

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	

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 - Immediate jeopardy to resident health or safety</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165</b></p> <p>Based on staff interviews, record reviews, and a review of the facility's policy titled Emergency Response Management Cardiopulmonary Resuscitation (CPR), the facility failed to activate 911 and continue CPR until more aggressive life-sustaining treatment could be initiated for one resident (R1) of 14 residents reviewed for code status.</p> <p>On [DATE], a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and the Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) on [DATE] at 10:14 am. The noncompliance related to the Immediate Jeopardy was identified to have existed on [DATE].</p> <p>An Acceptable Removal Plan was received on [DATE]. Based on observation, record reviews, review of facility policies as outlined in the Removal Plan, and staff interviews, it was validated that the corrective plans and the immediacy of the deficient practice was removed on [DATE].</p> <p>Findings include:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the facility's undated policy, Emergency Response Management Cardiopulmonary Resuscitation (CPR), revealed: Standard: To ventilate and establish circulation on a resident with absence of respirations and pulse. Note: Nurses (required) CNAs (suggested) maintain current CPR certification. Procedure: Determine unresponsiveness by briskly rubbing your knuckles against resident's sternum and deliver two rescue breaths to the unresponsive victim who is not breathing and start chest compressions immediately. If the resident wakes, moan or moves then CPR is not necessary. Call out for help. Delegate a specific individual to check physician orders; CPR order/DNR administrative personnel per facility policy and report back to individual as soon as possible. If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR. CPR in three simple steps: 1. Call: Check the victim for unresponsiveness. If the person is not responsive and not breathing or not breathing normally, call for assistance or call 911. 2. Pump: If the victim is still not breathing normally, coughing, or moving, begin chest compressions. Push down the center of the chest 2 inches, 30 times. Pump hard and fast at the rate of 100 compressions per minute. 3. Blow: After 30 chest compressions tilt the head back and lift the chin. Pinch the nose and cover the mouth with yours (may use a mouth guard if available) and blow until you see the chest rise. Give 2 breaths. 4. Continue with 30 pumps and 2 breaths until help arrives.</p> <p>Record review for R1 revealed the resident was admitted on [DATE] with a diagnosis of chronic obstructive pulmonary disease with acute exacerbation.</p> <p>Record review of the most recent Admission Minimum Data Set (MDS) for R1 dated [DATE] revealed that he had a Brief Interview for Mental Status (BIMS) score of 08, indicating that he had moderate cognitive impairment.</p> <p>Record review revealed a physician's order for R1 dated [DATE] to attempt resuscitation in the event R1 had no pulse and was not breathing.</p> <p>A review of the Nurse's Progress Note dated [DATE] at 4:35 pm revealed that R1 was found not arousable by verbal or physical stimuli and noted to not have any vital signs on [DATE] at 4:35 pm. Licensed Practical Nurse (LPN) AA exited the room, went to the nurse's station, and paged a code. LPN AA returned to the R1 room along with LPN BB and Registered Nurse (RN) CC and initiated CPR. There was no documentation that the facility called 911. LPN BB called the Medical Director (MD) on [DATE] at 4:55 pm. The Medical Director (MD) gave an order to stop CPR. The DON and the Administrator confirmed by DON that the facility staff never called 911. R1 was a full code status and expired in the facility on [DATE].</p> <p>Interview on [DATE] at 1:32 pm with RN CC revealed the procedure when there is a code is for someone to grab the crash cart, someone calls 911, and someone starts compressions, continuing CPR until EMS arrives. RN CC stated that a nurse was on the phone with the MD, and he gave the order to stop CPR. RN CC stated that they would call EMS back if they did not arrive within 15 minutes. She stated that, as far as she is aware, LPN AA called EMS. RN CC stated that LPN AA called the code, and she and LPN BB took over the code. RN CC verified that there was no documentation that EMS was called.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interview on [DATE] at 1:53 pm with LPN BB revealed that she assisted LPN AA in the code and did chest compressions. LPN BB stated that she had her cell phone in her pocket, and she called the MD because they had been doing CPR for a long time, approximately 20 minutes; she stated that they were exhausted. LPN BB stated that the MD told them to stop CPR. LPN BB further revealed that after the code was stopped, R1 was pronounced by RN CC. LPN BB verified that there was no documentation that EMS was called.</p> <p>Interview on [DATE] at 3:09 pm with non-emergency 911 personnel revealed there were no calls from the facility on [DATE] in reference to an [AGE] year-old male.</p> <p>Interview on [DATE] at 3:20 pm with DON revealed the process for CPR is for everyone to participate. She stated that it is a team effort. The DON stated that one person is responsible for compressions, one person calls EMS, and one person does AMBU (manual breathing). The DON revealed that she was not sure if LPN AA called EMS, but she would call LPN AA and ask if she called EMS. The DON verified that there was no documentation that EMS was called.</p> <p>Interview on [DATE] at 4:10 pm with the MD revealed typically the nurses call EMS but if EMS was not there or if EMS was taking too long to get there, they sometimes call him. The MD was informed that there was no documentation that EMS was called.</p> <p>Interview on [DATE] at 11:40 am with the Administrator revealed he was not sure if the facility has an AED or defibrillator. He stated that he had not been at the facility that long, only a week ago in [DATE]. He stated that he was not sure of the policy for CPR, but he would check with the DON and see what their policy on CPR was.</p> <p>During a phone on [DATE] at 4:50 pm interview with LPN AA revealed she was working the back D and E halls from 7 am -7 pm shift on [DATE]. LPN AA stated that she went to R1's room to give him his medication, and he was not responsive. LPN AA revealed that she left the room, went to the nurse's station, and paged a code. She stated that she went back to the room and started CPR. LPN AA revealed that RN CC and LPN BB responded to the code. She further revealed that RN CC had her cell phone and was supposed to call EMS, but not sure if she contacted EMS. LPN AA further revealed that the normal procedure for a code is that if nobody is around, you yell out for someone to call 911. LPN AA confirmed that she did not yell out for someone to call 911. LPN AA stated that she and LPN BB were switching up doing CPR with compressions and AMBU. LPN AA further revealed that the facility does not have an AED or defibrillator. She stated that no one else came to assist with the code. LPN AA revealed that there are two nurses on the front halls and one nurse on the back halls. She stated that the two front hall nurses were not in the room during the code. She stated that they did not assist with the code. She stated that she had one CNA on D hall and one CNA on E hall. LPN AA stated that to her knowledge, EMS did not come. LPN AA verified that there was no documentation that EMS was called. LPN AA verified that RN CC documented in the chart because she was the RN that pronounced R1.</p> <p>A continued interview on [DATE] at 8:57 am with LPN BB revealed EMS did not arrive at any time during or after the code. LPN BB stated that the facility does not have an AED or defibrillator. She stated that the other two nurses who were in the facility on ,d+[DATE] did not respond to the code. LPN BB stated that she was CPR certified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A continued interview on [DATE] at 9:15 am with RN CC revealed that she was not aware of EMS arriving at the facility during or after the code. RN CC revealed that she did not call EMS. She stated CPR had been in progress for a while, and LPN BB called the MD. RN CC stated that the MD gave an order to stop CPR because it had been over 15 minutes. She stated that she was the RN and pronounced R1 after she got the stop CPR order from the MD. She further revealed that the facility does not have an AED or defibrillator. RN CC stated that there was only one nurse working on the front halls on [DATE] at 4:35 pm and did not participate in the code. RN CC stated that she was CPR certified.</p> <p>Interview on [DATE] at 9:25 am with LPN DD revealed she was working on [DATE] at 4:35 pm. She stated that she heard the code being paged. LPN DD stated that she did not respond to the code because they had LPN BB, RN CC, and LPN AA in the room. LPN DD further revealed that she would tell someone to call 911, or she would call herself, call the doctor, and continue CPR until the arrival of the ambulance. She stated that she would call the doctor to let him know what was going on, and if the doctor decided to stop the code, he would give an order to stop. LPN DD stated that the facility does not have an AED or defibrillator. LPN DD stated that she was CPR certified.</p> <p>Further interview on [DATE] at 9:50 am with LPN AA revealed there was a little mix-up because she thought that RN CC had her cell phone and was making the calls. LPN AA stated that she could not remember who made the calls, but she thought that RN CC called EMS.</p> <p>Further interview on [DATE] at 4:20 pm with the DON revealed she is responsible for the CPR cards and making sure everyone is active. The DON stated that she had a book with the cards. The DON revealed that the course for CPR was online, with no hands-on check-off, only a test after watching the course. The DON further revealed that successfully passing the test after the course indicates competency in CPR. She stated that after staff passes the test, they are issued a card and that means that they have successfully passed the course without return demonstration of compressions.</p> <p>The facility implemented the following actions to remove the IJ:</p> <ol style="list-style-type: none"> <li>1. Licensed Nurses LPN AA and RN CC failed to continue Cardiopulmonary resuscitation until 911 services were called on [DATE] on R1.</li> <li>2. On [DATE], Licensed Nurse LPN AA and RN CC received CPR certification to include continuing CPR until 911 services arrive.</li> <li>3. On [DATE], Senior [NAME] President of Clinical Services reviewed the policy Emergency Response Management policies and procedures and concluded no revisions were made.</li> <li>4. On [DATE], the Medical Director was educated on the policy and procedure for the Emergency Response Management by the Administrator.</li> <li>5. On [DATE], The Regional Nurse Consultant educated Director of Nursing and Administrator on Emergency Response Management policy and procedure.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>6. On [DATE], Education for the Emergency Response Management policy and procedure was completed by Director of Nursing and/or licensed staff. 3 of 4 RNs, 16 of 17 LPNs, 40 of 44 CNAs, 9 of 9 Dietary Staff, 9 of 14 Therapy staff, 3 of 3 Maintenance Director, 1 of 1 Business office Manager, 1 of 1 Social Service Director, 1 of 1 Activities Director, 1 of 1 Director of Nursing, 1 of 1 Administrator, 7 of 11 Housekeeping, 1 of 1 Admission Director, and 1 of 1 Human Resource Director 86.20 % of education was completed for all staff.</p> <p>7. All staff not educated on Emergency Response Management will be in-serviced prior to working their next scheduled shift by the Administrator, Director of Nursing, and or Licensed Nurse. All new hires will be educated during their onboarding process.</p> <p>8. On [DATE], an Advance Directive audit was completed by the Social Service Director to include the Physician Orders for Life-Sustaining Treatment (POLST), physician order, and care plan is accurate. 58 Residents elected to receive Cardiopulmonary resuscitation, and 21 residents elected to be a Do Not Resuscitate status for a total of 79, with one resident currently in the hospital. The Administrator and/or Director of Nursing will update daily the Advance Directive Audit tool and the Event Monitoring tool (to include residents who receive CPR) including weekends and holidays [DATE].</p> <p>9. On [DATE], 10 of 10 licensed staff received Cardiopulmonary Resuscitation Certification provider whose training includes hands-on practice and in person skills assessment. The additional 11 licensed nurses had CPR Certification prior to compliance date of [DATE]. The total of licensed nurses with CPR certification is 100%.</p> <p>10. On [DATE], The Regional Nurse Consultant and or Regional MDS Nurse reviewed 79 of 79 resident's records of the Advance Directive audit to ensure orders, POLST, and care plans are completed accurately in the resident record.</p> <p>11. The Regional Nurse Consultant and Regional [NAME] President of Operation visited the facility on [DATE].</p> <p>12. On [DATE], the Administrator conducted an Ad Hoc QAPI (Quality Assurance Performance Improvement) meeting which consists of the Medical Director, Regional [NAME] President of Operations, Business Office Manager, Social Service Director, MOS nurse, Certified Nurse Assistant, and licensed nurse to review the results of the most recent survey outcomes. The IDT (interdisciplinary Team) will review daily during morning clinical meeting to ensure compliance with following the Clinical Emergency Response Policy to include notifying 911 during CPR, auditing Advance Directives, Physician orders, and Care Plans.</p> <p>13. All corrective actions were completed by [DATE].</p> <p>14. All immediacy of the IJ was removed on [DATE].</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>1. Review of CPR certifications for LPN AA, and RN CC revealed LPN AA, and RN CC received CPR certification effective [DATE] through expiration date [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. Interview with LPN AA on [DATE] at 9:00 am revealed she received CPR certification at the facility on [DATE] provided by a certified CPR instructor to include a CPR course, hands on skills competency check off, and a written test. Interview with RN CC on [DATE] at 9:15 am revealed she received CPR certification at the facility on [DATE] provided by certified CPR instructor to include a CPR course, hands on skills competency check off, and a written test. Observation of CPR training in progress on [DATE] at 3:30 pm.</p> <p>3. Interview with the Senior [NAME] President (SVP) of Clinical Services on [DATE] at 9:40 am revealed she reviewed the Emergency Response Management policies and procedures, and no revisions were made. Review of Emergency Response Management policies and procedures reviewed with policies and procedures on Cardiopulmonary Resuscitation (CPR) standards and procedures to include emergency crash cart standards and procedures. Policy review date [DATE] in response to citation of Immediate Jeopardy with SVP of Clinical Services signature.</p> <p>4. A review of the sign-in sheet dated [DATE] revealed an in-service conducted by the Administrator provided to the Medical Director. Review of education provided to the Medical Director by the Administrator on the policy and procedure for Emergency Response Management, including, but not limited to, Cardiopulmonary Resuscitation (CPR) and Emergency Crash Carts.</p> <p>Interview with Director of Nursing on [DATE] at 11:20 am revealed the Medical Director was educated via phone on [DATE]. Phone interview with the Medical Director on [DATE] at 11:50 am revealed he received education from the Administrator on [DATE] on Emergency Response Management including Cardiopulmonary Resuscitation (CPR), Calling 911, and Emergency Crash Cart.</p> <p>5. Review of the sign-in sheet dated [DATE] revealed an in-service conducted by the Regional Nurse Consultant provided to the DON and Administrator. Education included handouts on Clinical Emergency Response Management, Cardiopulmonary Resuscitation (CPR) standards and procedures, and Emergency Crash Cart standards and procedures.</p> <p>Interview with the DON on [DATE] at 8:45 am revealed she received education from the Regional Nurse Consultant on [DATE] on the Emergency Response Management Policy and Procedure.</p> <p>Interview with the Administrator on [DATE] at 11:30 am revealed he received education provided by the Regional Nurse Consultant on [DATE] on the Emergency Response Management Policy and Procedure.</p> <p>6. Review of sign in sheet dated [DATE] revealed an in-service conducted by the Director of Nursing provided to 3 of 4 RNs, 16 of 17 LPNs, CNAs, 9 of 9 Dietary Staff, 9 of 14 Therapy staff, 3 of 3 Maintenance Director, 1 of 1 Activities Director, 1 of 1 Director of Nursing, 1 of 1 Administrator, 7 of 11 Housekeeping, 1 of 1 Admission Director, and 1 of 1 Human Resource Director 86.20 % of education was completed for all staff. Education included a review of the Clinical Emergency Response Management standard, reviewing the steps to administer CPR with good staff participation. Staff interviews conducted on [DATE] confirming receiving education as previously stated above with LPN AA at 9:00 am, RN CC at 9:15 am, LPN BB at 9:25 am Maintenance Director at 10:00 am, Activity's Director at 10:15 am, Dietary Staff at 10:15 am, Human Resource Director at 10:30 am, CNA GG at 10:45 am, CNA HH at 11:00 am, CNA II at 11:10 am, LPN DD at 11:35 am, Housekeeper LL at 11:40 am, Laundry /Housekeeping JJ at 11:50 am.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>7. All staff not educated on Emergency Response Management will be in-serviced prior to working their next scheduled shift by the Administrator, Director of Nursing, and or Licensed Nurse. All new hires will be educated during their onboarding process. During validation the facility did not have any new hires.</p> <p>8. Review of Advance Directive Audit completed by the Social Service Director to include POLST, physician order, and care plan reviewed. The audit form is dated [DATE]. The audit revealed 21 residents with a Do Not Resuscitate order and 58 residents with a full code order to resuscitate. The audit form indicated if the face sheets were correct and the date of correction of [DATE].</p> <p>9. Review of CPR certifications for 10 of 10 licensed staff revealed licensed staff received CPR certification on [DATE], including a course provided by a certified CPR instructor, hands-on skills check off, and a written test. Effective date of certification [DATE] through an expiration date of [DATE]. A review of 11 licensed nurses' CPR certifications revealed 11 licensed nurses with current CPR certifications with expiration dates of ,d+[DATE] through ,d+[DATE]. Observation of CPR training in progress on [DATE] at 3:30 pm.</p> <p>10. A review of 20 Advance Directive audits revealed audits with a completion and correction date of [DATE]. Audits indicated the resident's name, care plan, and code status.</p> <p>11 Confirmed with LPN DD on [DATE] at 11:55 pm revealed she saw the Regional Nurse Consultant and the Regional [NAME] President of Operations at the facility on Wednesday, [DATE] during day shift.</p> <p>12. An Ad HOC sign form dated [DATE] Emergency Notifications/Emergency Response Management revealed the Administrator, Director of Nursing, Activity Director, Business Office Manager, Dietary Manager, Director of Business Development, Director of Rehab, HR/MR/Payroll, HSKP Supervisor, Maintenance Director, Social Services, and Unit Manager.</p> <p>A phone interview with the Medical Director on [DATE] at 11:50 am revealed he attended the Ad HOC meeting via phone.</p> <p>13. All corrective actions were completed by [DATE].</p> <p>14. All immediacy of the IJ was removed on [DATE].</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165</b></p> <p>Based on staff interviews, record review, and a review of the Administrator and Director of Nursing (DON) Job Description, the Administration failed to ensure that staff were following appropriate procedure when providing Cardiopulmonary Resuscitation (CPR) for one resident (R1) of 14 residents reviewed for code status.</p> <p>On [DATE], a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused or had the likelihood to cause, serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator and DON were informed of the Immediate Jeopardy (IJ) on [DATE] at 10:14 a.m. The noncompliance related to the IJ was identified to have existed on [DATE].</p> <p>An Acceptable Removal Plan was received on [DATE]. Based on observation, record reviews, review of facility policies as outlined in the Removal Plan, and staff interviews, it was validated that the corrective plans and the immediacy of the deficient practice was removed on [DATE].</p> <p>Findings include:</p> <p>The facility had a Job Description for the job title of Administrator. The description included that the Administrator's primary purpose is to oversee the day-to-day operation of the facility and to review organizational performance. Oversee that residents receive care in a manner and in an environment that maintains or enhances their quality of life without abridging the safety and rights of other residents. Monitor competence of the work force and make necessary adjustments/corrections as required or that may become necessary. Ensure that policies and procedures are developed, implemented, monitored, and evaluated in order to maintain compliance with federal, state, and local rules and regulations.</p> <p>The facility had a Job Description for the job title of DON. The description included that the Director of Nursing primary purpose is to plan, organize, develop, and direct the overall operation of the Nursing Department to ensure that the highest degree of quality care is maintained at all times. Review nurses' notes to ensure that they are informative, descriptive of the nursing care and consistent with therapy care being provided, that they reflect the resident's response to the care, and that such care is provided in accordance with the resident's wishes. Direct the Nurse Educator in the planning, conducting, and scheduling of timely in-service training classes to ensure a well-educated nursing services department. Training would include OSHA, CDC, TB management and blood borne pathogens as well as other in-service training required by state/federal regulations.</p> <p>The facility failed to provide effective oversight and monitoring of facility procedures related to Full Code residents requiring CPR.</p> <p>The facility provided an undated policy Emergency Response Management Cardiopulmonary Resuscitation (CPR), revealed: Standard: To ventilate and establish circulation on a resident with absence of respirations and pulse. Note: Nurses (required) CNAs (suggested) maintain current CPR certification.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Procedure: Determine unresponsiveness by briskly rubbing your knuckles against resident's sternum and deliver two rescue breaths to the unresponsive victim who is not breathing and start chest compressions immediately. If the resident wakes, moan or moves then CPR is not necessary. Call out for help. Delegate a specific individual to check physician orders; CPR order/DNR administrative personnel per facility policy and report back to individual as soon as possible. If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR.</p> <p>CPR in three simple steps: 1. Call: Check the victim for unresponsiveness. If the person is not responsive and not breathing or not breathing normally, call for assistance or call 911. 2. Pump: If the victim is still not breathing normally, coughing, or moving, begin chest compressions. Push down the center of the chest 2 inches, 30 times. Pump hard and fast at the rate of 100 compressions per minute. 3. Blow: After 30 chest compressions tilt the head back and lift the chin. Pinch the nose and cover the mouth with yours (may use a mouth guard if available) and blow until you see the chest rise. Give 2 breaths. 4. Continue with 30 pumps and 2 breaths until help arrives.</p> <p>R1 had a physician's order dated [DATE] to attempt resuscitation in the event he had no pulse and was not breathing.</p> <p>Record review of the Nurse's Progress Note dated [DATE] at 4:35 pm revealed that R1 was found not arousable by verbal or physical stimuli and noted not to have any vital signs on [DATE] at 4:35 pm. Licensed Practical Nurse (LPN) AA exited the room, went to the nurse's station, and paged a code. LPN AA returned to R1's room along with LPN BB and Registered Nurse (RN) CC and initiated CPR. LPN BB called the Medical Director (MD) on [DATE] at 4:55 pm. The MD gave the order to stop CPR. RN CC pronounced R1 on [DATE] at 4:55 pm.</p> <p>There was no documentation that the facility staff contacted Emergency Medical Services (EMS).</p> <p>Record review revealed on [DATE] at 4:35 p.m., R1 had a change of condition. LPN AA, LPN BB, and RN CC started CPR at 4:40 p.m. and continued until 4:55 p.m. when CPR was stopped, and RN CC pronounced the resident deceased .</p> <p>Interview on [DATE] at 3:20 pm with the DON revealed that one person is responsible for compressions, one person calls EMS, and one person does AMBU (manual breathing). She stated that she was not sure if LPN AA called EMS. The DON verified that there was no documentation that EMS was called.</p> <p>Interview on [DATE] at 11:40 am with the Administrator revealed he was not sure if the facility has an AED or defibrillator. He stated that he had not been at the facility that long. The Administrator further revealed that he was not sure of the policy for CPR, but he would check with the DON and see what their CPR policy stated.</p> <p>Cross refer to F678.</p> <p>The facility implemented the following actions to remove the IJ:</p> <p>1. The administration failed to notify emergency management while providing Cardiopulmonary Resuscitation on [DATE]. The licensed nurse failed to notify 911 during CPR. It was identified the facility failed to implement all components of the Clinical Emergency Response Policy that included notifying 911 during CPR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. The Administrator and DON were re-educated on [DATE] by the Regional [NAME] President of Operation on Clinical Emergency Response Policy.</p> <p>3. On [DATE], the Regional Nurse Consultant re-educated the Administrator and DON on the job description.</p> <p>4. The Administrator will have daily calls with the Regional [NAME] President of Operations regarding process of the plan, identified concerns and non-compliance identified items beginning on [DATE]. The Administrator and/or DON will update daily the Advance Directive Audit tool and the Event Monitoring tool (to include residents who receive CPR) including weekends and holidays.</p> <p>5. The Regional Nurse Consultant and Regional [NAME] President of Operations will visit the facility daily beginning [DATE] to ensure compliance and identify any areas of concern with not notifying emergency management (91 I) during CPR, beginning on [DATE]. A review of the findings will be placed in a weekly trip report by the Regional Nurse Consultant and Regional [NAME] President of Operations.</p> <p>6. All corrective action was completed on [DATE].</p> <p>7. The immediacy of the IJ was removed on [DATE].</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>1. The Administration failed to notify emergency management while providing Cardiopulmonary Resuscitation on [DATE]. The licensed nurse failed to notify 911 during CPR. It was identified the facility failed to implement all components of the Clinical Emergency Response Policy that included notifying 911 during CPR.</p> <p>2. A review of the sign-in sheet dated [DATE] revealed an in-service conducted by the Regional [NAME] President of Operation provided to the Administrator and DON. Education included handouts on Clinical Emergency Response Management, Cardiopulmonary Resuscitation (CPR) standards and procedures, and Emergency Crash Cart standards and procedures. Confirmed education with DON on [DATE] at 8:45 am, and Administrator on [DATE] at 11:30 am.</p> <p>3. A review of the sign-in sheet dated [DATE] revealed an in-service conducted by the Regional Nurse Consultant provided to the Administrator and DON. Confirmed education with the DON on [DATE] at 11:00 am.</p> <p>4. Beginning on [DATE], the Administrator will have daily calls with the Regional [NAME] President of Operations regarding the plan's process, identified concerns, and non-compliance items. The Administrator and/or DON will update daily the Advance Directive Audit tool and the Event Monitoring tool (to include residents who receive CPR), including weekends and holidays.</p> <p>Interview on [DATE] at 8:30 am with the DON revealed there was a change in leadership. The DON stated that the Administrator who was there is no longer there, and she has stepped into the role of the Administrator, and her Administrator license was verified.</p> <p>5. Regional Nurse Consultant and Regional [NAME] President of Operations were observed at the</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Comfort Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10200 U.S. Hwy 1 South Wadley, GA 30477	

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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>facility on [DATE], [DATE], and [DATE]. Confirmed with LPN DD on [DATE] at 11:55 am revealed she saw the Regional Nurse Consultant and the Regional [NAME] President of Operations at the facility.</p> <p>6. All corrective action was completed on [DATE].</p> <p>7. The immediacy of the IJ was removed on [DATE].</p>