STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155220	A. BUILDING _____ B. WING _____	C 12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DYER NURSING AND REHABILITATION CENTER	601 SHEFFIELD AVE DYER, IN 46311

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F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00281236. This visit resulted in a Partially Extended Survey - Substandard Quality of Care - Immediate Jeopardy. Complaint IN00281236 - Substantiated. Federal/State deficiencies related to the allegations are cited at F678. Survey dates: December 17 & 18, 2018 Extended survey date: December 19, 2018. Facility number: 000125 Provider number: 155220 AIM number: 100266740 Census bed type: SNF/NF: 140 Residential: 32 Total: 172 Census payor type: Medicare: 26 Medicaid: 81 Other: 27 Total: 140 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 12/21/18.	F 000		
F 678 SS=K	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of	F 678		

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

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F 678	Continued From page 1 emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure Cardio-Pulmonary Resuscitation(CPR) interventions were initiated for a resident observed with absence of vital signs when no Physician orders or Advance Directives were noted for the resident not to receive CPR or other resuscitation measures, resulting in death for 1 of 3 residents reviewed for death in the facility (Resident G). This had the potential to affect all residents in the facility with a Full Code Status. The Immediate Jeopardy began on 10/7/2018 when Resident G was observed with absence of vital signs and facility staff did not initiate CPR and other life saving interventions resulting in death for 1 of 3 residents review for death in the facility. The facility Administrator, Director of Nursing, Assistant Director of Nursing, Corporate Nurse, and Assistant to the Administrator were informed of the Immediate Jeopardy on December 19, 2018. The Immediate Jeopardy was removed and the deficient practice corrected on 10/18/18, prior to the start of the survey, and was therefore Past Noncompliance. Finding includes: The closed record for Resident G was reviewed on 12/17/18 at 8:44 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, kidney failure, protein calorie malnutrition, gastrostomy tube, Alzheimer's disease, depressive disorder, and joint	F 678	Past noncompliance: no plan of correction required.	

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contractures.

A Quarterly Minimum Data Set(MDS) assessment was completed on 7/30/18. The resident was rarely or never understood. No behaviors occurred. Extensive assistance of two staff members was required for bed mobility. Extensive assistance of one staff was required for dressing and personal hygiene. There were no plans for discharge and expects to remain in the facility. There was no Hospice care while a resident.

The 10/7/2018 Nursing Progress Notes indicated the following:
On 10/7/2018 at 8:58 a.m., the resident was in bed, no distress, respirations were even and unlabored. Resident alert to self.
On 10/7/2018 at 1:40 p.m., Nurse summoned to resident's room and noted resident without respirations. Skin warm, no vital signs found. Family in the room and aware of condition. Doctor was paged.

No Physician orders were in place related to resident's Code Status for resuscitation. No Care Plans were in place related to related to Hospice Services, Advanced Directives, or Code Status.

A Notice of Health Care Decisions form, dated 6/12/2014, indicated the following:
- Resident name and Physician name filled in, "No" checked next to columns for "Living Will", "Durable Power of Attorney", Guardianship. Healthcare Representative appointment Indiana is not checked. There was blank box in front of the following "I have been offered information about state specific Advance Directives and choose not to execute any at this time. I have

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also been informed that I may reconsider this decision and will need to speak with the Social Service Representative if any Advance Directives are to be executed in the future."
"I understand that in the absence of a Do Not Resuscitate Order a Full Code is in effect. Any documents that have not been provided to the facility will be considered non-existent."
The line for Resident signature and the date are blank.

A Social Service Progress, dated 4/30/18 at 5:12 p.m., indicated Social Services meet with the resident for MDS (Minimum Data Set) information. The resident was unable to answer cognition questions with diagnoses of dementia and Alzheimer's disease. The Resident was to reside at the facility for long term status and is a Full Code.

A Social Service Progress Note, dated 7/30/18, indicated staff met with resident and staff to complete a BIMS scale interview. Resident's speech was unclear and he was not able to complete an assessment. Resident to remain at facility for long-term and remains a Full Code status.

A telephone interview with LPN 2 was initiated by the Director of Nursing on 12/17/18 at 9:51 a.m. The Surveyor and the Director of Nursing spoke with the LPN via speaker phone related to the expiration of Resident G on 10/7/18. LPN 2 indicated after the meal service, a family member came out to get a Nurse and she went into the room. One of the female family members said "he's gone isn't he?" I replied "yes" to the Daughter. The family members did not voice any concerns or ask anything about CPR. Nursing

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staff is required to check the Code Status of the Resident or the Advance Directive book on the unit. "I did look on the book and he had an unsigned Declination Form." The facility protocol is if there is a no DNR in place and the Advanced Directives are not signed, then CPR is to be initiated. The family and the facility had been discussing Hospice care and were supposed to be coming in to discuss it that day. "To be honest I did take it for granted. I thought the DNR was already in place but the declination form was not signed."

During a second telephone interview on 12/17/18 at 10:13 a.m., LPN 2 indicated the family did not ask about CPR at the time and she did not ask them if they wanted CPR. The resident had no blood pressure or pulse. His color was yellow and his mouth was open. No cyanosis was observed.

The facility Administrator and the Director of Nursing (DON) were interviewed on 12/17/18 at 9:36 a.m. The Administrator indicated a meeting had been held and they spoke to resident's Physician related to his declining. The Physician was emailed about the decline in condition and the Doctor responded and came to the facility on that previous Saturday. The DON indicated LPN 2 had reported to her when she entered Resident G's room, he was already dead, family members were in the room and told her they did not want CPR, and it was not done.

Interview with a family member of Resident G on 12/17/18 at 10:30 a.m., indicated he was the resident's Guardian since around 2012 and did not recall any interviews with staff related to advance directives. The resident was "cold and gray" when family arrived and no staff started

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CPR when they were brought in to check the resident.

The current "Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) policy was received from the Director of Nursing on 12/17/18 at 10:47 a.m. Interventions to be initiated include the following:
"- Unless it is known that a DNR (Do Not Resuscitate) order is in place CPR is to be started.
- Check the victim for pulse and respirations. If they are absent, attempt to arouse the individual(for example, by shaking them or using a sternal rub). If the victim responds but is injured, follow the facility protocol for first aid or call 911. If the victim is unresponsive with no movement or response to stimuli, and no return of pulse and/or respirations, follow the following steps:
Check the Code Status and if no DNR, call a "code", designate staff to call 911 and contact the attending Physician ,unless a DNR order is in place the prohibits CPR and/or external defibrillation exists for that resident.
Open the airway.
Check for breathing.
Administer rescue breaths
Check for pulse
Give chest compressions
Document in the resident's medical record and report the event to the Medical Director, Administrator, and Director of Nursing as soon as possible."

The current "Resident Advance Directives" policy was received from the Director of Nursing on 12/17/18 at 10:47 a.m. The policy indicated the Admissions Coordinator was to meet with the

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resident or the resident's legal representative to determine if the resident had any written Advance Directives related to choices regarding care and treatment. The IDT (Inter-Disciplinary Team) was to review the resident's advance directive status as documented in the medical record at the time of the initial Care Plan conference. The IDT was required to to review the resident's advance directive and treatment plan planning wishes quarterly and for any significant changes in condition during the care plan conference.

On 12/18/18 at 9:10 a.m., the ADON provided staff Inservice Attendance Logs completed on 10/18/18 related to Nursing responsibility to check all resident code status and perform CPR as indicated.

When interviewed on 12/18/18 at 3:30 p.m., the facility Administrator indicated the facility has been reviewing all deaths that occur in the facility since the 10/7/18 occurrence. Residents under Hospice care at the time of death are included. LPN 2 had been immediately re-educated with a "Teachable Moment" at the time of the incident on 10/7/2018 regarding verification of Advanced Directives for any resident noted to be unresponsive or with an absence of any vital signs and verbalized understanding.

A written Correction Plan, submitted by the Administrator on 12/19/18, indicated an audit was also completed in October by the Corporate Clinical LCSW consultant for all facility residents to verify all Advanced Directives were in place. The facility was additionally going to be conducting mock codes weekly for practice.

Staff interviews conducted throughout the survey

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F 678	Continued From page 7 indicated knowledge of facility policy and correct actions to be taken for any resident assessed to be without vital signs. The Past Noncompliance Immediate Jeopardy began on 10/7/18. The Immediate Jeopardy was removed and corrected on 10/18/18 when the facility completed staff inservices regarding code status and procedure and put into place audits for code status and all deaths. This Federal tag relates to Complaint IN00281236. 3.1-37(a)	F 678		