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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075421 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/11/2025 |
| NAME OF PROVIDER OR SUPPLIER Edgehill Health Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 122 Palmers Hill Rd Stamford, CT 06902 | |

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

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| (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 - Few</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** 50094</p> <p>Based on record review, facility documentation, and staff interviews for one of three residents (Resident #1) reviewed for change in condition, the facility failed to ensure staff had current Cardiopulmonary Resuscitation (CPR) certifications. The findings include:</p> <p>Resident #1 had a diagnosis of right hip fracture, anemia, hypertension (high blood pressure), cerebral infarction without residual deficits and chronic kidney disease. Nursing admission note dated [DATE] at 3:21 PM identified Resident #1 was alert and oriented, and was oriented to surroundings. The Resident Care Plan dated [DATE] identified Resident #1 had difficulty chewing or swallowing related to cerebral vascular accident. Interventions directed to prepare foods to recommended consistency of speech therapist and ordered by MD.</p> <p>The physician order dated [DATE] directed Resident #1 was a full code (to receive CPR if necessary).</p> <p>Speech therapy evaluation dated [DATE] at 11:37 AM identified Resident #1's diet was changed to dysphagia level 3 chopped, adequate oral clearance was noted, no overt signs or symptoms of aspiration observed, and was self-feeding with set up.</p> <p>The physician order dated [DATE] directed Resident #1 to receive a dysphagia level 3 chopped diet.</p> <p>Accident and Incident report dated [DATE] identified at 6:05 pm Resident #1 became unresponsive during dinner after he/she had consumed soup and some swordfish. The resident's meal was reviewed, and identified the resident had received the correct diet. Family was present during the meal and indicated they thought the resident choked. 911 was activated and the Heimlich was performed with no bolus/food and no return of respirations. CPR was initiated. Emergency Medical Services (EMS) scoped Resident #1 and no food was found in the airway. EMS intubated and transported Resident #1 to the hospital, and Resident #1 expired at 7:14 PM. The facility report indicated interviews with the RN supervisor and the paramedic assessment indicated a medical event and not a choking incident.</p> <p>Statement from NA #1 on [DATE] at 3:20 PM identified he and LPN #1 provided CPR and respirations for Resident #1 on [DATE].</p> <p>Although attempted surveyor and facility could not reach NA #1 for an interview.</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.

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| 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 - Few</p> | <p>Statement from LPN #1 on [DATE] at 3:20 PM identified LPN #1 started CPR and respirations provided by NA #1.</p> <p>Although attempted, interview with LPN #1 was not obtained during survey.</p> <p>Review of the Medical Examiner Report dated [DATE] identified on [DATE] Resident #1 was brought to the hospital after a possible choking episode and started seizing. The Heimlich was attempted, but was unsuccessful. Pulses were lost and CPR was started. Death was pronounced on [DATE] at 7:14 PM. The cause of death was listed as hypertensive and arteriosclerotic cardiovascular disease.</p> <p>Facility documentation review identified LPN #1's CPR certification expired on [DATE] (6 months before the incident) and failed to identify NA #1 had any CPR certification.</p> <p>Interview with RN #1 on [DATE] at 1:31 PM identified she was the RN supervisor and around 6 PM the family reported Resident #1 was choking. The Heimlich maneuver was performed with no food expelled. Resident #1 was then brought to bed; a back board was placed, and CPR and respirations were performed by LPN #1 and NA #1 until EMS arrived and took over.</p> <p>Interview with the DNS on [DATE] at 2:01 PM identified the facility provides CPR training for staff, the Staff Development nurse was responsible for ensuring CPR certifications were current, and the DNS was unsure if the facility provided education for NAs. Further, although the DNS stated staff that provide CPR should have current CPR certifications, the DNS failed to identify LPN #1 and NA #1 had current CPR certifications/training. The DNS was unable to explain why the CPR certifications were not current for the two (2) staff.</p> <p>Although requested, the facility did not provide a CPR policy for surveyor review.</p> | | |