

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

PRINTED: 12/19/2014
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155794 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/17/2014 |
| NAME OF PROVIDER OR SUPPLIER STRATFORD RETIREMENT LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2460 GLEBE ST CARMEL, IN 46032 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation on Complaint IN00160634.</p> <p>This visit resulted in a partial extended survey-Immediate Jeopardy.</p> <p>Survey Dates: December 15, 16 and 17, 2015 Extended date: December 17, 2014</p> <p>Facility Number: 011151 Provider Number: 155794 AIM Number: NA</p> <p>Survey Team: Bobbette Messman RN, TC Holly Duckworth RN</p> <p>Census Bed Type: SNF: 14 Residential 31 Total: 45</p> <p>Census Payor Type: Medicare: 9 Other: 5 Total 14</p> <p>Sample: 16</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on December 18, 2014.</p> | F 000 | | | |
| F 309 SS=J | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING | F 309 | | | |

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 309 | <p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to initiate Cardiopulmonary Resuscitation (CPR) for a resident who was found unresponsive with no respirations or pulse. This resident had chosen no advanced directive and would have been a full code. This deficient practice affected 1 of 2 residents reviewed for death. (Resident #B).</p> <p>This deficient practice resulted in Immediate Jeopardy. This Immediate Jeopardy began on 12/03/14 when facility staff failed to identify a resident as being a full code at the time of her death and failed to initiate cardiopulmonary resuscitation. The Administrator and Director of Nursing (DON) were notified of the immediate jeopardy on 12/16/14. The Immediate Jeopardy was removed on 12/4/14 and the deficient practice corrected on 12/11/14, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include: The clinical record for Resident #B was reviewed on 12/15/14 at 2:15 p.m. Diagnoses included, but were not limited to, depression, gastroesophageal reflux, right thyroid mass, hemochromatosis, asthma, Parkinson's, degenerative disc disease, and left sided weakness.</p> | F 309 | Past noncompliance: no plan of correction required. | | |

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| F 309 | Continued From page 2 An Advanced Directive Checklist, dated 11/18/14, indicated Resident #B had not executed an advanced directive and did not wish to discuss advanced directives at that time. During an interview on 12/15/14 at 3:48 p.m., the Social Services Director indicated a resident who had not chosen an advanced directive was to be treated as a full code. A nursing note entry, completed by LPN #1, dated 12/3/14 at 6:34 a.m., indicated "...During bed check at 0545 [5:45 a.m.] CNA [Certified Nursing Assistant] staff notified writer [LPN #1] to immediately come to resident room...Resident [Resident #B] RHC [respirations have ceased] at 0545...pupils pinpoint and non-reactive no palpable pulses resident cold to touch...AHA [Advanced Healthcare Associates] notified new orders received and written, message left with family to contact facility ASAP [as soon as possible]...." A nursing note entry, completed by LPN #1, dated 12/03/14 at 7:31 a.m., indicated "...CPR initiated until emergency services arrived. Emergency services stated she [Resident #B] was non-transportable and there was nothing they could do at [that] time...." A Physician's Order, dated 12/03/14 at 5:45 a.m., indicated to release body to funeral home. The Director of Nursing was interviewed on 12/15/14 at 3:58 p.m. Additional information was requested related to the lack of performing CPR on Resident #B who was found without respirations or a pulse on 12/3/14. The DON indicated the oncoming nurse, LPN #2, called the interim DON at approximately 7:00 a.m. and advised her of Resident #B's death. The interim DON advised that CPR needed to commence | F 309 | | | |

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| F 309 | <p>Continued From page 3</p> <p>and 911 needed to be called per policy. LPN #1 then commenced CPR at that time. The DON indicated LPN #1 did not follow policy and did not perform CPR on a full code resident. The DON indicated LPN #1 was no longer an employee at the facility.</p> <p>LPN #1 had been terminated by the facility after the event and was not available for an interview. The DON and the Administrator were interviewed on 12/16/14 at 11:15 a.m. They both indicated LPN #1 failed to initiate CPR for Resident #B, who had chosen no advanced directive and would have been a full code. They indicated all staff were inserviced regarding policy " 6.6 Cardiac and/or Respiratory arrest."</p> <p>A Policy received from the Administrator on 12/15/14 at 10:30 a.m., titled "6.6 Cardiac and/or Respiratory Arrest," indicated "...6. Upon discovery of a patient in cardiopulmonary arrest (e.g., no apparent pulse, blood pressure, or respiration), staff will immediately: 6.1. Call for help 6.2. Alert the licensed nurse for immediate response 6.3. Prepare the patient for CPR/AED while determining the presence of a Do Not Resuscitate order (DNR) 7. If there is no visual identification of DNR status or no DNR order on the patient's medical record 7.1. Regardless of patient's condition, CPR/AED certified staff will initiate CPR/AED application 7.2. Call 911 and notify the primary physician...."</p> <p>A review of staff CPR licenses on 12/15/14 at 3:00 p.m., indicated LPN #1 held a current CPR certificate.</p> <p>The past noncompliance immediate jeopardy began on 12/3/14. The immediate jeopardy was removed on 12/4/14 and the deficient practice corrected by 12/11/14 after the facility implemented a systemic plan that included the following practices: An audit of all charts for DNR</p> | F 309 | | | |

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| F 309 | Continued From page 4 status and any concerns corrected, all staff were inserviced on Code status and policy, all new admission charts were audited daily for DNR forms and advance directives, new POST (Indiana Physician Orders for Scope of Treatment) forms were initiated for all residents, with color coded sheets in the front of each chart to differentiate code status and auditing tools were completed. Staff interviewed were aware of the policy and procedure for code status and all records were reviewed for code status. This federal tag relates to Complaint IN00160634. 3.1-37(a) | F 309 | | | |