| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265105 | A. Building<br>B. Wing | 04/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Delmar Gardens West | 13550 South Outer 40 Road<br>Town and Country, MO 63017 |

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) |
|---|---|
| F 0678<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46888<br><br>Based on interview and record review, the facility failed to provide timely basic life support, including cardiopulmonary resuscitation (CPR, a lifesaving technique that is used in emergencies in which someone's breathing or heartbeat has stopped) for one of four sampled residents, who had physician orders for CPR and was found by staff without a pulse (Resident #1). The resident expired. The census was 191.<br><br>The Administrator was notified on [DATE], of the Immediate Jeopardy (IJ) past non-compliance, which occurred on [DATE]. The facility provided training and in-servicing for all staff regarding the facility's CPR policy and using proper definitions/verbiage when reporting on CPR/Death Reporting Form. The IJ was corrected on [DATE].<br><br>Review of the facility's CPR Initiation, When Indicated Policy, revised [DATE], showed:<br><br>-Purpose: To assure we meet professional standards of quality and provide the necessary care and services to attain or maintain the highest practicable well-being of the residents according to their requests and/or as stated in their Advanced Directives;<br><br>-Policy: All licensed nurses are to be CPR certified by a qualified instructor. CPR code status of each resident is to be established and documented by the physician. Code status should then be identified on the physician order sheet. If CPR is indicated, CPR should be performed properly and promptly until advanced medical treatment can be obtained.<br><br>-The American Heart Association (AHA) guidelines reflect global resuscitation science and treatment recommendations and are recognized by the Centers for Medicare and Medicaid Services (CMS). AHA has established evidence-based decision-making guidelines for initiating CPR when cardiac arrest occurs in or out of the hospital. AHA urges all rescuers to initiate CPR unless: A valid Do Not Resuscitate (DNR) order is in place, obvious signs of clinical death (e.g. rigor mortis, dependent lividity, decapitation, transection (body is split in two), or decomposition) are present, or initiating CPR could cause injury or peril to rescuer.<br><br>-Dependent Lividity: Dependent lividity is a settling of the blood in the lower (dependent) portion of the body postmortem (after death), causing a purplish red discoloration of the skin. When the heart stops functioning and is no longer agitating the blood, heavy red blood cells sink through the serum by action of gravity.<br><br>(continued on next page) |

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| F 0678<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | -Rigor Mortis: rigor mortis is the stiffening of muscles due to the absence of adenosine triphosphate (ATP) after death. Without ATP, the myosin and actin (myosin and actin are muscle proteins that work together for muscle contraction) bind together, and the muscle fibers to become rigid. This process begins one to three hours after death.<br><br>Review of the resident's Physician's Orders Summary (POS), showed an order, start date [DATE], for Full Code: Administer CPR.<br><br>Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed:<br><br>-Severe cognitive impairment;<br><br>-Diagnoses of lung cancer, anxiety, and acute respiratory failure.<br><br>Review of the resident's progress notes, showed on [DATE] at 11:27 P.M., Licensed Practical Nurse (LPN) A wrote: This nurse was doing rounds, upon arrival to room, no obvious signs of life, pupils fixed, mucus membranes dry, no rise and fall of chest, no bowel sounds upon auscultation (listening to the sounds of organs, usually with a stethoscope), no pulse obtainable, fingers and toes cyanotic (blue discoloration due to lack of oxygen). Death was pronounced by two nurses at 11:18 P.M. Hospice called to come in and complete end of life notifications, per hospice.<br><br>Review of the facility's investigative summary, dated [DATE], showed:<br><br>-There were obvious signs of death when LPN A identified the resident had passed away/expired. The obvious signs of death were cyanotic/purplish hands and feet as described by charge nurses LPN A and LPN B. LPN A followed policy and procedure for not administering CPR when there are obvious signs of death present when encountering a resident without vital signs. LPN A followed facility protocol by notifying hospice, family, physician, and medical examiner after death;<br><br>-The written statement from LPN B showed:<br><br>-On [DATE] at approximately 11:10 P.M., LPN B received call from LPN A who requested assistance with a death assessment. LPN B asked status, and LPN A said the resident was on hospice.<br><br>-Upon arrival LPN B walked into the room behind LPN A. The resident showed no signs of life. The resident's pupils were fixed with no response to light, oral cavity was dry, mouth open, no rise/fall of chest, hands and feet dark blue, neither nurse able to find a pulse at any locations. Time of death pronounced at 11:18 P.M<br><br>-The written statement from LPN B did not note the resident had rigor mortis or dependent lividity and the clinical definition of rigor mortis and/or dependent lividity was not described in the interview.<br><br>During an interview on [DATE] at 11:05 A.M., Certified Nurse's Assistant (CNA) C said on [DATE] at 10:00 P. M. he/she completed a round on the resident, and he/she was breathing evenly. CNA C then left at the end of his/her shift.<br><br>(continued on next page) |

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| F 0678<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | During an interview on [DATE] at 10:54 A.M., LPN A said on [DATE] at approximately 11:18 P.M., he/she was completing rounds and found the resident with no signs of life. He/She called LPN B from another hallway to assist. The resident's pupils were fixed, mucus membranes were dry, no rise and fall of resident's chest observed, no bowel sounds, no obtainable pulse, fingers and toes were cyanotic. Mottling (common symptom that occurs near end of life where red and purple spots appear on toes, feet, fingers and spread slowly up the arms and legs) present in hands and feet. Feet and hands were dark blue. LPN A said his/her hands are always cold, so when he/she checked the resident's body temperature by hand, the resident felt not hot and not cold, more lukewarm. When asked during the interview if dependent lividity or rigor mortis were present when examining the resident, LPNA said No. LPN A said he/she did not administer CPR because he/she felt the resident had obvious signs of death.<br><br>During an interview on [DATE] at 3:00 P.M., LPN B said he/she received a call from LPN A to come assist with the resident, who had expired. The resident showed no signs of life, with fixed pupils unresponsive to light, dry oral cavity, no rise and fall of chest, hands and feet dark blue, legs mottled. Neither he/she nor LPN A could palpate a pulse at any location. When asked during the interview if dependent lividity or rigor mortis were present LPN B said No when examining the resident. LPN B said he/she did not administer CPR because there were obvious signs of death.<br><br>The statements from LPN A and LPN B did not provide a description showing the clinical definition of rigor mortis and/or dependent lividity in their interviews.<br><br>During an interview on [DATE] at 1:00 P.M., Physician D said even if a resident is full code and on hospice, he/she would expect the facility to administer CPR and send the resident out to the hospital.<br><br>During an interview on [DATE] at 12:15 P.M., the Administrator said when reviewing LPN A's progress notes and LPN B's written statement, he thought both nurses described dependent lividity, not just mottling. He believed the word dependent lividity was not a word that the staff were use to using when charting.<br><br>MO00229571 |