The Administrator and DON revealed the facility would continue to conduct Mock Code Drills weekly for sixty (60) days on different days and shifts, and they would monitor the documentation of the drills for accuracy and completeness, as | F 279  |   |                      |   |

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| F 279  | Continued From page 91 per the AOC.<br><br>22. Interview, on 04/16/15 at 1:20 PM, with the Medical Director revealed the facility had notified him of the Immediate Jeopardy and findings. Per interview, he had also been notified of the changes made to the facility's code policies and the new system for identification of "Full Code" residents.  | F 279  |   |                      |   |
| F 281<br>SS-J  | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS<br><br>The services provided or arranged by the facility must meet professional standards of quality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review, review of the facility's policy and review of the Kentucky Board of Nursing's (KBN's), "Accountability & Responsibility of Nurses" document and Advisory Opinion Statements (AOS), it was determined the facility failed to have an effective system to ensure services provided met professional standards of quality for one (1) of twelve (12) sampled residents (Resident #2) regarding ensuring nursing staff honored the resident's Advance Directives.<br><br>On 03/25/15, Resident #2's Responsible Party, signed Advance Directives requesting the resident have a Full Code status (Full Code indicates life-saving measures would be implemented in the event of cardiac or respiratory failure) with life-saving measures to include Cardiopulmonary Resuscitation (CPR). Resident #2 also had a Physician's Order for a Full Code | F 281  | Upon review of facility policies and procedures, Administrator and DON determined a revision of Code Status policy was necessary and completed on 4/8/15. Administrator and DON also determined that a CPR and Code 500 policy was necessary and both were created on 4/8/15. These policies clearly state procedures for nurses who encounter a resident in distress. Pioneer Trace is certified for ninety-two beds with a current census of seventy-three. Thirty of the current residents have elected to be full code status.<br><br>On 4/8/15 all nurses were instructed to have CPR certification in accordance with 483.20 (K) by 4/10/15. Nurses were to give a copy of this certification to DON or ADON so it may be kept in personnel files. Administrator created a CPR policy and Code 500 policy for facility on |                      |   |

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| F 281  | <p>Continued From page 92</p> <p>status. However, on 03/28/15 at approximately 4:50 AM, when Registered Nurse (RN) #1 entered Resident #2's room and found the resident unresponsive she failed to honor the resident's Advance Directive regarding his/her Full Code status. RN #1 checked for Resident #2's pulse and respirations and could not obtain any, however, she failed to immediately initiate CPR. RN #1 reported she went to the nurse's station to get assistance from the Certified Nursing Assistants (CNAs) and upon re-entering the room with the CNAs, they advised her they thought Resident #2 was a Full Code. RN #1 again failed to initiate CPR for Resident #2 after being told this by the CNAs, instead she went back to the nurse's station to check the resident's code status where she determined the resident to be a Full Code. RN #1 returned to Resident #2's room and again failed to initiate CPR for the resident. Per interview, RN #1 pronounced Resident #2 deceased, notified the Physician, family and called the funeral home.</p> <p>The facility's failure to ensure nursing staff honored residents' Advance Directives regarding their requested code status has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/07/15, and was determined to exist on 03/28/15. The facility was notified of the Immediate Jeopardy on 04/07/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15 with the facility alleging removal of the Immediate Jeopardy on 04/12/15. The State Survey Agency validated removal of the Immediate Jeopardy as alleged on 04/12/15, prior to exit on 04/16/15, with remaining non-compliance at a Scope and</p> | F 281  | <p>4/8/15. Administrator educated DON and ADON on new policies on 4/8/15. The CPR policy is incorporated into the Code 500 policy, which is the facility's policy for situations that involve residents in distress. The Code 500 policy states the procedures clinical staff are to do from identifying resident in distress to: verifying pulse and breathing, identifying code status, calling "Code 500" and room number over intercom, which personnel respond, initiating CPR, calling Emergency Medical Service (EMS), when to relinquish CPR to EMS personnel, and what to do after resident has been transferred from facility. Code 500 policy also indicates what documentation is required in resident chart. The Code Status Policy establishes a visual cue as to each resident's code status. Green Sticker next to resident name outside room indicates a "Full Code" status. A black sticker indicates a "DNR" status. Also a resident wearing a green bracelet indicates the resident is a "Full Code."</p> <p>All nurses, except for one, were educated on code 500 and CPR policies on dates 4/8/15 through 4/11/15 by DON and ADON Nurses</p> |                      |   |

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| F 281  | <p>Continued From page 93</p> <p>Severity of a "D" while the facility develops and implements a Plan of Correction and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the KBN's, "Accountability &amp; Responsibility of Nurses" document revealed KRS 314.021 (2) held nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgements exercised and actions taken in the course of providing care.</p> <p>Review of the KBN's Advisory Opinion Statement (AOS) #36, "Resuscitation", approved February 2008, revealed nurses were "required" to honor the Advance Directives of "patients" who had the Advance Directives documented in their medical record, unless a Physician or healthcare facility refused to comply, and the "patient" and surrogate were informed of the refusal.</p> <p>Review of the facility's policy, titled "Code Status Policy", dated July 2011, revealed two (2) code status options were recognized by the facility for its residents, a Full code status or a Do Not Resuscitate (DNR) status. The Policy stated the resident or their responsible party had to sign a Code Status Consent form under the Full Code options in order to have a Full Code status.</p> <p>Interview with the Director of Nursing (DON), on 04/02/15 at 11:40 AM and at 2:19 PM, revealed the facility did not have a policy specific to CPR requirements; however, her expectation was if a resident was found non-responsive, the resident should be assessed by the nurse and if no pulse</p> | F 281  | <p>were given a post education test to ensure understanding of the policies. The one LPN is on medical leave with an unknown date for return, however, she will not be allowed on the schedule until she completes the required education to be conducted by DON or ADON. All staff, except one LPN and three CNAs, were educated on Code status policy on dates 3/31/15 through 4/11/15. A mock Code 500 was conducted on 4/10/15 to test knowledge of the new CPR and Code 500 policies. Facility's Code 500 and CPR policy education has been added to new hire orientation for clinical staff which is required prior to new staff providing direct resident care. The next new hire orientation will begin on 4/27/15</p> <p>The mock Code 500 conducted on 4/10/15 was reviewed with staff responding after completion. The mock drill was conducted by DON and ADON by using an empty room, placing a green sticker on name plate outside room and placing a card with "No pulse, No Breathing" written on it in the Bed 1. DON and ADON turned call light on and remained in room to ensure effective simulation of resident distress. Administrator, DON, and</p> |                      |   |

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| F 281  | <p>Continued From page 94</p> <p>or breathing was found, the resident's code status should be checked. Per interview, the facility also did not have specific procedures in place in the event death occurred for a resident with a Full Code status; however, her expectation was for CPR to be initiated immediately and "911" called to transport the resident to a hospital.</p> <p>Review of Resident #2's medical record revealed the facility admitted him/her on 03/25/15, with diagnoses which included Aftercare for a Healing Traumatic Fracture of the Hip, Hypertension, history of Myocardial Infarct (Heart Attack) and history of Coronary Artery Bypass Graft. Review of the 03/25/15 "Code Status Consent Form" signed by Resident #2's Responsible Party, revealed the Responsible Party had requested and consented in the event of death for staff to use cardiac compressions or artificial ventilation to resuscitate the resident. Review of the 03/27/15, "Admit/Readmit Screener" document for Resident #2 revealed the resident provided the information for the assessment. Continued review of the document revealed Resident #2 was assessed to be appropriate verbally and alert to person. Review of the Physician's Order, dated 03/25/15, revealed the resident had an order for a Full Code status. Review of the March 2015 Electronic Medication Administration Record (e-MAR) and the Electronic Treatment Administration Record (e-TAR) revealed the order for Resident #2 to have a Full Code status.</p> <p>Review of the Nurse's Notes revealed a Note dated 03/28/15, timed 4:50 AM, documented by RN #1 which stated the RN had found the resident lying in bed with no pulse, no blood pressure and no signs of life. Continued review revealed no documented evidence RN #1</p> | F 281  | <p>ADON discussed with staff in attendance of mock Code 500 time staff responded to room, time code was called, and time CPR was initiated. It was requested by staff that facility conduct random mock Code 500 drills frequently over the next several weeks so that there would be plenty of opportunity for practice by all staff. The facility will conduct mock Code 500 drills once weekly, including weekends, during all shifts for the next 60 days, then administrator and DON will confer to determine need for continuing frequent mock Code 500 drills. If need staff display knowledge and understanding of Code 500 policy and procedures, Mock Code 500 Drills will then be held monthly for 180 days and then quarterly thereafter. Any concerns identified will be taken to the QAPI committee. Administrator audited all resident deaths in facility for last twelve months for code status of residents. Audit revealed no full code status deaths occurred in facility. Administrator will audit any resident death in facility to ensure appropriate care was provided as identified in facility policies and State and Federal regulations. Any issue identified in</p> |                      |   |

~~Administrator audits will be reported~~

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| F 281  | <p>Continued From page 95</p> <p>immediately initiated CPR as per Resident #2's Physician's Order and Advance Directive. Per the Nurse's Notes, RN #1 notified the Physician at 5:05 AM of the resident being deceased, the family at 5:10 AM and the funeral home at an undocumented time.</p> <p>Review of the "Provisional Report of Death" form revealed Resident #2's date and time of death was noted as being on 03/28/15 at 4:50 AM.</p> <p>Review of the facility's "Resident Abuse Investigation Report Form", dated 04/02/15, which was the "Final Report" regarding an incident involving Resident #2 on 03/28/15. Review of the Form revealed the facility had investigated an allegation of neglect involving Resident #2, and had determined RN #1 had not honored the resident's Advance Directives by not initiating a Full Code with CPR when she found the resident non-responsive. Continued review of the Form and attachments revealed Resident #2 had wanted to be a Full Code which was indicated by his/her Responsible Party's signature on the Code Status Consent Form, dated 03/25/15 and as noted in the medical record. Review of the investigation revealed RN #1 was suspended pending the investigation results.</p> <p>Interview with RN #1, on 04/04/15 at 3:28 PM, revealed on 03/28/15, she was the facility's Charge Nurse and the primary care nurse for Resident #2. Per interview, she was CPR certified; however, when she found Resident #2 unresponsive at 4:50 AM on 03/28/15, she did not perform CPR for the resident, because she was not sure of the resident's code status. She stated she went to the nurse's station to get the CNAs to come help her and returned to the resident's</p> | F 281  | to QAPI Committee, State and Federal agencies as appropriate.   | 6/12/15              |   |

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| F 281  | <p>Continued From page 96</p> <p>room. She stated the CNAs told her they thought Resident #2 was a Full Code. However, according to RN #1, she did not initiate CPR; she went back to the nurse's station to check Resident #2's code status where she noted the resident was a Full Code. Continued interview with RN #1 revealed she returned to Resident #2's room, but she did not initiate CPR. RN #1 stated she told the CNAs to perform post-mortem care on Resident #2's body. She stated during the post-mortem care the CNAs thought they felt a "heart beat" and thought they saw Resident #2 take a breath which they reported to her. RN #1 stated she listened for heart sounds with a stethoscope and determined there were none; she did not initiate CPR. RN #1 stated when residents were sick and had had heart surgery, "At what point do you draw the line?". Further interview revealed RN #1 stated she did not want to "break" Resident #2's ribs by performing CPR; she felt it was "futile"; and, she did not want to "desecrate" Resident #2's body. In addition, RN #1 stated she guessed Resident #2 had been deceased at minimum one (1) hour and "probably two (2) to four (4) hours" when she found him/her non-responsive.</p> <p>Review of RN #1's written statement, dated 03/28/15, revealed when she found Resident #2 unresponsive on 03/28/15, the resident appeared to have been deceased for thirty (30) to forty (40) minutes. Per the written statement, RN #1 observed no signs of life and asked the CNAs to come to the room with her where they all agreed the resident was deceased. Continued review revealed when she discovered Resident #2 was a Full Code, "there was nothing that could be done", and she notified the Physician and family. Further review revealed RN #1 documented</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 97</p> <p>"there was nothing that could be done by the nurse" for Resident #2.</p> <p>Interview with CNA #3 on 04/06/15 at 8:20 PM, revealed she was working when RN #1 found Resident #2 unresponsive. CNA #3 stated she and CNA #4 were charting at the nurse's station when RN #1 came and requested help with Resident #2. According to CNA #3, the three (3) of them went to Resident #2's room, and when CNA #4 saw the resident she asked RN #1 if the resident was still alive. Per interview, RN #1 stated she didn't think so, and then asked her and CNA #4 to go to the nurse's station and check the resident's code status, which they did. She stated they noted Resident #2 was a "Full Code" and returned to the resident's room and informed RN #1 of this information and that she (RN #1) needed to initiate CPR for Resident #2. Per CNA #3, RN #1 told her and CNA #4 she did not want to "break" Resident #2's ribs, and RN #1 didn't initiate CPR for the resident.</p> <p>Review of CNA #3's written statement, undated, which was included in the facility's investigation documentation, revealed after she and CNA #4 told RN #1 the resident was a Full Code, the RN requested the CNAs perform post-mortem care for Resident #2's body. Per the written statement, CNA #3 stated that while performing the post-mortem care, she felt a pulse on Resident #2 and CNA #4 saw the resident breathing and they reported this to RN #1. RN #1 then listened for a heartbeat with a stethoscope and determined there was none and pronounced him/her as deceased.</p> <p>Interview with CNA #4, on 04/06/15 at 8:00 PM, revealed she was assigned to Resident #2's care</p> | F 281  |   |   |

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| F 281  | <p>Continued From page 98</p> <p>when the incident occurred. Per interview, she had completed rounds on her assigned residents approximately every two (2) hours during her shift, and Resident #2 had been in no distress during the rounds. According to CNA #4, she had last rounded on Resident #2 at approximately 4:00 AM. She stated before 5:00 AM, RN #1 came to the nurse's station where she and CNA #3 were charting, and requested the CNAs help her with Resident #2. Continued interview revealed when the three (3) of them entered Resident #2's room, CNA #4 observed the resident's color to be "yellow". She stated she asked RN #1 if Resident #2 was still alive, and RN #1 stated she didn't think so. Per CNA #4, RN #1 asked her and CNA #3 to return to the nurse's station and check Resident #2's code status. She stated she and CNA #3 checked Resident #2's code status as requested and found the resident was a Full Code and advised RN #1 of this. However, CNA #4 stated RN #1 told the CNAs she wasn't going to do CPR because she didn't want to "break" the resident's ribs, and asked them to do post-mortem care on Resident #2's body. Further interview revealed Resident #2's body was warm and while providing the post-mortem care she thought she saw the resident take a breath which she reported to the RN. CNA #4 stated RN #1 listened with a stethoscope for a heartbeat, and she didn't hear one and requested the CNAs continue with the post-mortem care.</p> <p>Continued interview with the DON, on 04/02/15 at 11:40 AM and at 2:19 PM, revealed on 03/28/15 at approximately 4:50 AM, RN #1 had left her a voice mail message on her cellular telephone (cell phone) reporting Resident #2 had expired. The DON stated on 03/28/15 around 11:30 AM,</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 99</p> <p>she had spoken to RN #1 who reported she had not initiated CPR for Resident #2 because the resident had already expired, had no respirations and no pulse. She stated RN #1 stated the resident had been sick and she (RN #1) did not want to "break" his/her ribs. Continued interview revealed RN #1 told her Resident #2 had a lot of heart and medical issues. The DON stated CPR was not initiated for Resident #2, who was a Full Code status, but should have been.</p> <p>Interview with the Administrator, on 04/06/15 at 11:53 AM, revealed the facility's procedure had been if staff was certified to perform CPR they were to initiate CPR, otherwise they were to call "911" for emergency services for residents. The Administrator stated his expectation for the licensed nurses was they should know which residents had a Full Code status. Per interview, if a resident had a Full Code status, CPR should immediately be initiated if the resident was found non-responsive with no signs of life. The Administrator revealed RN #1 should have initiated CPR for Resident #2, who was a Full Code, when she found the resident non-responsive with no signs of life.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15, which alleged removal of the IJ effective 04/12/15. Review of the AOC revealed the facility implemented the following:</p> <p>1. On 03/28/15, the Director of Nursing (DON) initiated an investigation into the incident involving Resident #2. The DON interviewed (Registered Nurse) RN #1, Certified Nursing Assistant (CNA) #3 and CNA #4 regarding Resident #2 not receiving Cardiopulmonary Resuscitation (CPR)</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 100</p> <p>even though the resident was Full Code status. RN #1 was suspended pending the facility's investigation. On 03/30/15, an initial report of the incident involving Resident #2 on 03/28/15 was sent to the State Agency by the Social Services Director.</p> <p>2. On 03/30/15, RN #1 was terminated from her position of employment with the facility.</p> <p>3. On 03/30/15, the facility developed a Code Status Acknowledgement policy which included the procedure for a visual identification system. Full Code status residents would be identified by application of a green bracelet to the resident's wrist, and placement of a green sticker outside the resident's door beside their name. A resident with a Do Not Resuscitate (DNR) status would have a black sticker on the door by their name.</p> <p>4. On 03/31/15, the DON and the Assistant DON (ADON) conducted education in small group sessions to all staff (with the exception of four (4) staff on medical leave) related to their knowledge and understanding of the facility's Code Status Acknowledgement policy. Education related to the Code Status Acknowledgement policy was added to the training agenda for New Employee Orientation.</p> <p>5. On 03/31/15, Medical Records personnel conducted a review of all current residents in the facility to verify their code status.</p> <p>6. On 03/31/15 through 04/01/15, the Social Services Director (SSD) reviewed Advance Directives with all current "Full Code" status residents and/or their Power of Attorney (POA) to ensure their code status was accurate.</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 101</p> <p>7. On 04/01/15, the SSD verified the Code Status Acknowledgement policy was implemented by a visual inspection of all full code status residents to ensure each had a green bracelet on their wrist and a green sticker next to their name on the door.</p> <p>8. The SSD monitored daily beginning 04/01/15 through 04/11/15, to ensure all full code status residents continued to wear a green bracelet and had a green sticker next to their name on the outside of their door.</p> <p>9. On 04/08/15 through 04/11/15, the Administrator and the DON made daily rounds through the facility on all shifts to question and talk with staff about the new Code Status policy.</p> <p>10. On 04/07/15, the Administrator educated the Minimum Data Set (MDS) staff related to resident's code status documented on the resident's Comprehensive Care Plan (CCP) and it was to be reviewed at the resident Care Plan Conferences.</p> <p>11. On 04/07/15, MDS staff conferred with Medical Records staff to verify each residents' code status was correct. The MDS staff revised all resident CCPs to reflect each resident's Advance Directives.</p> <p>12. On 04/07/15, the Code Status Policy was revised to incorporate instructions to add code status to resident CCPs on admission.</p> <p>13. Beginning 04/15/15, the SSD will review code status with all the residents and/or their POA during resident Care Plan Conferences.</p> | F 281  |   |

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| F 281  | Continued From page 102<br><br>14. On 04/07/15, the DON audited all licensed Charge Nurse's personnel files for the presence of current CPR certifications, and found two (2) who were not current. On 04/08/15, all licensed nurses were instructed to have current CPR certification by 04/10/15.<br><br>15. On 04/08/15, the Administrator implemented a CPR policy and a Code 500 Policy. On 04/08/15, the Administrator provided education to the DON and the ADON related to the new CPR and Code 500 policies.<br><br>16. On 04/08/15 through 04/11/15 the DON and the ADON conducted education with all staff related to the CPR, Code Status, Code Status Acknowledgement and Code 500 policies and General Documentation Guidelines for CPR, with post-education tests implemented on 04/10/15, to ensure the staff's knowledge and understanding of the policies.<br><br>17. On 04/09/15, the Administrator audited all current resident charts to verify the code status was on each resident's CCP, with no issues identified.<br><br>18. The DON will audit new hire nursing staff for CPR certification expiration dates and will schedule CPR certification courses as necessary to ensure all charge nurses maintained CPR certifications.<br><br>19. On 04/10/15, the Administrator audited all nurses' personnel files to ensure all were CPR certified as instructed on 04/08/15. No issues were identified and the Administrator will continue to verify the DON audits of Charge Nurse's | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 103</p> <p>personnel files to ensure they maintain CPR certification.</p> <p>20. On 04/10/15, the Administrator audited the current facility schedule to verify a CPR certified staff member was present in the facility at all times. The Administrator will continue to audit the nurse schedule monthly, and when changes occur, to ensure all shifts are staffed with a CPR certified nurse.</p> <p>21. On 04/10/15, the Administrator, the DON and the ADON conducted a Mock Code 500 drill and reviewed findings after completion with staff who responded to the drill. The facility will conduct Mock Code 500 drills on a weekly basis for the next sixty (60) days, on different days and shifts. The Administrator and the DON will monitor Code 500 documentation for completeness and accuracy.</p> <p>22. On 04/10/15, the Administrator notified the Medical Director of the code policy revisions.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the facility's investigation of the incident revealed RN #1, CNA #3 and CNA #4 were interviewed related to the Code 500 event involving Resident #2. Continued review of the investigations revealed, RN #1 was suspended on 03/28/15, pending the investigation results. Per review, the initial report was sent to the State Survey Agency regarding the Code event involving Resident #2 on 03/30/15, and it was signed by the SSD.</p> <p>Interview, on 04/16/15 at 2:28 PM, with the DON</p> | F 281  |   |   |

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| F 281  | <p>Continued From page 104</p> <p>revealed she had initiated the investigation on 03/28/15, and interviewed the staff involved (RN #1, CNA #3 and CNA #4). Per interview, RN #1 was suspended from work pending the results of the investigation. The DON stated the SSD sent the initial report of the incident to the State Survey Agency on 03/30/15.</p> <p>2. Review of RN #1's personnel file verified she was terminated from her employment at the facility. Interview with RN #1 on 04/04/15 at 3:26 PM, confirmed her employment at the facility was terminated on 03/30/15.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed RN #1's employment was terminated on 03/30/15.</p> <p>3. Review of the facility's Code Status Acknowledgement policy, dated 03/30/15, and revised 04/09/15, revealed it included the procedure for visual identification of a resident's code status. Per the Policy, Full Code status residents would wear a green bracelet on their wrist and have a green sticker located outside the room door by their name.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the facility's Code Status Acknowledgement policy now included the procedure for visual identification of a resident's code status through Full Code residents wearing a green bracelet on their wrist and a green sticker placed by the resident's name outside their room door.</p> <p>4. The facility's CPR policy and Code 500 policy, Code Status policy and Code Status Acknowledgement policy were reviewed. Review</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 105</p> <p>of the facility's in-service sign-in forms dated 03/31/15, revealed staff was educated on the facility's Code Status Acknowledgement policy and the other code related policies. Review of the facility's New Employee Education Pack revealed the Code Status Acknowledgement policy education had been added.</p> <p>Interview on 04/06/15 at 8:00 AM with CNA #4; at 8:20 AM with CNA#3; at 12:38 PM with LPN #6; at 1:58 PM with CNA #5; at 2:00 PM with CNA #6; at 3:55 PM with CNA #11; and, at 4:05 PM with LPN #7 revealed they had all been provided education related to the facility's Code Status Acknowledgement Policy between 03/31/15 and 04/11/15, in small group sessions.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the education on the Code Status Acknowledgement policy had been provided as per the AOC, with all but four (4) staff receiving the education. The DON stated the four (4) staff who had not receive the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new hire orientation training agenda.</p> <p>5. Review of the Medical Records documentation related to the verification of all residents' code status, revealed all residents' code status was verified.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM, revealed after Medical Records compiled the code status information, she verified it with comparison to the residents' written signed consents.</p> | F 281  |   |   |

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| F 281  | <p>Continued From page 106</p> <p>6. Review of the documentation of the SSD's Advance Directives review with all current "Full Code" status residents and/or their POAs to ensure the code was accurate revealed the code status was verified for each resident from 03/31/15 through 04/01/15.</p> <p>Interview, on 04/02/15 at 1:20 PM, with Resident #3 revealed his/her daughter was the resident's POA and talked to staff about decisions regarding his/her care; however, a green bracelet (indicated a Full Code status) had been placed on him/her on 04/01/15. Interview, on 04/15/15 at 11:07 AM, with Resident #9 revealed the SSD had talked to the resident about his/her "Full Code" status. Interview, on 04/14/15 at 12:24 PM, with Resident #10 revealed the SSD had discussed the resident's "Full Code" status with him/her and he/she had made the decision to have the code status changed to a DNR. Interview, on 04/14/15 at 12:45 PM, with Resident #8 revealed the resident thought someone had talked with him/her about Advance Directives; however, he/she could not recall who had talked to him/her. Resident #8 revealed he/she was not aware of what his/her Advance Directive or code status was at this time.</p> <p>Interview, on 04/16/15 at 1:08 PM, with the SSD revealed she had conducted the Advance Directives review with "Full Code" status residents and/or their POA to verify the code status was accurate. The SSD revealed if a resident requested to change their status, it was changed as requested.</p> <p>7. Review of documentation of the check off sheet, dated 04/01/15, revealed the SSD had verified all Full Code status residents had a green</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 107</p> <p>bracelet on their wrist and a green sticker next to their name on their door.</p> <p>Observation revealed eleven (11) of eleven (11) residents, who were "Full Code" status, were wearing a green bracelet and had a green sticker outside the room door by their name.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted a visual inspection of all "Full Code" residents on 04/01/15 to ensure the Code Status Acknowledgement policy had been implemented. Per the SSD, she verified all the "Full Code" status residents were wearing a green bracelet and a green sticker was by the resident's name outside their room door.</p> <p>8. The computer generated "Full Code" status logs utilized by the SSD to monitor that all "Full Code" status residents had a green sticker on their door by their name and was wearing a green bracelet. The review revealed the SSD's "Full Code" status log had been checked and signed by the Administrator on 04/10/15, to verify the log had been completed by the SSD.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the monitoring beginning 04/01/15 through 04/11/15, to ensure residents had the green bracelet on if they had a "Full Code" status, and to ensure the green sticker was beside their names outside their room doors.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had reviewed the SSD log and verified the SSD had completed the monitoring to ensure "Full Code" status residents had their green bracelet in place and the green</p> | F 281  |   |                      |

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| F 281  | <p>Continued From page 108</p> <p>sticker was beside their name outside the room door.</p> <p>9. Reviewed the Administrator's and DON's daily rounds log sheet dated 04/06/15 through 04/11/15, which revealed the rounds were made each day on all shifts. Reviewed the documentation of the educational questions and answers that were reviewed with staff.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeper #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18, the Administrator and DON had been completing rounds on each shift questioning and educating staff about codes and the facility's code status policies.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM and at 3:00 PM with the Administrator, revealed they had conducted the daily rounds throughout the facility on all shifts to question and talk with staff about the facility's Code Status policy. They stated they had ensured staff understood the new policy with no problems identified. Per interview, the results of the daily rounds would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>10. Reviewed the education given to the MDS staff by the Administrator related to ensuring</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 109</p> <p>residents' code status was documented on the CCP and that the code status was to be reviewed at residents' care plan conferences.</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed the education had been provided by the Administrator regarding residents' code status being on the care plan and ensuring the code status was discussed in the residents' care plan meetings.</p> <p>11. Reviewed 100% of the facility's residents' CCPs which revealed each resident's code status was care planned with interventions.</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed MDS staff had talked to the Medical Records staff to verify each resident's code status was correct. Per interview, MDS staff revised all resident's CCPs to address each resident's Advance Directives including the code status.</p> <p>12. Reviewed the Code Status Policy which revealed it had been revised April 2015, and included ensuring each resident's CCP included the code status be incorporated on admission. Reviewed the facility's "Admission Checklist for Nursing" form which revealed it included the information for nurse's to obtain an order for the new resident's code status, place the appropriate sticker on the resident's nameplate, place a green bracelet on "Full Code" residents and ensure the code status was added to the resident's care plan.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed the facility's Code Status Policy had been revised as per the AOC.</p> | F 281  |   |                      |   |

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| F 281  | Continued From page 110<br><br>13. Reviewed Care Plan Conference notes, dated 04/15/15, which included reviewing the resident's "Code Status" at the planned Care Plan Conferences.<br><br>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed residents' code status was being discussed at care plan conferences which began on 04/15/15.<br><br>14. On 04/16/15, the "Employee Roster Report" listing of all licensed staff with CPR expiration dates and copies of their CPR certification was reviewed. Reviewed the CPR certification class roster and certification cards from classes provided by the facility on 04/09/15 and 04/10/15. Review of the documentation revealed all licensed nursing staff now had current CPR certification.<br><br>15. Reviewed the facility's CPR and Code 500 policies. Reviewed the sign in sheet and education provided by the Administrator to the DON and ADON related to the CPR and Code 500 Policy dated 04/08/15.<br><br>Interview with the DON and ADON, on 04/16/15 at 2:26 PM, revealed they had been educated by the Administrator on 04/08/15, regarding the CPR and Code 500 policies.<br><br>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed the facility's CPR and Code 500 policies had been implemented on 04/08/15, as per the AOC. A post-survey interview on 05/01/15 at 9:32 AM, with the Administrator revealed after becoming aware of the need to have someone CPR certified in the | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 111</p> <p>building at all times, he had read the regulatory requirements and conferenced with the Consultant Administrator for guidance. Per interview, the Consultant Administrator had discussed with him getting staff CPR certified and what needed to be done to ensure this was done. The Administrator stated he and the Consultant Administrator had communication "all the way through" the process and had developed the plan of action.</p> <p>16. Reviewed the sign-in sheets and education provided by the DON and ADON for all staff related to the CPR and Code 500 Policy, dated 04/08/15 through 04/11/15 and reviewed the post-tests.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeping #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18 revealed they had all been educated on the CPR and Code 500 policies, and other code policies and General Documentation Guidelines for CPR, and had taken a post-test after the education.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed all but four (4) staff had received the education on the facility's code policies and CPR policy. The DON stated the four (4) staff who had not received the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per</p> | F 281  |   |   |

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| F 281  | <p>Continued From page 112</p> <p>interview, the education was added to the new hire orientation training agenda.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed facility staff had been educated on the CPR, Code 500 and other code policies, as per the AOC.</p> <p>17. Reviewed the Administrator's audits of all resident's CCP for verification that each residents' code status was care planned. The audits revealed each resident had a "Code Status" CCP with no issues identified and the Administrator had signed the audits as completed on 04/09/15.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had completed the audit of all residents' CCPs on 04/09/15, with no problems noted, as per the AOC. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>18. Interview, on 04/16/15 at 2:26 PM, with the DON revealed she would audit all newly hired nursing staff for their CPR certification expiration dates. Per interview, she would schedule CPR certification courses as necessary to make sure the Charge Nurses all maintained their CPR certification.</p> <p>19. Reviewed the Administrator's audits, performed on 04/10/15, of all nurses' personnel files to ensure they were CPR certified. The audits revealed each licensed staff's CPR certification was present with the expiration date, and no issues were identified by the</p> | F 281  |   |                      |   |

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| F 281  | <p>Continued From page 113</p> <p>Adminstrator.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Adminstrator revealed he had performed the audits of all nurses' personnel files for CPR certification on 04/10/15, and had not identified a problem. The Adminstrator revealed he would continue to monllor the DON's verification of the Charge Nurse's CPR certification to ensure they maintained current CPR certification. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>20. Reviewed the Administrator's audit of the current facility schedule verifying a CPR certified staff member was present in the facility at all times, dated 04/10/15.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had completed the audit of the facility's current schedule to verify a CPR certified staff member was present in the facility at all times on 04/10/15. He revealed he would continue to monitor the nursing schedule monthly to ensure all shifts were staffed with a CPR certified nurse. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>21. Reviewed the sign in sheet and notes for the Mock Code Drill, conducted on 04/10/15.</p> <p>Interview on 04/15/15: at 11:45 AM with RN #4; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1;</p> | F 281  |   |                      |   |

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| F 281  | Continued From page 114<br>and, at 2:10 PM with LPN #8 revealed the Mock Code Drill had been completed by the facility, and the findings had been reviewed with staff and allowed for staff input.<br><br>Interview, on 04/16/15 at 2:26 PM with the DON and at 3:00 PM, with the Administrator revealed the Mock Code Drill had been completed on 04/10/15, as per the AOC. They stated the results had been discussed with staff afterwards. The Administrator and DON revealed the facility would continue to conduct Mock Code Drills weekly for sixty (60) days on different days and shifts, and they would monitor the documentation of the drills for accuracy and completeness, as per the AOC.<br><br>22. Interview, on 04/16/15 at 1:20 PM, with the Medical Director revealed the facility had notified him of the Immediate Jeopardy and findings. Per interview, he had also been notified of the changes made to the facility's code policies and the new system for identification of "Full Code" residents. | F 281  |  |                      |   |
| F 309<br>- SS=J  | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced   | F 309  | Upon review of facility policies and procedures, Administrator and DON determined a revision of Code Status policy was necessary and completed on 4/8/15. Administrator and DON also determined that a CPR and Code 500 policy was necessary and both were created on 4/8/15. These policies clearly state procedures for nurses who encounter a resident in distress. Pioneer Trace is certified for ninety-two beds with a current census of <del>seventy three</del> <u>Thirty</u> of the current |                      |   |

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| F 309  | <p>Continued From page 115</p> <p>by:</p> <p>Based on interview, record review, review of the facility's policy and investigation reports, it was determined the facility failed to have an effective system in place to ensure residents received Cardiopulmonary Resuscitation (CPR) according to established professional standards to promote the highest practicable physical well-being of residents regarding their Advance Directives and code status for one (1) of twelve (12) sampled residents (Resident #2).</p> <p>Resident #2 had Advance Directives, dated 03/25/15, requesting life-saving measures be instituted in the event of cardiac or respiratory failure, to include CPR. On 03/28/15 at approximately 4:50 AM, Resident #2 was found unresponsive by RN #1. RN #1 checked for Resident #2's pulse and respirations, which were not obtained; however, RN #1 failed to initiate CPR as per the resident's Advance Directives regarding his/her Full Code status. RN #1 reported she was not sure of the resident's code status, and went to the nurse's station to get assistance from the Certified Nursing Assistants (CNAs). RN #1 was informed by the CNAs that they thought Resident #2 was a Full Code. However, RN #1 again failed to initiate CPR as per Resident #2's Advance Directives. Per interview, RN #1 pronounced Resident #2 as deceased, notified the Physician, family and called the funeral home. Even though RN #1 was aware of Resident #2's Full Code status, she failed to honor Resident #2's request for the provision of CPR.</p> <p>The facility's failure to provide the necessary care and services related to the resident's requested Full Code status and the provision of CPR, has</p> | F 309  | <p>residents have elected to be full code status.</p> <p>On 4/8/15 all nurses were instructed to have CPR certification in accordance with 483.20 (K) by 4/10/15. Nurses were to give a copy of this certification to DON or ADON so it may be kept in personnel files. Administrator created a CPR policy and Code 500 policy for facility on 4/8/15. Administrator educated DON and ADON on new policies on 4/8/15. The CPR policy is incorporated into the Code 500 policy, which is the facility's policy for situations that involve residents in distress. The Code 500 policy states the procedures clinical staff are to do from identifying resident in distress to: verifying pulse and breathing, identifying code status, calling "Code 500" and room number over intercom, which personnel respond, initiating CPR, calling Emergency Medical Service (EMS), when to relinquish CPR to EMS personnel, and what to do after resident has been transferred from facility. Code 500 policy also indicates what documentation is required in resident chart.</p> |   |

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| F 309  | <p>Continued From page 116</p> <p>caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/07/15, and was determined to exist on 03/28/15. The facility was notified of the Immediate Jeopardy on 04/07/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15 with the facility alleging removal of the Immediate Jeopardy on 04/12/15. The State Survey Agency validated removal of the Immediate Jeopardy as alleged on 04/12/15, prior to exit on 04/16/15, with remaining non-compliance at a Scope and Severity of a "D" while the facility develops and implements a Plan of Correction and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Advance Directives and Do Not Resuscitate Orders", undated, revealed the "Patient Self-Determination Act" mandated residents be given information about their right to make decisions concerning medical care, including the right to accept or refuse treatment and the right to formulate Advance Directives. The Policy revealed Advance Directive referred to documents written before serious illness occurred which stated the resident's preferences regarding medical treatment and/or named someone to make choices for medical treatment if the resident became unable to make decisions. Further review revealed an Advance Directive was a personal decision and would not be a condition of whether or not the resident received services from a health care provider.</p> | F 309  | <p>All nurses, except for one, were educated on code 500 and CPR policies on dates 4/8/15 through 4/11/15 by DON and ADON. Nurses were given a post education test to ensure understanding of the policies. The one LPN is on medical leave with an unknown date for return, however, she will not be allowed on the schedule until she completes the required education to be conducted by DON or ADON. A mock Code 500 was conducted on 4/10/15 by DON. All staff, except one LPN and three CNAs, were educated on Code status policy on dates 3/31/15 through 4/11/15. A mock Code 500 was conducted on 4/10/15 to test knowledge of the new CPR and Code 500 policies. Facility's Code 500 and CPR policy education has been added to new hire orientation for clinical staff which is required prior to new staff provide direct resident care.</p> <p>The mock Code 500 conducted on 4/10/15 was reviewed with staff responding after completion. The mock drill was conducted by DON and ADON by using an empty room, placing a green sticker on name plate outside room and placing a card with "No pulse, No Breathing" written on it</p> |                      |   |

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| F 309  | <p>Continued From page 117</p> <p>Review of the facility's policy titled, "Code Status Policy", dated July 2011, revealed the facility would recognize two (2) code status options for the facility's residents, a Full Code status or a Do Not Resuscitate (DNR) status. Further review revealed, for a resident to have a Full Code status, the resident or responsible party had to sign a Code Status Consent Form under the Full Code options.</p> <p>Review of the facility's policy titled, "Notification of Change in Resident's Condition/Accidents", dated October 2007, revealed in the event of a resident status change: the nurse would assess the situation; provide necessary care; notify the attending Physician, responsible party or interested family member; document in the resident's medical record; and follow up as indicated.</p> <p>Review of Resident #2's medical record revealed the facility admitted the resident on 03/25/15, with diagnoses which included a history of a Myocardial Infarct (Heart Attack), Coronary Artery Bypass Graft, Coronary Atherosclerosis Native Coronary Artery, Diabetes, Aftercare for Healing Traumatic Fracture of the Hip and a history of Acute Respiratory Failure. Review of Resident #2's "Admit/Readmit Screener" document, dated 03/27/15, revealed the resident was the person providing the information for the assessment. Continued review of the document revealed Resident #2 was alert to person and was verbally appropriate.</p> <p>Review of Resident #2's Physician's Orders, dated 03/25/15, revealed the resident had an order to have a Full Code status. Continued record review revealed a "Code Status Consent</p> | F 309  | <p>in the Bed 1. DON and ADON turned call light on and remained in room to ensure effective simulation of resident distress. Administrator, DON, and ADON discussed with staff in attendance of mock Code 500 time staff responded to room, time code was called, and time CPR was initiated.</p> <p>Facility will conduct Code 500 drills once weekly on all shifts, including weekends, for 60 days to determine staff understanding and knowledge of Code 500 policy. Facility will then conduct mock Code 500 drills monthly on all shifts for 180 days, then quarterly on all shifts thereafter. DON will monitor charge nurse CPR expiration dates and schedule CPR recertification within 90 days of CPR expiration date as necessary. DON will conduct audit of CPR expiration initially on 4/10/15 and with all new hires.</p> | 6/12/15              |   |

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| F 309  | <p>Continued From page 118</p> <p>Form", dated 03/25/15, which gave the resident the option to check whether he/she wanted CPR or not. Continued review of the Form, signed by Resident #2's Responsible Party on 03/25/15, revealed the Responsible Party had requested and consented for the use of cardiac compressions or artificial ventilation to resuscitate him/her in the event of cardiopulmonary failure. Review of the Electronic Medication Administration Record (e-MAR), dated March 2015, revealed Resident #2 had a Full Code status. Review of the Electronic Treatment Administration Record (e-TAR), dated March 2015, revealed Resident #2 had a Full Code status.</p> <p>However, review of Resident #2's Nurse's Note, dated 03/28/15 at 4:50 AM, revealed RN #1 found the resident lying on the bed with no pulse, no blood pressure and no signs of life. Even though RN #1 documented the Note, continued review revealed no documented evidence she immediately initiated CPR, as per Resident #2's Advance Directives and Physician's Orders. Per the Nurse's Notes, RN #1 notified the Physician at 5:05 AM of the resident's condition, the family at 5:10 AM and the funeral home with no time documented. Review of the "Provisional Report of Death" form for Resident #2 revealed the date of death was documented as 03/28/15, and the time of death as 4:50 AM.</p> <p>Review of the facility's, "Resident Abuse Investigation Report Form", signed by the Social Service Director (SSD) on 04/02/15 and attachments, revealed it was the facility's "Final Report" of an incident which occurred on 03/28/15. Review of the Form revealed the facility had investigated an allegation of neglect</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 119</p> <p>Involving Resident #2, who was found non-responsive at approximately 4:50 AM on 03/28/15. Per the investigation information, the facility determined RN #1 had not respected Resident #2's Advance Directives and Physician Orders by not initiating a Full Code with CPR. Continued review of the Form and attachments revealed Resident #2 had wanted to be a Full Code status, which was indicated by his/her Responsible Party's signature on the Code Status Consent Form, dated 03/25/15. Review of the investigation information revealed RN #1 was suspended pending the investigation outcome. Further review of the investigation documentation revealed witness statements were obtained from RN #1, CNA #3, CNA #4, CNA #19, CNA #2, Licensed Practical Nurse (LPN) #2, LPN #3 and RN #2.</p> <p>Review of RN #1's written statement, dated 03/28/15, revealed she noted she had observed Resident #2 to be unresponsive lying on his/her bed. Per the written statement, RN #1 documented Resident #2 had no signs of life, no pulse, no breathing or movement of any kind. Continued review revealed RN #1 noted she did a "sternum rub" (a painful stimulus applied to the sternum to check for responsiveness) with no signs of life and the resident appeared to have been deceased for thirty (30) or forty-five (45) minutes. RN #1's written statement revealed she left the resident's room and asked the CNAs to come to the room with her, where they all agreed the resident was deceased. RN #1 documented she listened with a stethoscope for a heartbeat with none found, and she asked the CNAs if Resident #2 was a Full Code, then they left the resident's room to find out. Per RN #1's statement, when she discovered Resident #2 was</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 120</p> <p>a Full Code, she notified the Physician and family because she knew "there was nothing that could be done". RN #1 documented "CPR would have been futile", as "there was no heartbeat". RN #1 further documented "there was nothing that could be done by the nurse".</p> <p>Interview with RN #1, on 04/04/15 at 3:26 PM, revealed she was the primary nurse for Resident #2, and the facility's Charge Nurse on 03/28/15. RN #1 stated she was certified to perform CPR; however, she was not aware of Resident #2's code status when she found the resident unresponsive at 4:50 AM, and therefore, she did not initiate CPR for the resident. Continued interview revealed she went to the nurse's station to get the CNAs to help her. According to RN #1, the CNAs told her they thought Resident #2 was a Full Code; however she still did not initiate CPR, as per the resident's requested wishes and the Physician's Orders. RN #1 stated she went back to the nurse's station to check Resident #2's chart for his/her code status and determined the resident was a Full Code. However she did not initiate CPR, as per the resident's request and the Physician's Orders. Per interview, she asked the CNAs to provide post-mortem care of Resident #2's body, and the CNAs reported they thought they felt a "heart beat", and had seen the resident take a breath during the post-mortem care. RN #1 stated she listened for heart sounds with a stethoscope and determined there were none and again she did not initiate CPR, as per the resident's request and the Physician's Order. RN #1 stated, "well when you know they" (residents) were sick, and were post "CABG" (Coronary Artery Bypass Graft) heart surgery times four (4) vessels like Resident #2, "At what point do you draw the line?" RN #1 stated she guessed</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 121</p> <p>Resident #2 had been deceased at a minimum of one (1) hour and "probably" two (2) to four (4) hours when she found him/her non-responsive. She further stated she did not want to "break" Resident #2's ribs by performing CPR, and felt it was "futile" to do it. Further interview revealed RN #1 stated she also did not want to "desecrate" Resident #2's body.</p> <p>Interview with CNA #3 on 04/06/15 at 8:20 PM, revealed she was working at the time of the incident involving Resident #2. Per interview, she and CNA #4 were at the nurse's station charting when RN #1 requested help with Resident #2. She stated she, RN #1 and CNA #4 went to Resident #2's room, and CNA #4 asked if the resident was still alive with RN #1 responding she didn't think so. CNA #3 stated RN #1 requested the CNAs go back to the nurse's station to check the resident's chart to determine if Resident #2 was a "Full Code". Per CNA #3, they went back to the nurse's station, checked the chart and noted the resident was a "Full Code". Continued interview revealed when they returned to Resident #2's room, they informed RN #1 the resident was a "Full Code" and she needed to initiate CPR. CNA #3 stated RN #1 told them (the CNAs) she did want to "break" Resident #2's ribs. She stated RN #1 did not initiate CPR.</p> <p>Review of the facility's investigation's documents of CNA #3's written statement, undated, revealed after being told Resident #2 was a Full Code, RN #1 stated she didn't want to break Resident #2's ribs and requested CNA #3 and CNA #4 perform post-mortem care on the resident's body. Continued review of the investigation revealed CNA #3 thought she felt a pulse, and CNA #4 thought she saw the resident breathing during the</p> | F 309  |   |                      |

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| F 309  | <p>Continued From page 122</p> <p>provision of post-mortem care which they reported to RN #1. Further review of CNA #3's written statement revealed RN #1 listened for a heartbeat with a stethoscope and determined there was none, then she pronounced the resident deceased.</p> <p>Interview with CNA #4 on 04/06/15 at 8:00 PM, revealed she was working at the time of the incident involving Resident #2, and had completed her resident rounds approximately every two (2) hours. Per CNA #4, she had last rounded on Resident #2 at approximately 4:00 AM, and the resident was in no distress. CNA #4 stated before 5:00 AM, RN #1 came to the nurse's station and asked her and CNA #3 to help her with Resident #2. According to CNA #4, when the three (3) of them entered Resident #2's room, she observed the resident to be "yellow" in color and she asked the RN if the resident was still alive. She stated RN #1 replied she didn't think so, and then asked them (the two (2) CNAs) to go to the nurse's station to check the chart for Resident #2's code status. She stated she and CNA #3 checked Resident #3's chart, noted the resident was a "Full Code" and returned to tell RN #1 this information. CNA #4 stated RN #1 told her and CNA #3 she wasn't going to do CPR because she didn't want to "break" Resident #2's ribs. The CNA stated RN #1 didn't initiate CPR even though Resident #2 was a "Full Code", and then RN #1 asked her and CNA #3 to do post-mortem care on the resident's body. Further interview revealed during the post-mortem care, Resident #2's body was warm and she thought she saw the resident take a breath which she reported to RN #1. CNA #4 stated RN #1 listened with a stethoscope for a heartbeat, and she didn't hear one and requested the CNAs to continue</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 123 with the post-mortem care.</p> <p>Interview, on 04/06/15 at 12:38 PM, with RN #4 revealed she had reported to work on 03/28/15 at 6:00 AM, and it was reported to her Resident #2 had "just passed away". She stated when she got to work, the night shift CNAs, (CNA #3 and CNA #4) were "teary eyed" because the nurse had not done CPR for Resident #2. RN #4 stated CNA #3 reported to her that she had felt a pulse two (2) or three (3) times, and had told RN #1. According to RN #4, CNA #4 told her Resident #2 had taken "at least one (1) breath, maybe two (2)" and she had reported this information to RN #1. RN #4 stated RN #1 reported to her she didn't do CPR for Resident #2 because she didn't want to break the resident's ribs.</p> <p>Interview with the Director of Nursing (DON), on 04/02/15 at 11:40 AM and at 2:19 PM, revealed RN #1 had left her a voice message on her cellular (cell) telephone (phone) on 03/28/15 around 4:50 AM, reporting Resident #2 had expired. Continued interview revealed she talked to RN #1 on 03/28/15 around 11:30 AM, and RN #1 reported to her she did not initiate CPR for Resident #2 because the resident had already expired and she (RN #1) did not want to "break" the resident's ribs. She stated RN #1 reported Resident #2 had a lot of heart and medical issues. The DON revealed the facility did not have specific procedures in the event death should occur to a resident with a Full Code status; however, her expectation was CPR would be initiated immediately and "911" called to transport the resident to a hospital. She stated the facility also did not have a CPR specific policy but her expectation was if a resident was found unresponsive, the nurse should assess the</p> | F 309  |   |   |

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| F 309  | <p>Continued From page 124</p> <p>resident and if no pulse or breathing was found, check for the resident's code status. The DON stated for Resident #2, CPR was not initiated and it should have been, as per the resident's wishes.</p> <p>Interview with the Administrator, on 04/06/15 at 11:53 AM, revealed the facility's procedure had been for staff to initiate CPR if they were certified to do so, otherwise they were to call "911" for emergency services. The Administrator stated his expectation was the facility's licensed nurses should know which residents had a Full Code Status and if that was their status, CPR should immediately be initiated if the resident was found unresponsive with no signs of life. Further interview revealed RN #1 should have initiated CPR when she identified Resident #2 was unresponsive with no signs of life.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15, which alleged removal of the IJ effective 04/12/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> <li>On 03/28/15, the Director of Nursing (DON) initiated an investigation into the incident involving Resident #2. The DON interviewed (Registered Nurse) RN #1, Certified Nursing Assistant (CNA) #3 and CNA #4 regarding Resident #2 not receiving Cardiopulmonary Resuscitation (CPR) even though the resident was Full Code status. RN #1 was suspended pending the facility's investigation. On 03/30/15, an initial report of the incident involving Resident #2 on 03/28/15 was sent to the State Agency by the Social Services Director.</li> <li>On 03/30/15, RN #1 was terminated from her</li> </ol> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 125<br/>position of employment with the facility.</p> <p>3. On 03/30/15, the facility developed a Code Status Acknowledgement policy which included the procedure for a visual identification system. Full Code status residents would be identified by application of a green bracelet to the resident's wrist, and placement of a green sticker outside the resident's door beside their name. A resident with a Do Not Resuscitate (DNR) status would have a black sticker on the door by their name.</p> <p>4. On 03/31/15, the DON and the Assistant DON (ADON) conducted education in small group sessions to all staff (with the exception of four (4) staff on medical leave) related to their knowledge and understanding of the facility's Code Status Acknowledgement policy. Education related to the Code Status Acknowledgement policy was added to the training agenda for New Employee Orientation.</p> <p>5. On 03/31/15, Medical Records personnel conducted a review of all current residents in the facility to verify their code status.</p> <p>6. On 03/31/15 through 04/01/15, the Social Services Director (SSD) reviewed Advance Directives with all current "Full Code" status residents and/or their Power of Attorney (POA) to ensure their code status was accurate.</p> <p>7. On 04/01/15, the SSD verified the Code Status Acknowledgement policy was implemented by a visual inspection of all full code status residents to ensure each had a green bracelet on their wrist and a green sticker next to their name on the door.</p> | F 309  |   |                      |   |

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| F 309  | Continued From page 126<br>8. The SSD monitored daily beginning 04/01/15 through 04/11/15, to ensure all full code status residents continued to wear a green bracelet and had a green sticker next to their name on the outside of their door.<br><br>9. On 04/06/15 through 04/11/15, the Administrator and the DON made daily rounds through the facility on all shifts to question and talk with staff about the new Code Status policy.<br><br>10. On 04/07/15, the Administrator educated the Minimum Data Set (MDS) staff related to resident's code status documented on the resident's Comprehensive Care Plan (CCP) and it was to be reviewed at the resident Care Plan Conferences.<br><br>11. On 04/07/15, MDS staff conferred with Medical Records staff to verify each residents' code status was correct. The MDS staff revised all resident CCPs to reflect each resident's Advance Directives.<br><br>12. On 04/07/15, the Code Status Policy was revised to incorporate Instructions to add code status to resident CCPs on admission.<br><br>13. Beginning 04/15/15, the SSD will review code status with all the residents and/or their POA during resident Care Plan Conferences.<br><br>14. On 04/07/15, the DON audited all licensed Charge Nurse's personnel files for the presence of current CPR certifications, and found two (2) who were not current. On 04/08/15, all licensed nurses were instructed to have current CPR certification by 04/10/15. | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 127</p> <p>15. On 04/08/15, the Administrator implemented a CPR policy and a Code 500 Policy. On 04/08/15, the Administrator provided education to the DON and the ADON related to the new CPR and Code 500 policies.</p> <p>16. On 04/08/15 through 04/11/15 the DON and the ADON conducted education with all staff related to the CPR, Code Status, Code Status Acknowledgement and Code 500 policies and General Documentation Guidelines for CPR, with post-education tests implemented on 04/10/15, to ensure the staff's knowledge and understanding of the policies.</p> <p>17. On 04/09/15, the Administrator audited all current resident charts to verify the code status was on each resident's CCP, with no issues identified.</p> <p>18. The DON will audit new hire nursing staff for CPR certification expiration dates and will schedule CPR certification courses as necessary to ensure all charge nurses maintained CPR certifications.</p> <p>19. On 04/10/15, the Administrator audited all nurses' personnel files to ensure all were CPR certified as instructed on 04/08/15. No issues were identified and the Administrator will continue to verify the DON audits of Charge Nurse's personnel files to ensure they maintain CPR certification.</p> <p>20. On 04/10/15, the Administrator audited the current facility schedule to verify a CPR certified staff member was present in the facility at all times. The Administrator will continue to audit the nurse schedule monthly, and when changes</p> | F 309  |   |   |

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| F 309  | <p>Continued From page 128</p> <p>occur, to ensure all shifts are staffed with a CPR certified nurse.</p> <p>21. On 04/10/15, the Administrator, the DON and the ADON conducted a Mock Code 500 drill and reviewed findings after completion with staff who responded to the drill. The facility will conduct Mock Code 500 drills on a weekly basis for the next sixty (60) days, on different days and shifts. The Administrator and the DON will monitor Code 500 documentation for completeness and accuracy.</p> <p>22. On 04/10/15, the Administrator notified the Medical Director of the code policy revisions.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the facility's investigation of the incident revealed RN #1, CNA #3 and CNA #4 were interviewed related to the Code 500 event involving Resident #2. Continued review of the investigations revealed, RN #1 was suspended on 03/28/15, pending the investigation results. Per review, the initial report was sent to the State Survey Agency regarding the Code event involving Resident #2 on 03/30/15, and it was signed by the SSD.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed she had initiated the investigation on 03/28/15, and interviewed the staff involved (RN #1, CNA #3 and CNA #4). Per interview, RN #1 was suspended from work pending the results of the investigation. The DON stated the SSD sent the initial report of the incident to the State Survey Agency on 03/30/15.</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 129</p> <p>2. Review of RN #1's personnel file verified she was terminated from her employment at the facility. Interview with RN #1 on 04/04/15 at 3:26 PM, confirmed her employment at the facility was terminated on 03/30/15.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed RN #1's employment was terminated on 03/30/15.</p> <p>3. Review of the facility's Code Status Acknowledgement policy, dated 03/30/15, and revised 04/09/15, revealed it included the procedure for visual identification of a resident's code status. Per the Policy, Full Code status residents would wear a green bracelet on their wrist and have a green sticker located outside the room door by their name.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the facility's Code Status Acknowledgement policy now included the procedure for visual identification of a resident's code status through Full Code residents wearing a green bracelet on their wrist and a green sticker placed by the resident's name outside their room door.</p> <p>4. The facility's CPR policy and Code 500 policy, Code Status policy and Code Status Acknowledgement policy were reviewed. Review of the facility's in-service sign-in forms dated 03/31/15, revealed staff was educated on the facility's Code Status Acknowledgement policy and the other code related policies. Review of the facility's New Employee Education Pack revealed the Code Status Acknowledgement policy education had been added.</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 130</p> <p>Interview on 04/06/15 at 8:00 AM with CNA #4; at 8:20 AM with CNA#3; at 12:38 PM with LPN #6; at 1:58 PM with CNA #5; at 2:00 PM with CNA #6; at 3:55 PM with CNA #11; and, at 4:05 PM with LPN #7 revealed they had all been provided education related to the facility's Code Status Acknowledgement Policy between 03/31/15 and 04/11/15, in small group sessions.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the education on the Code Status Acknowledgement policy had been provided as per the AOC, with all but four (4) staff receiving the education. The DON stated the four (4) staff who had not receive the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per Interview, the education was added to the new hire orientation training agenda.</p> <p>5. Review of the Medical Records documentation related to the verification of all residents' code status, revealed all residents' code status was verified.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM, revealed after Medical Records compiled the code status information, she verified it with comparison to the residents' written signed consents.</p> <p>6. Review of the documentation of the SSD's Advance Directives review with all current "Full Code" status residents and/or their POAs to ensure the code was accurate revealed the code status was verified for each resident from 03/31/15 through 04/01/15.</p> <p>Interview, on 04/02/15 at 1:20 PM, with Resident</p> | F 309  |   |                      |

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| F 309  | <p>Continued From page 131</p> <p>#3 revealed his/her daughter was the resident's POA and talked to staff about decisions regarding his/her care; however, a green bracelet (indicated a Full Code status) had been placed on him/her on 04/01/15. Interview, on 04/15/15 at 11:07 AM, with Resident #9 revealed the SSD had talked to the resident about his/her "Full Code" status. Interview, on 04/14/15 at 12:24 PM, with Resident #10 revealed the SSD had discussed the resident's "Full Code" status with him/her and he/she had made the decision to have the code status changed to a DNR. Interview, on 04/14/15 at 12:45 PM, with Resident #8 revealed the resident thought someone had talked with him/her about Advance Directives; however, he/she could not recall who had talked to him/her. Resident #8 revealed he/she was not aware of what his/her Advance Directive or code status was at this time.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the Advance Directives review with "Full Code" status residents and/or their POA to verify the code status was accurate. The SSD revealed if a resident requested to change their status, it was changed as requested.</p> <p>7. Review of documentation of the check off sheet, dated 04/01/15, revealed the SSD had verified all Full Code status residents had a green bracelet on their wrist and a green sticker next to their name on their door.</p> <p>Observation revealed eleven (11) of eleven (11) residents, who were "Full Code" status, were wearing a green bracelet and had a green sticker outside the room door by their name.</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 132</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted a visual inspection of all "Full Code" residents on 04/01/15 to ensure the Code Status Acknowledgement policy had been implemented. Per the SSD, she verified all the "Full Code" status residents were wearing a green bracelet and a green sticker was by the resident's name outside their room door.</p> <p>8. The computer generated "Full Code" status logs utilized by the SSD to monitor that all "Full Code" status residents had a green sticker on their door by their name and was wearing a green bracelet. The review revealed the SSD's "Full Code" status log had been checked and signed by the Administrator on 04/10/15, to verify the log had been completed by the SSD.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the monitoring beginning 04/01/15 through 04/11/15, to ensure residents had the green bracelet on if they had a "Full Code" status, and to ensure the green sticker was beside their names outside their room doors.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had reviewed the SSD log and verified the SSD had completed the monitoring to ensure "Full Code" status residents had their green bracelet in place and the green sticker was beside their name outside the room door.</p> <p>9. Reviewed the Administrator's and DON's daily rounds log sheet dated 04/06/15 through 04/11/15, which revealed the rounds were made each day on all shifts. Reviewed the documentation of the educational questions and</p> | F 309  |   |   |

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| F 309  | <p>Continued From page 133 answers that were reviewed with staff.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeper #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18, the Administrator and DON had been completing rounds on each shift questioning and educating staff about codes and the facility's code status policies.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM and at 3:00 PM with the Administrator, revealed they had conducted the daily rounds throughout the facility on all shifts to question and talk with staff about the facility's Code Status policy. They stated they had ensured staff understood the new policy with no problems identified. Per interview, the results of the daily rounds would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>10. Reviewed the education given to the MDS staff by the Administrator related to ensuring residents' code status was documented on the CCP and that the code status was to be reviewed at residents' care plan conferences.</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed the education had been provided by the Administrator regarding residents' code status being on the care plan and ensuring</p> | F 309  |   |                      |

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| F 309  | <p>Continued From page 134<br/>the code status was discussed in the residents' care plan meetings.</p> <p>11. Reviewed 100% of the facility's residents' CCPs which revealed each resident's code status was care planned with interventions.</p> <p>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed MDS staff had talked to the Medical Records staff to verify each resident's code status was correct. Per interview, MDS staff revised all resident's CCPs to address each resident's Advance Directives including the code status.</p> <p>12. Reviewed the Code Status Policy which revealed it had been revised April 2015, and included ensuring each resident's CCP included the code status be incorporated on admission. Reviewed the facility's "Admission Checklist for Nursing" form which revealed it included the information for nurse's to obtain an order for the new resident's code status, place the appropriate sticker on the resident's nameplate, place a green bracelet on "Full Code" residents and ensure the code status was added to the resident's care plan.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed the facility's Code Status Policy had been revised as per the AOC.</p> <p>13. Reviewed Care Plan Conference notes, dated 04/15/15, which included reviewing the resident's "Code Status" at the planned Care Plan Conferences.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed residents' code status was being</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 135<br/>discussed at care plan conferences which began on 04/15/15.</p> <p>14. On 04/16/15, the "Employee Roster Report" listing of all licensed staff with CPR expiration dates and copies of their CPR certification was reviewed. Reviewed the CPR certification class roster and certification cards from classes provided by the facility on 04/09/15 and 04/10/15. Review of the documentation revealed all licensed nursing staff now had current CPR certification.</p> <p>15. Reviewed the facility's CPR and Code 500 policies. Reviewed the sign in sheet and education provided by the Administrator to the DON and ADON related to the CPR and Code 500 Policy dated 04/08/15.</p> <p>Interview with the DON and ADON, on 04/16/15 at 2:28 PM, revealed they had been educated by the Administrator on 04/08/15, regarding the CPR and Code 500 policies.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed the facility's CPR and Code 500 policies had been implemented on 04/08/15, as per the AOC. A post-survey interview on 05/01/15 at 9:32 AM, with the Administrator revealed after becoming aware of the need to have someone CPR certified in the building at all times, he had read the regulatory requirements and conferenced with the Consultant Administrator for guidance. Per interview, the Consultant Administrator had discussed with him getting staff CPR certified and what needed to be done to ensure this was done. The Administrator stated he and the Consultant Administrator had communication "all the way</p> | F 309  |   |   |

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| F 309  | <p>Continued From page 136 through the process and had developed the plan of action.</p> <p>16. Reviewed the sign-in sheets and education provided by the DON and ADON for all staff related to the CPR and Code 500 Policy, dated 04/08/15 through 04/11/15 and reviewed the post-tests.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeping #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18 revealed they had all been educated on the CPR and Code 500 policies, and other code policies and General Documentation Guidelines for CPR, and had taken a post-test after the education.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed all but four (4) staff had received the education on the facility's code policies and CPR policy. The DON stated the four (4) staff who had not received the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new hire orientation training agenda.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed facility staff had been educated on the CPR, Code 500 and other code policies, as per the AOC.</p> | F 309  |   |                      |   |

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| F 309  | <p>Continued From page 137</p> <p>17. Reviewed the Administrator's audits of all resident's CCP for verification that each residents' code status was care planned. The audits revealed each resident had a "Code Status" CCP with no issues identified and the Administrator had signed the audits as completed on 04/09/15.</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had completed the audit of all residents' CCPs on 04/09/15, with no problems noted, as per the AOC. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>18. Interview, on 04/16/15 at 2:26 PM, with the DON revealed she would audit all newly hired nursing staff for their CPR certification expiration dates. Per interview, she would schedule CPR certification courses as necessary to make sure the Charge Nurses all maintained their CPR certification.</p> <p>19. Reviewed the Administrator's audits, performed on 04/10/15, of all nurses' personnel files to ensure they were CPR certified. The audits revealed each licensed staff's CPR certification was present with the expiration date, and no issues were identified by the Administrator.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had performed the audits of all nurses' personnel files for CPR certification on 04/10/15, and had not identified a problem. The Administrator revealed he would continue to monitor the DON's verification of the</p> | F 309  |   |   |

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| F 309  | <p>Continued From page 138</p> <p>Charge Nurse's CPR certification to ensure they maintained current CPR certification. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>20. Reviewed the Administrator's audit of the current facility schedule verifying a CPR certified staff member was present in the facility at all times, dated 04/10/15.</p> <p>Interview, on 04/16/15 at 3:00 PM, with the Administrator revealed he had completed the audit of the facility's current schedule to verify a CPR certified staff member was present in the facility at all times on 04/10/15. He revealed he would continue to monitor the nursing schedule monthly to ensure all shifts were staffed with a CPR certified nurse. Per interview, the results of the audits would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues discussed with development of a plan to correct the problem.</p> <p>21. Reviewed the sign in sheet and notes for the Mock Code Drill, conducted on 04/10/15.</p> <p>Interview on 04/15/15: at 11:45 AM with RN #4; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; and, at 2:10 PM with LPN #8 revealed the Mock Code Drill had been completed by the facility, and the findings had been reviewed with staff and allowed for staff input.</p> <p>Interview, on 04/16/15 at 2:26 PM with the DON and at 3:00 PM, with the Administrator revealed the Mock Code Drill had been completed on</p> | F 309  |   |                      |   |

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| F 309              | Continued From page 139<br>04/10/15, as per the AOC. They stated the results had been discussed with staff afterwards. The Administrator and DON revealed the facility would continue to conduct Mock Code Drills weekly for sixty (60) days on different days and shifts, and they would monitor the documentation of the drills for accuracy and completeness, as per the AOC.<br><br>22. Interview, on 04/16/15 at 1:20 PM, with the Medical Director revealed the facility had notified him of the Immediate Jeopardy and findings. Per interview, he had also been notified of the changes made to the facility's code policies and the new system for identification of "Full Code" residents.  | F 309         |  |                      |
| F 490<br>SS=K      | 483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING<br><br>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review, review of the "Job Description for Administrator", and review of the facility's policy, it was determined the facility failed to ensure it was administered in a manner which enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychological well-being of each resident. The facility's Administration failed to ensure residents' | F 490         | The Administrator has available resources in multiple forms that were utilized to develop systems required to bring the facility into compliance and to continue to attain or maintain the highest practicable physical, mental, and psycho-social well being of each resident.<br><br>The Administrator has had direct resident observation and interaction, direct staff observation and interaction, and interaction with family members on multiple shifts on a daily basis since 4/6/15. The Administrator has assisted in development and creation of policies and procedures to direct staff on Code Status Acknowledgement, Code |                      |

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| F 490  | <p>Continued From page 140</p> <p>Advance Directives and code status preferences were honored; and, failed to evaluate the facility's policies and staffing requirements, to maintain an effective system to ensure Advance Directives and personal choices were implemented.</p> <p>On 03/25/15, Resident #2's Responsible Party signed Advance Directives requesting "Full Code" status for the resident, with life-saving measures to include cardiopulmonary resuscitation (CPR), in the event the resident's heart or lungs failed to function. On 03/28/15 at approximately 4:50 AM, Registered Nurse (RN) #1 found Resident #2 to be unresponsive; however, the nurse failed to honor the resident's Advanced Directives related to his/her "Full Code" status when she did not initiate CPR.</p> <p>Furthermore, the facility failed to ensure that at least one staff member trained in the provision of CPR was on duty at all times. Additionally, the facility failed to ensure residents' care plans were developed to include interventions in accordance with each resident's Advance Directives and personal preferences related to code status. Review of the facility's policies revealed they were not specific regarding the requirements related to staff providing CPR and they did not address the regulatory requirements for CPR-trained staff to be on duty at all times. (Refer to F155, F279, F281, F309 and F514.)</p> <p>The facility's failure to have an effective Administrator with oversight of planned interventions to ensure residents' wishes were honored at end-of-life placed Resident #2 and other residents at risk for serious injury, harm, impairment, or death. Immediate Jeopardy (IJ) was identified on 04/07/15, and was determined</p> | F 490  | <p>Status, Code 500, and CPR.</p> <p>Administrator has reviewed records for accuracy and consistency, held weekly meetings with DON and Social Worker, participated in weekly QAPI Committee meeting, discussed facility progress with Medical Director and provided progress report to Board of Directors.</p> <p>The Administrator will direct the efforts of the employees of the facility and directly oversee their actions in order to implement the Plan of Correction. Additional financial resources will be made available as needed to ensure the success of the implementation. If immediate action were to be required before report to the QAPI Committee meeting, the Administrator would take this action. The action is tasked to the role that would resolve the issue.</p> <p>The Administrator will be available on a daily basis twenty-four hour per day as needed to answer questions, provide guidance, and authorize utilization of resources as necessary. Social Worker will provide Administrator with results of "Full Code" status audits for review to ensure all residents advance directives</p> |                      |   |

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| F 490  | <p>Continued From page 142</p> <p>Policy", dated July 2011, revealed the facility recognized two (2) code status options for its residents, Full Code and Do Not Resuscitate (DNR) status. (DNR status indicates no life-saving resuscitative measures are to be taken if an individual is found to be without signs of life.) Further review revealed Full Code status required the resident or Responsible Party to sign a Code Status Consent form.</p> <p>Review of the facility's "Resident Rights", undated, revealed residents had a right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility. Further review revealed the facility would maintain written policies and procedures regarding Advance Directives, including provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an Advance Directive. Continued review revealed the facility would provide staff education concerning its policies and procedures related to Advance Directives.</p> <p>Review of the facility's policy titled "Resident Care Plan", dated 05/01/09, revealed the resident care plan would reflect the specific needs of the resident. Continued review revealed the services provided or arranged by the facility would meet professional standards.</p> <p>On 03/28/15, Resident #2 was found to be unresponsive, with no pulse and no respiratory effort, by RN #1. Review of the Advance Directives, signed by the Responsible Party on 03/25/15, and review of the Physician's Order revealed Resident #2 was Full Code status;</p> | F 490  | <p>are properly identified. Administrator will review documentation from Care Plan Conferences to ensure Social Worker is discussing advance directives with residents/ responsible parties. Administrator will review all abuse questionnaires weekly according to monitoring schedule to ensure staff knowledge and understanding of Abuse Prevention policy. Administrator will immediately conduct Abuse Education with staff if questionnaires reveal need for further education. The Administrator will audit all Mock Code 500 drill forms to ensure staff knowledge and understanding of Code 500 policy and procedures. Administrator will review CPR Certification expiration dates with DON on a monthly basis to ensure charge nurses retain CPR Certification. The Administrator will directly participate in the QAPI Committee meetings in order to monitor the performance of employees and measure their progress.</p> <p>The Board of Directors have taken an active part in overseeing the operation of the facility. The resources referred to above that were available to the Administrator were as follows: 1) The</p> |   |

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| F 490  | Continued From page 143 however, RN #1 did not initiate CPR in accordance with the resident's wishes. (Refer to F155 and F281)<br><br>Review of the active comprehensive Care Plan for Resident #2 revealed no interventions related to the resident's code status or personal choices according to his/her Advance Directives. (Refer to F279)<br><br>Review of CPR training records and staffing schedules revealed the facility failed to have an effective system to ensure at least one (1) staff member was CPR certified and on duty in the facility at all times, as required by regulation. Review of the facility's "Daily Staffing Sheet" forms revealed from 02/01/15 through 04/06/15, there were three (3) night shifts which did not have a CPR certified person present in the facility.<br><br>Interview with the Administrator, on 04/06/15 at 11:53 AM, revealed the facility did not have a policy specific to initiating CPR. He stated it was facility practice for CPR to be started immediately by a person trained to do so if a resident with Full Code status became unresponsive without cardiac and/or respiratory function. He further stated "9-1-1" was to be called for emergency assistance if no one present was trained in CPR. Continued interview revealed the facility did not have a policy or requirement for all licensed nursing staff to obtain and maintain a current CPR certification, and did not have a system in place to ensure a CPR certified staff member was on duty at all times. Review of the "Job Description for Administrator", signed by the Administrator on 01/07/14, revealed the Administrator was responsible to study and keep | F 490  | full support of the Board of Directors as advisors; 2) The full financial support available for any changes/equipment that may be required, including increases in wages and making changes in positions; 3) Full charge authority within the facility to direct all employees as required to facilitate changes as necessary. | 6/12/15              |   |

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| F 490  | <p>Continued From page 144</p> <p>current with the changes of all regulations. However, interview with the Administrator revealed he was not aware, prior to this survey, of the regulatory requirement regarding staffing of the facility with CPR trained individuals at all times.</p> <p>Interview with the Administrator, on 04/06/15 at 11:53 AM, revealed the facility did not have a system in place to identify which residents were a "Full Code" status and which were a "DNR" status without checking the chart or the computer. He stated it was his expectation for the licensed nurses to know the code status of their residents, and to honor each resident's personal wishes according to their Advance Directives. He further stated if a resident was Full Code, CPR should be started immediately when the resident was determined to be without signs of life. Specifically, he stated RN #1 should have initiated CPR for Resident #2 as soon as the resident was discovered to be Full Code status and unresponsive.</p> <p>Subsequent interview with the Administrator, on 04/06/15 at 4:30 PM, revealed the facility did not develop Care Plans related to Advance Directives. However, he stated honoring each resident's wishes according to their Advance Directives was a care need concern, and should be included on the Comprehensive Care Plan.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15, which alleged removal of the IJ effective 04/12/15. Review of the AOC revealed the facility implemented the following:</p> <p>1. On 03/28/15, the Director of Nursing (DON)</p> | F 490  |   |                      |   |

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| F 490  | <p>Continued From page 145</p> <p>initiated an investigation into the incident involving Resident #2. The DON interviewed (Registered Nurse) RN #1, Certified Nursing Assistant (CNA) #3 and CNA #4 regarding Resident #2 not receiving Cardiopulmonary Resuscitation (CPR) even though the resident was Full Code status. RN #1 was suspended pending the facility's investigation. On 03/30/15, an initial report of the incident involving Resident #2 on 03/28/15 was sent to the State Agency by the Social Services Director.</p> <p>2. On 03/30/15, RN #1 was terminated from her position of employment with the facility.</p> <p>3. On 03/30/15, the facility developed a Code Status Acknowledgement policy which included the procedure for a visual identification system. Full Code status residents would be identified by application of a green bracelet to the resident's wrist, and placement of a green sticker outside the resident's door beside their name. A resident with a Do Not Resuscitate (DNR) status would have a black sticker on the door by their name.</p> <p>4. On 03/31/15, the DON and the Assistant DON (ADON) conducted education in small group sessions to all staff (with the exception of four (4) staff on medical leave) related to their knowledge and understanding of the facility's Code Status Acknowledgement policy. Education related to the Code Status Acknowledgement policy was added to the training agenda for New Employee Orientation.</p> <p>5. On 03/31/15, Medical Records personnel conducted a review of all current residents in the facility to verify their code status.</p> | F 490  |   |                      |   |

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| F 490  | <p>Continued From page 146</p> <p>6. On 03/31/15 through 04/01/15, the Social Services Director (SSD) reviewed Advance Directives with all current "Full Code" status residents and/or their Power of Attorney (POA) to ensure their code status was accurate.</p> <p>7. On 04/01/15, the SSD verified the Code Status Acknowledgement policy was implemented by a visual inspection of all full code status residents to ensure each had a green bracelet on their wrist and a green sticker next to their name on the door.</p> <p>8. The SSD monitored daily beginning 04/01/15 through 04/11/15, to ensure all full code status residents continued to wear a green bracelet and had a green sticker next to their name on the outside of their door.</p> <p>9. On 04/06/15 through 04/11/15, the Administrator and the DON made daily rounds through the facility on all shifts to question and talk with staff about the new Code Status policy.</p> <p>10. On 04/07/15, the Administrator educated the Minimum Data Set (MDS) staff related to resident's code status documented on the resident's Comprehensive Care Plan (CCP) and it was to be reviewed at the resident Care Plan Conferences.</p> <p>11. On 04/07/15, MDS staff conferred with Medical Records staff to verify each residents' code status was correct. The MDS staff revised all resident CCPs to reflect each resident's Advance Directives.</p> <p>12. On 04/07/15, the Code Status Policy was revised to incorporate instructions to add code</p> | F 490  |   |                      |   |

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| F 490  | Continued From page 141<br>to exist on 03/28/15. The facility was notified of the Immediate Jeopardy on 04/07/15.<br><br>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/14/15 with the facility alleging removal of the Immediate Jeopardy on 04/12/15. The State Survey Agency validated removal of the Immediate Jeopardy as alleged on 04/12/15, prior to exit on 04/16/15, with remaining non-compliance at a Scope and Severity of a "D" while the facility develops and implements a Plan of Correction and the facility's Quality Assurance (QA) monitors to ensure compliance with systemic changes.<br><br>The findings include:<br><br>Review of the Administrator's position description titled "Job Description for Administrator", signed by the Administrator on 01/07/14, revealed the Administrator was responsible for planning, organizing, staffing, directing, coordinating, reporting, budgeting, and the physical management of the facility, residents, and equipment, in accordance with established policies. Job Description for Administrator", signed by the Administrator on 01/07/14, revealed Continued review revealed the Administrator was responsible to develop policies regarding staff duties and activities, including personnel policies and individual job duties, and to delegate the authority required for staff performance of their jobs to the Department Head. Furthermore, the Administrator was to ensure the facility's policies were known by all employees. In addition, the Administrator was responsible to study and keep current with the changes of all regulations.<br><br>Review of the facility's policy titled "Code Status | F 490  |   |                      |   |

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| F 490  | <p>Continued From page 147<br/>status to resident CCPs on admission.</p> <p>13. Beginning 04/15/15, the SSD will review code status with all the residents and/or their POA during resident Care Plan Conferences.</p> <p>14. On 04/07/15, the DON audited all licensed Charge Nurse's personnel files for the presence of current CPR certifications, and found two (2) who were not current. On 04/08/15, all licensed nurses were instructed to have current CPR certification by 04/10/15.</p> <p>15. On 04/08/15, the Administrator implemented a CPR policy and a Code 500 Policy. On 04/08/15, the Administrator provided education to the DON and the ADON related to the new CPR and Code 500 policies.</p> <p>16. On 04/08/15 through 04/11/15 the DON and the ADON conducted education with all staff related to the CPR, Code Status, Code Status Acknowledgement and Code 500 policies and General Documentation Guidelines for CPR, with post-education tests implemented on 04/10/15, to ensure the staff's knowledge and understanding of the policies.</p> <p>17. On 04/09/15, the Administrator audited all current resident charts to verify the code status was on each resident's CCP, with no issues identified.</p> <p>18. The DON will audit new hire nursing staff for CPR certification expiration dates and will schedule CPR certification courses as necessary to ensure all charge nurses maintained CPR certifications.</p> | F 490  |   |   |

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| F 490  | <p>Continued From page 148</p> <p>19. On 04/10/15, the Administrator audited all nurses' personnel files to ensure all were CPR certified as instructed on 04/08/15. No issues were identified and the Administrator will continue to verify the DON audits of Charge Nurse's personnel files to ensure they maintain CPR certification.</p> <p>20. On 04/10/15, the Administrator audited the current facility schedule to verify a CPR certified staff member was present in the facility at all times. The Administrator will continue to audit the nurse schedule monthly, and when changes occur, to ensure all shifts are staffed with a CPR certified nurse.</p> <p>21. On 04/10/15, the Administrator, the DON and the ADON conducted a Mock Code 500 drill and reviewed findings after completion with staff who responded to the drill. The facility will conduct Mock Code 500 drills on a weekly basis for the next sixty (60) days, on different days and shifts. The Administrator and the DON will monitor Code 500 documentation for completeness and accuracy.</p> <p>22. On 04/10/15, the Administrator notified the Medical Director of the code policy revisions.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the facility's investigation of the incident revealed RN #1, CNA #3 and CNA #4 were interviewed related to the Code 500 event involving Resident #2. Continued review of the investigations revealed, RN #1 was suspended on 03/28/15, pending the investigation results. Per review, the initial report was sent to the State</p> | F 490  |   |                      |   |

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| F 490  | <p>Continued From page 149</p> <p>Survey Agency regarding the Code event involving Resident #2 on 03/30/15, and it was signed by the SSD.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed she had initiated the investigation on 03/28/15, and interviewed the staff involved (RN #1, CNA #3 and CNA #4). Per interview, RN #1 was suspended from work pending the results of the investigation. The DON stated the SSD sent the initial report of the incident to the State Survey Agency on 03/30/15.</p> <p>2. Review of RN #1's personnel file verified she was terminated from her employment at the facility. Interview with RN #1 on 04/04/15 at 3:26 PM, confirmed her employment at the facility was terminated on 03/30/15.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed RN #1's employment was terminated on 03/30/15.</p> <p>3. Review of the facility's Code Status Acknowledgement policy, dated 03/30/15, and revised 04/09/15, revealed it included the procedure for visual identification of a resident's code status. Per the Policy, Full Code status residents would wear a green bracelet on their wrist and have a green sticker located outside the room door by their name.</p> <p>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the facility's Code Status Acknowledgement policy now included the procedure for visual identification of a resident's code status through Full Code residents wearing a green bracelet on their wrist and a green sticker placed by the resident's name outside their room</p> | F 490  |   |   |

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| F 490  | Continued From page 150 door.<br><br>4. The facility's CPR policy and Code 500 policy, Code Status policy and Code Status Acknowledgement policy were reviewed. Review of the facility's in-service sign-in forms dated 03/31/15, revealed staff was educated on the facility's Code Status Acknowledgement policy and the other code related policies. Review of the facility's New Employee Education Pack revealed the Code Status Acknowledgement policy education had been added.<br><br>Interview on 04/06/15 at 8:00 AM with CNA #4; at 8:20 AM with CNA#3; at 12:38 PM with LPN #6; at 1:58 PM with CNA #5; at 2:00 PM with CNA #6; at 3:55 PM with CNA #11; and, at 4:05 PM with LPN #7 revealed they had all been provided education related to the facility's Code Status Acknowledgement Policy between 03/31/15 and 04/11/15, in small group sessions.<br><br>Interview, on 04/16/15 at 2:26 PM, with the DON revealed the education on the Code Status Acknowledgement policy had been provided as per the AOC, with all but four (4) staff receiving the education. The DON stated the four (4) staff who had not receive the education were on medical leave, but would not be put on the schedule to work until they had received the education. Per interview, the education was added to the new hire orientation training agenda.<br><br>5. Review of the Medical Records documentation related to the verification of all residents' code status, revealed all residents' code status was verified.<br><br>Interview with the DON, on 04/16/15 at 2:26 PM, | F 490  |   |                      |   |

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| F 490  | <p>Continued From page 151</p> <p>revealed after Medical Records compiled the code status information, she verified it with comparison to the residents' written signed consents.</p> <p>6. Review of the documentation of the SSD's Advance Directives review with all current "Full Code" status residents and/or their POAs to ensure the code was accurate revealed the code status was verified for each resident from 03/31/15 through 04/01/15.</p> <p>Interview, on 04/02/15 at 1:20 PM, with Resident #3 revealed his/her daughter was the resident's POA and talked to staff about decisions regarding his/her care; however, a green bracelet (indicated a Full Code status) had been placed on him/her on 04/01/15. Interview, on 04/15/15 at 11:07 AM, with Resident #9 revealed the SSD had talked to the resident about his/her "Full Code" status. Interview, on 04/14/15 at 12:24 PM, with Resident #10 revealed the SSD had discussed the resident's "Full Code" status with him/her and he/she had made the decision to have the code status changed to a DNR. Interview, on 04/14/15 at 12:45 PM, with Resident #8 revealed the resident thought someone had talked with him/her about Advance Directives; however, he/she could not recall who had talked to him/her. Resident #8 revealed he/she was not aware of what his/her Advance Directive or code status was at this time.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the Advance Directives review with "Full Code" status residents and/or their POA to verify the code status was accurate. The SSD revealed if a resident requested to change their status, it was</p> | F 490  |   |                      |   |

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| F 490  | <p>Continued From page 152 changed as requested.</p> <p>7. Review of documentation of the check off sheet, dated 04/01/15, revealed the SSD had verified all Full Code status residents had a green bracelet on their wrist and a green sticker next to their name on their door.</p> <p>Observation revealed eleven (11) of eleven (11) residents, who were "Full Code" status, were wearing a green bracelet and had a green sticker outside the room door by their name.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted a visual inspection of all "Full Code" residents on 04/01/15 to ensure the Code Status Acknowledgement policy had been implemented. Per the SSD, she verified all the "Full Code" status residents were wearing a green bracelet and a green sticker was by the resident's name outside their room door.</p> <p>8. The computer generated "Full Code" status logs utilized by the SSD to monitor that all "Full Code" status residents had a green sticker on their door by their name and was wearing a green bracelet. The review revealed the SSD's "Full Code" status log had been checked and signed by the Administrator on 04/10/15, to verify the log had been completed by the SSD.</p> <p>Interview, on 04/16/15 at 1:06 PM, with the SSD revealed she had conducted the monitoring beginning 04/01/15 through 04/11/15, to ensure residents had the green bracelet on if they had a "Full Code" status, and to ensure the green sticker was beside their names outside their room doors.</p> | F 490  |   |                      |   |

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| F 490  | <p>Continued From page 153</p> <p>Interview, on 04/16/15 at 3:00 PM, with Administrator revealed he had reviewed the SSD log and verified the SSD had completed the monitoring to ensure "Full Code" status residents had their green bracelet in place and the green sticker was beside their name outside the room door.</p> <p>9. Reviewed the Administrator's and DON's daily rounds log sheet dated 04/06/15 through 04/11/15, which revealed the rounds were made each day on all shifts. Reviewed the documentation of the educational questions and answers that were reviewed with staff.</p> <p>Interview, on 04/15/15: at 11:45 AM with RN #4; at 1:20 PM with CNA #12; at 1:25 PM with House Keeper #14; at 1:30 PM with Dietary #15; at 1:40 PM with LPN #6; at 1:50 PM with LPN #1; at 2:10 PM with LPN #8; at 2:20 PM with CNA #13; at 3:40 PM with CNA #4; at 3:50 PM with CNA #11; at 7:10 PM with LPN #9; at 7:20 PM with RN #5; at 10:05 PM with CNA #3; at 10:19 PM with CNA #4; at 10:25 PM with CNA #17; and, at 10:30 PM with CNA #18, the Administrator and DON had been completing rounds on each shift questioning and educating staff about codes and the facility's code status policies.</p> <p>Interview with the DON, on 04/16/15 at 2:26 PM and at 3:00 PM with the Administrator, revealed they had conducted the daily rounds throughout the facility on all shifts to question and talk with staff about the facility's Code Status policy. They stated they had ensured staff understood the new policy with no problems identified. Per interview, the results of the daily rounds would be taken to the facility's Quality Assurance/Performance Improvement (QA/PI) Committee, and any issues</p> | F 490  |   |   |

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| F 490  | Continued From page 154<br>discussed with development of a plan to correct the problem.<br><br>10. Reviewed the education given to the MDS staff by the Administrator related to ensuring residents' code status was documented on the CCP and that the code status was to be reviewed at residents' care plan conferences.<br><br>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed the education had been provided by the Administrator regarding residents' code status being on the care plan and ensuring the code status was discussed in the residents' care plan meetings.<br><br>11. Reviewed 100% of the facility's residents' CCPs which revealed each resident's code status was care planned with interventions.<br><br>Interview with the MDS Coordinator on 04/16/15 at 3:05 PM, revealed MDS staff had talked to the Medical Records staff to verify each resident's code status was correct. Per interview, MDS staff revised all resident's CCPs to address each resident's Advance Directives including the code status.<br><br>12. Reviewed the Code Status Policy which revealed it had been revised April 2015, and included ensuring each resident's CCP included the code status be incorporated on admission. Reviewed the facility's "Admission Checklist for Nursing" form which revealed it included the information for nurse's to obtain an order for the new resident's code status, place the appropriate sticker on the resident's nameplate, place a green bracelet on "Full Code" residents and ensure the code status was added to the resident's care | F 490  |   |                      |   |