

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155295	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/11/2016
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NAME OF PROVIDER OR SUPPLIER CLINTON HOUSE HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 809 W FREEMAN ST FRANKFORT, IN 46041
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00194779 . This visit was in conjunction with the Recertification and State Licensure Survey. This visit resulted in an Extended Survey-Immediate Jeopardy.</p> <p>Complaint IN00194779-Substantiated. Federal/State deficiencies related to the allegations are cited at F155.</p> <p>Survey dates: March 7, 8, 9, 10 and 11, 2016</p> <p>Extended survey dates were March 8, 9, 10 and 11, 2016</p> <p>Facility number: 000192 Provider number: 155295 AIM number: 100291120</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 10 Medicaid: 53 Other: 4 Total: 67</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0155 SS=J Bldg. 00	<p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on March 16, 2016.</p> <p>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES</p> <p>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include 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. This includes a written description of the facility's policies to implement advance directives and applicable State law. Based on interview and record review the facility failed to ensure a resident's right in self determination regarding implementation of the formulated advanced directive which resulted in</p>	F 0155	<p>Resident # 2957 expired on 2/29/2016. Nurse was suspended pending investigation.</p>	04/01/2016	

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	<p>death, in that when a resident made the determination for CPR (cardio-pulmonary resuscitation) in the event of unresponsiveness or cardiac arrest, the Licensed Practical Nurse (LPN#4) failed to follow the resident's advanced directive and initiate CPR when he was found unresponsive. (Resident "B"). This deficient practice had the potential to affect all residents in the facility.</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate Jeopardy began on 2-29-16 when the nursing staff failed to provide medical intervention (CPR) to restore circulatory and respiratory function that had ceased. The Administrator and Regional Director of Clinical Operations were notified of the Immediate Jeopardy at 4:05 p.m., on 3-7-16.</p> <p>Findings include:</p> <p>The record for Resident "B" was reviewed on 3-7-16. Diagnoses included, but were not limited to, Atrial Fibrillation, Hypertension, Heart Failure, Chronic Obstructive Pulmonary Disease. The Resident was found in his recliner pulseless with no respirations on 2-29-16.</p> <p>On admission to the facility on 6-1-15,</p>		<p>Nurse's employment was terminated on 3/7/2016 and reported to the Indiana Professional Licensing Bureau for not initiating CPR on a full code resident.</p> <ul style="list-style-type: none"> · Residents who currently, or in the future, have the potential to be affected. · Licensed staff have been re-educated on the CPR process and their responsibilities of code status. Licensed and non-licensed staff have been re-educated on their roles and responsibilities during the CPR process. Staff was not allowed to work until they had been through CPR in-service. An audit was completed to validate current nurses with CPR certification. All new hires will be CPR certified or recertified 		

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	<p>the Resident's representative signed a form titled "Indiana Physician Orders for Scope of Treatment," indicating they requested attempted resuscitation in the event the resident had no pulse and is not breathing.</p> <p>During a review of the progress notes dated 2-29-16, it was noted the physician of record ordered a 2-view chest x-ray in response to telephone interaction with nurse. Resident had complained of shortness of breath.</p> <p>During an interview with spouse of Resident "B" on 3-7-16 at 11:30 a.m., she indicated she was present when LPN#4 entered room and listened to her husband's chest. She indicated "no one pushed on his chest."</p> <p>On 3-7-16, a written statement and signed statement was received from the x-ray technician. The statement indicated, the technician entered the room and spoke with spouse of the resident. The technician noticed no response from the resident with his mouth open and gray coloring of the skin. The technician left the room to get assistance from the nurse. The certified nurse aide (CNA#1) entered the room. The nurse entered the room with the technician. She checked for a pulse and checked for a heartbeat with</p>		<p>within 6 weeks of employment. Mock Code blues will be conducted by the Director of Staff Development 1 time on each shift monthly for 3 months, then quarterly thereafter.</p> <p>Non compliance will be addressed through re-education and progressive disciplinary actions as indicated. Results of audits will be reviewed in QAPI meeting monthly for 6 months.</p>	

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	<p>stethoscope. The technician indicated no CPR was performed on the resident. The technician and LPN#4 both left the room. CNA#1 stayed in the room with the spouse.</p> <p>During an interview with CNA#1 on 3-7-16 at 1:45 p.m., he indicated he entered the room after the x-ray technician left to get the nurse. He stated he observed the nurse check for pulse and heartbeat. He stated no CPR was started at that time. He stated he stayed in the room to comfort spouse until he left to retrieve a bed to place Resident "B" and assist with post mortem care.</p> <p>During an interview with RN#2 on 3-7-16 at 2:10 p.m., she indicated she was working on east hall when she was requested by the LPN#4 on the west hall for assistance. She was asked to confirm a resident had passed away. She entered the room and visually assessed the resident as having sallow complexion, no chest movement, she listened to chest and took vital signs in both wrists. Resident's recliner was in the upright position. She indicated LPN#4 and myself left the room. RN#3 was certified in CPR.</p> <p>During an interview with CNA#4 on 3-7-16 at 2:30 p.m., she indicated she followed both nurses into the room of</p>			

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	<p>Resident "B". She indicated she witnessed RN#3 checking resident for pulses. She noticed the recliner was in the upright position. She stayed to assist with post mortem care.</p> <p>During an interview with CNA#5 on 3-7-16 at 2:40 p.m., she indicated she was called into the room to assist other CNAs with hooyer lift to move Resident "B" from the recliner, which was in the upright position. The recliner had to be changed to the reclining position to place a hooyer pad under the resident to transfer him to a bed to perform post mortem care.</p> <p>During an interview with the Health Facility Administrator on 3-7-16 at 2:55 p.m., he indicated he was notified of the death of Resident "B" at 7 p.m., on 2-29-16.</p> <p>He indicated he knew they did not follow policy. He and the Director of Nursing (DON) asked LPN#4 to finish charting and suspended her. He indicated the Staff Development came into the facility and started re-education on CPR policy on 2-29-16. He started an investigation of the incident and reported to the Indiana State Department of Health on 3-1-16.</p> <p>During a telephone interview with LPN#4 on 3-7-16 at 3:20 p.m., she</p>			

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	<p>indicated the x-ray technician came out of room and stated she needed the nurse in the room. She stated she checked for pulses and started compressions while the resident was in the recliner and the spouse yelled at her to stop, she spoke to the spouse to make sure she was talking about CPR. She indicated she stopped compressions because he was in a bad position for CPR and she had no help. He was flaccid with no expression, in the recliner. She left the room to call the doctor and the night shift supervisor. She also called the DON. LPN#4 was certified in CPR.</p> <p>A review of the Procedure 235A on 3-7-16, titled Cardiopulmonary Resuscitation (CPR), dated August 2014. The procedure stated "... Basic Responsibility... Licensed Nurse, Other Purpose: to ventilate and establish circulation for a resident with absence of respirations and pulse. Assessment Guidelines: May include but are not limited to: -Pulse rate or absence of pulse -Pulse rhythm -Pulse quality -Cyanosis -Respiratory distress -Respiratory rate or absence of respirations - Respiratory rhythm</p>			

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	<p>-Respiratory quality</p> <p>-Level of consciousness</p> <p>-Vital signs</p> <p>-Allergies to assess if cardiac arrest is due to allergic reaction</p> <p>Equipment</p> <p>Cardiac arrest board or hard surface</p> <p>Sphygmomanometer and stethoscope</p> <p>Airway</p> <p>Suction machine</p> <p>Disposable CPR mask, use per manufacturer's instructions</p> <p>Face mask with hand held portable pressure device use per manufacturer's instruction</p> <p>Procedure</p> <p>1. CPR that is done properly or on a resident improperly or whose heart is still beating can cause serious injury. Do not perform CPR unless:</p> <p>a. The resident has stopped breathing or is breathing abnormally</p> <p>b. The resident is unresponsive and does not have signs of circulation and respirations</p> <p>c. No one with more training in CPR is present</p> <p>2. Determine unresponsiveness by tapping or gently shaking resident and shouting, "Are you okay?" If you suspect head or neck injury, do not shake.</p>			

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	<p>3. If the resident does not respond, call out for help.</p> <p>4. Delegate a specific individual to check resident's advance directives, orders and care plan for CPR, or no CPR (DNR) order; have specific individual call paramedics, attending physician and administrative personnel per facility procedure and report back to you as soon as possible.</p> <p>5. Do not start CPR if resident is breathing normally and has a pulse, Start emergency oxygen, delegate a specific individual to stay with the resident and monitor vital signs. Notify the attending physician of the resident's condition and request further orders for care,</p> <p>6. Position the resident on a cardiac arrest board or hard surface by back as a unit, supporting head and neck.</p> <p>Circulation:</p> <p>1. Determine pulselessness. Palpate the carotid artery gently to void compression the artery. Check circulation for no more than 10 seconds.</p> <p>2. If the resident is unconscious with no normal breathing and no pulse, begin compressions.</p>			

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	<p>3. Perform external chest compressions by placing heel of dominate hand on the center of the chest between nipples. The second hand should be placed directly on top of the first hand.</p> <p>4. Depress sternum 2 inches. Give 30 chest compressions at a rate of at least 100 compressions per minute. Keep hands of sternum during upstroke.</p> <p>Airway:</p> <p>1. Open airway using head tilt chin lift (by tilting the head back with one hand while lifting up the resident's chin with your other hand.)</p> <p>2. Maintain an open airway. Look in the mouth to make sure the airway is clear.</p> <p>3. If a foreign object is present, sweep it out right away.</p> <p>Breathing:</p> <p>1. If the resident is breathless or has abnormal breathing, perform rescue breathing by gently placing the face mask over the resident's nose and mouth to create an airtight seal.</p> <p>2. Deliver two breaths, each lasting one second. Pause between breaths.</p>			

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	<p>3. Observe for chest rise and fall. The volume of each rescue breath should be sufficient to produce visible chest rise.</p> <p>a. Avoid delivering more breaths that recommended or breaths that are too large or too forceful.</p> <p>b. If the resident's chest does not rise when first breath delivered, perform the head tilt/chin lift again before giving second breath.</p> <p>4. Allow chest deflation between breaths.</p> <p>5. If there are signs of circulation, but no signs of breathing continue to give rescue breaths at the rate of one breath very five seconds or twelve breaths per minute.</p> <p>Repeat cycle of 30 compressions to 2 breaths. Continue uninterrupted until you are relieved by another knowledgeable about CPR, emergency life support arrives; a physician pronounces the resident expired or you are unable to continue.</p> <p>CPR Quick Reference Guide- Adults</p> <p>1. Check the resident for responsiveness and normal breathing.</p> <p>2. Call for help. If the resident is unresponsive delegate someone to call 911 emergency services.</p> <p>3. Check pulse in the carotid artery of the neck</p>			

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	<p>4. If the patient is unconscious with normal breathing and no pulse, begin chest compressions.</p> <p>5. Locate the compression landmark: center of chest between nipples</p> <p>6. Do chest compressions with two hands stacked; heel of one hand on sternum. Give 30 chest compressions</p> <p>7. Open the airway. IF the resident is not breathing normally, begin rescue breathing: Give two full breaths at one second per breath.</p> <p>8. Continue cycle ration of 30 compressions to 2 breaths. Total rate of 100 compressions per minute with compression depth of 2 inches.</p> <p>Documentation Guidelines: Documentation may include: Completion of CPR Change of Condition Form Notification of physician Notification of resident family or responsible party...."</p> <p>The Immediate Jeopardy that began on 2-29-16 was removed on 3-8-16, but the noncompliance remained at the lower scope and severity of no actual harm with potential for more than minimal harm that is not immediate jeopardy because of the need for ongoing staff training. The surveyor confirmed the following by observation, interview and record review:</p>			

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	<p>1. The facility ensured the Advanced Directive forms were completed appropriately, and Physician ordered obtained and reflective of the resident's decision for end of life care. Resident care plans were reviewed and reflective of resident's end of life care.</p> <p>2. The facility completed an inservice for all licensed and unlicensed staff on code response currently available in the facility was completed on 3-8-16. Remaining staff would be required to be re-inserviced prior to next scheduled shift.</p> <p>3. The facility performed Mock Code Drill to ensure staff's understanding of responsibilities during a code. This was completed on all three shifts on 3-2-16 and 3-3-16.</p> <p>4. A review of staff involved in Resuscitative efforts were CPR certified. CPR certification reviewed and verified by ISDH surveyors on 3-8-16.</p> <p>5. Through observation, record review, staff were interviewed to ensure they were aware of the facility policy and procedure and their responsibility in regard to code status.</p>			

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	<p>This Federal Tag relates to the Complaint IN00194779.</p> <p>3.1-3(a) 3.1-3(u)(3)</p>			