

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

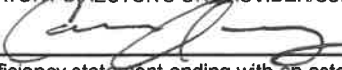
PRINTED: 12/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055887	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER RIVER BEND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2215 OAKMONT WAY WEST SACRAMENTO, CA 95691		
(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	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00863026. Representing the Department of Public Health: Health Facilities Evaluator Nurse, (HFEN), 26987 HFES, 41206 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	This document will serve as a credible allegation of our intent to correct the deficient practice identified. Preparation and/or execution of this Plan of Correction do not constitute admission or agreement, by the provider, of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907		
F 678 SS=G	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 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 interview and record review, the facility failed to ensure one resident (Resident 1) of three sampled residents received Cardiopulmonary Resuscitation (CPR) when Resident 1 was found pulseless and not breathing by a Respiratory Therapist (RT) and Licensed Nurses (LN). This failure decreased the facility's potential to ensure a physician's order and Resident 1's request to receive care with the primary goal to prolong life was executed. Findings:	F 678	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. -No other residents were found to be affected at this time. Upon identification of the alleged deficient practice, the facility reviewed our CPR policy with the IDT team. We ensured compliance with this policy and in serviced all licensed staff. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. -No other residents were found to be affected at this time. All residents are potentially to be affected by this alleged deficient practice as failure to comply with the facility CPR policy would affect patient care. All current resident POLST were checked for accuracy in our charting system (Point click care).		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Administrator 12/28/2023

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 678	<p>Continued From page 1</p> <p>A review of LN 1's Healthcare Provider card, dated 3/2/22, indicated LN 1 successfully completed the requirements for certification in adult CPR and automated external defibrillator (AED, a medical device used to analyze the heart's rhythm and, if necessary, deliver an electrical shock to help the heart re-establish an effective rhythm). This card also indicated an expiration date of 3/2/24.</p> <p>A review of LN 2's Basic Life Support Provider document, dated 1/28/22, indicated LN 2 successfully completed the cognitive and skills evaluations for certification in CPR and AED program. This document also indicated an expiration date of 1/2024.</p> <p>A review of Resident 1's admission record indicated admission to the facility on 9/2/23, with diagnoses which included respiratory failure with hypoxia (a condition in which a person's respiratory system is unable to provide oxygen to tissues in the body in order to function) and congestive heart failure (a condition in which the heart is unable to pump blood adequately throughout the body). This admission record also indicated Resident 1's family member was her Responsible Party (RP, a person who is appointed to make healthcare decisions if or when Resident 1 was unable to).</p> <p>A review of Resident 1's Physician Orders for Life-Sustaining Treatment (POLST), dated 9/2/23, indicated licensed staff were to, "Attempt Resuscitation/ CPR ...[provide] Full Treatment-primary goal of prolonging life by all medically effective means ..." This POLST was signed by a physician on 9/4/23 and, "verbal consent obtain [sic] by phone at [3:50 p.m.] 9/2/23 from RP with</p>	F 678	<p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>-It is the policy of the facility to ensure that all staff are aware of CPR protocol and POLST status of current residents. All licensed staff were in-serviced on the facility policy for CPR. All licensed staff CPR licenses were checked to ensure they are active and up to date. POLST of all current residents were audited for accuracy in the facility charting system, Point Click Care. Facility will ensure all licensed staff are routinely inserviced on CPR policy and have active CPR licenses on file.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>-Facility will maintain current CPR licenses for all licensed staff. Inservices on CPR policy will be given to licensed staff routinely. Deficiency and interventions to be reviewed in the next QAPI meeting. Administrator will bring 2567 and POC to the meeting to discuss and ensure understanding. Date of compliance:12/28/2023</p>		

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F 678	<p>Continued From page 2 2 nurses ..."</p> <p>A review of a facility document titled "Consent to Treatment", dated 9/2/23, indicated, "The Resident hereby consents to routine nursing care provided by this Facility as well as emergency care that may be required ..."</p> <p>A review of a Minimum Data Set (MDS, an assessment tool), dated 9/2/23, indicated, "Does resident have a California POLST form in chart?...Yes ...Item selected in California POLST Section A ...Attempt resuscitation/ CPR ...Item selected in California POLST Section B ... 'Full Treatment' is the only box checked ...POLST Section D- Signature of Physician ...Yes ...POLST Section D- Signature by ...Decision Maker ...Yes ..."</p> <p>A review of a MDS, dated 9/4/23, indicated Resident 1 had an ostomy (a surgically placed opening from the digestive or urinary system which allows the body to uncontrollably expel waste). The MDS also indicated Resident 1 was, "...always incontinent [of urine]" and Resident 1 was not on a, "...toileting program currently being used to manage...bowel continence..."</p> <p>A review of an order summary report, dated 9/5/23, indicated Resident 1 had a physician's order which indicated her POLST was, "Full Code [licensed staff was to provide care with the primary goal of prolonging life by all medically effective means] ...Order date ...9/5/23 ..."</p> <p>A review of Resident 1's Medication Administration Record (MAR), dated September 2023, indicated, "POLST: Full Code ..."</p>	F 678			

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F 678	<p>Continued From page 3</p> <p>A review of a physician's note, dated 9/9/23 at 1 p.m., indicated, "...The [RP] has been approached by Palliative Care [staff who specialize in medical care for people with serious illness] people at the facility where the patient [sic] came from ...however has insisted with continued aggressive care ...pt [Resident 1] is full code ..."</p> <p>A review of a nurse progress note, dated 9/10/23 at 10:12 a.m. indicated, "Upon making nursing round approximal at [9:58 a.m.] RT and nurse observed resident with out [sic] color, no pulse was noted, not breathing. resident [sic] lost bladder and bowel function. RT noted no breath sounds and no O2 [oxygen] saturations were present, no any [sic] pulses were present, no heartbeat detected. RN on unit at this times [sic] confirm death at 10:02 [a.m.] MD [Medical Director/physician] notified at 10:04 [a.m.], RP son notified at 10:09 [a.m.], social [sic] services notified at 10:06 [a.m.], DON [Director of Nursing] notified at 10:10 [a.m.], Mortuary pick body at [1:45 p.m.]."</p> <p>A review of a nurse progress note, dated 9/10/23 at 12:41 p.m. indicated, "[Resident 1] expired at [10:02 a.m.]."</p> <p>A review of Resident 1's medical chart on 9/29/23, indicated no documented evidence CPR was attempted or performed when licensed staff found Resident 1 pulseless and not breathing.</p> <p>In an interview on 10/6/23 at 12:48 p.m., the MD 1 confirmed Resident 1's code status was "full code" and staff did not initiate CPR for Resident 1. The MD 1 also stated, "When there was no pulse nothing can be done for the resident ..."</p>	F 678			

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F 678	<p>Continued From page 4</p> <p>In an interview on 10/6/23 at 2:55 p.m., the Respiratory Therapy Supervisor (RTS) confirmed RT 1 was present when Resident 1 was found pulseless and not breathing. The RTS also confirmed no CPR had been initiated on Resident 1 at the time she was found.</p> <p>In an interview on 10/6/23 at 3:27 p.m., the RT 1 stated during his second visit to check on Resident 1, he saw Resident 1 was pale, the pulse oximeter monitor was not connected to Resident 1, and when he connected the pulse oximeter monitor to Resident 1 it was unable to get a reading. The RT 1 stated two nurses came to check on Resident 1 for a pulse, chest rise, and obtain vital signs, but were unable to get any vital signs. The RT 1 stated nobody started CPR on Resident 1. The RT 1 also stated the nurses called both the DON and the MD and were instructed not to do CPR.</p> <p>In an interview on 10/10/23 at 11:35 a.m., the LN 2 stated on 9/10/23 at 9:58 a.m., the RT 1 had told her he wanted LN 2 to check on Resident 1. The LN 2 stated when she assessed Resident 1, Resident 1 was cold with her mouth open, her hands were clenched, there was no heart rate, and no respirations.</p> <p>In an interview on 10/10/23 at 3:23 p.m., the LN 1 stated the LN 2 called her into Resident 1's room at approximately 10 a.m. on 9/10/23. The LN 1 stated upon assessment, Resident 1 had no pulse and no respiration. The LN 1 stated the Unit Manager called the MD and the DON and was instructed not to perform CPR for Resident 1.</p> <p>In an interview on 12/14/23 at 10:31 a.m., the MD 2 stated he expected licensed staff to start CPR</p>	F 678			

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F 678	<p>Continued From page 5</p> <p>on a resident with a full code order who was found pulseless and not breathing because no one would know how long the resident had been in that situation unless the staff observed the moment the resident had a change in condition. The MD 2 also stated he expected emergency services to be called because the facility does not have the capability to perform advanced cardiac life support. The MD 2 further stated it would be difficult for a physician to pronounce death without assessing the resident's heart, lungs, and pupils.</p> <p>In an interview on 12/14/23 at 11 a.m., the Director of Nursing (DON, who is also a licensed nurse) stated any licensed nurse who was certified to perform CPR could perform CPR. When asked if she was able to pronounce death of a resident, the DON stated she was not a physician; therefore, she was unable to determine the death of a resident.</p> <p>A review of Resident 1's POLST, dated 9/2/23, indicated, "First follow these orders, then contact Physician ...A copy of the signed POLST form is a legally valid physician order ...If patient has no pulse and is not breathing ...Attempt Resuscitation/ CPR ...To be a valid POLST form must be signed by (1) a physician ...and (2) the patient or decisionmaker ...Using POLST ...Section A ...If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen 'Do Not Attempt Resuscitation.' "</p> <p>A review of the facility's policy and procedure titled "Physician Orders for Life-Sustaining Treatment ...", updated 4/8/22, indicated, " ...The</p>	F 678			

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F 678	<p>Continued From page 6</p> <p>POLST will be honored if received on admission and signed by both the resident and a physician in accordance with the guidelines ...Because the POLST form is a physician order, emergency medical personnel are required to adhere to its instructions regarding CPR ...The POLST form is printed on bright pink paper so it will be easily recognizable by all health care personnel ..."</p> <p>A review of the Uniform Determination of Death Act, approved by the American Medical Association on 10/19/80 and approved by the American Bar Association on 2/10/81, indicated, " ...Determination of Death ...An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards."</p>	F 678			

RIVER BEND NURSING CENTER

IN-SERVICE SIGN-IN SHEET

(Circle One)

ALL STAFF

SNF

SUBACUTE

Nurses

Subject:

POLST / CPR

Instructor:

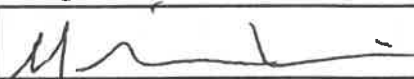





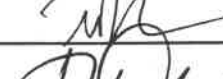
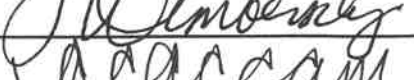
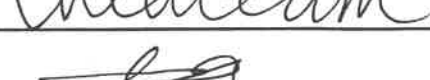

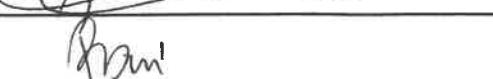
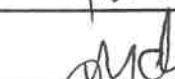
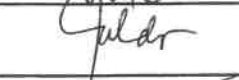


Suzanne

Date:

12/20/23

Start Time:

1300

Name	Signature	Position
Melissa Linn		RN
Gayane Mirzoyan		LVN
Gurmeet Kan		LVN
Pearl Morada		LVN
Dani Abdullah		LVN
WIZ MENDO		RN
NEETU DHILLON		RN
Jemini Wimberey		LVN
Andrea Caccam		LVN
Nicole Mulido		RN
Kelly Noreau		LVN
Pragya Dui		RN
Mandeep Ahluwalia		RN
Gertrudes Caldes		LVN
Rodika Stancu		REP

[illegible]

Emergency Procedure – Cardiopulmonary Resuscitation

Policy Statement

Personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest.

General Guidelines

1. Sudden cardiac arrest is a loss of heart function due to abnormal heart rhythms (arrhythmias). Cardiac arrest occurs soon after symptoms appear. It is a leading cause of death among adults.
2. A “heart attack” refers to impaired blood flow to the heart which leads to damage of the heart muscle. A heart attack can cause sudden cardiac arrest. Typically heart attacks are less sudden than SCA.
3. Victims of cardiac arrest may initially have gasping respirations or may appear to be having a seizure. Training in BLS includes recognizing presentations of SCA.
4. The chances of surviving SCA may be increased if CPR is initiated immediately upon collapse.
5. Early delivery of a shock with a defibrillator plus CPR within 3-5 minutes of collapse can further increase chances of survival.
6. If an individual (resident, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR unless:
 - a. It is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; or
 - b. There are obvious signs of irreversible death (e.g., rigor mortis).
7. If the resident’s DNR status is unclear, CPR will be initiated until it is determined that there is a DNR or a physician’s order not to administer CPR.
8. If the first responder is not CPR-certified, that person will call 911 and follow the 911 operator’s instructions until a CPR-certified staff member arrives.

Preparation for Cardiopulmonary Resuscitation

1. Obtain and/or maintain American Red Cross or American Heart Association certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation (CPR) for key clinical staff members who will direct resuscitative efforts, including non-licensed personnel.
2. The facility’s procedure for administering CPR shall incorporate the steps covered in the *2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care* or facility BLS training material.
3. Provide periodic Mock Codes (simulations of an actual cardiac arrest) for training purposes.
4. Select and identify a CPR Team for each shift in the case of an actual cardiac arrest. To the extent possible, designate a team leader on each shift who is responsible for coordinating the rescue effort and directing other team members during the rescue effort.

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5. The CPR Team in this facility shall consist of staff who have received training and certification in CPR/BLS.
6. Maintain equipment and supplies necessary for CPR/BLS in the facility at all times.
7. Information about CPR/BLS policies and advance directives can be provided to each resident/representative upon request.

Emergency Procedure – Cardiopulmonary Resuscitation

1. If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR:
 - a. Instruct a staff member to activate the emergency response system (code) and call
 - b. 911. Instruct a staff member to retrieve the automatic external defibrillator, if
 - c. available in the facility.
 - d. Verify or instruct a staff member to verify the DNR or code status of the individual.
 Initiate the basic life support (BLS) sequence of events.
2. The BLS sequence of events is referred to as “C-A-B” (chest compressions, airway, breathing).
3. Compressions, airway, and breathing techniques are followed according to the American Red Cross and/or American Heart Association
4. All rescuers, certified and trained, should provide chest compressions to victims of cardiac arrest. Certified and trained rescuers should also provide ventilations with a compression-ventilation.
5. When the AED arrives, assess for need and follow AED protocol as indicated.
6. Continue with CPR/BLS until emergency medical personnel arrive.

References	
OBRA Regulatory Reference Numbers	§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.; 483.10(c)(8); §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).; §483.21(b) Comprehensive Care Plans
Survey Tag Numbers	F578; F656
Other References	2010 <i>American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care</i>
Related Documents	Advance Directives Do Not Resuscitate Order
Version	1.3 (PEMAPR0298)