

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/11/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Care Center of Fairfield		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 Travis Blvd Fairfield, CA 94533	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49950</p> <p>Based on interview and record review, the facility failed to ensure all facility staff received training in CPR (Cardiopulmonary Resuscitation, an emergency life-saving procedure performed when the heart stops beating) for healthcare providers, when four Certified Nursing Assistants (CNAs) did not have CPR certifications and did not know the facility's policy and procedure (P&P) for CPR.</p> <p>This failure reduced the facility's potential to provide life-saving procedures to residents during a medical emergency such as a resident having a heart attack or breathing failure.</p> <p>Findings:</p> <p>During an interview on [DATE] at 1:18 p.m. with the Director of Staff Development (DSD), the DSD stated some CNAs in the facility were not CPR certified. The DSD further stated CNAs were not able to perform CPR but instead would look for a licensed nurse if a resident was having a heart attack or failing to breathe.</p> <p>During an interview on [DATE] at 10:10 a.m. with the Director of Nursing (DON), the DON stated CNA's that were not CPR certified would not be able to assist a resident during an emergency including cardiac or respiratory arrest.</p> <p>During an interview on [DATE] at 11:01 a.m. with CNA 2, CNA 2 confirmed she was not CPR certified. CNA 2 stated she could not identify if a resident was experiencing cardiac or respiratory arrest. CNA 2 further stated if a resident was having a medical emergency, she would look for a licensed nurse to assist. CNA 2 further stated, if a licensed nurse was not available during a medical emergency, she would try to find a supervisor. CNA 2 acknowledged she was not familiar with the facility's P&P for CPR.</p> <p>During an interview on [DATE] at 11:11 a.m. with CNA 3, CNA 3 confirmed she was not CPR certified. CNA 3 stated, if there was a medical emergency, she would look for a licensed nurse to assist. CNA 3 further stated she was uncertain of the policy, if a licensed nurse was not available during a medical emergency.</p> <p>During an interview on [DATE] at 11:17 a.m. with CNA 4, CNA 4 confirmed she was not CPR certified. CNA 4 stated during a medical emergency, she would contact a licensed nurse. CNA 4 further stated, if a resident was having a medical emergency, she was not sure what to do.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 11:42 a.m. with the DSD, the DSD confirmed the facility did not have a CPR team.</p> <p>During a review of the facility's P&P titled, Emergency Procedure - Cardiopulmonary Resuscitation, dated , d+[DATE], the P&P indicated, .obtain/and or maintain .certification .in CPR .for key clinical staff members . including non-licensed personnel . all of whom have received training and certification in CPR .</p>		