STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265757	A. Building B. Wing	02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bentwood Nursing & Rehab	1501 Charbonier Road Florissant, MO 63031

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 Level of Harm - Immediate jeopardy to resident health or safety 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40865 Based on interview and record review, the facility failed to provide basic life support, including Cardiopulmonary Resuscitation (CPR, a lifesaving technique that is used in emergencies in which someone's breathing or heartbeat has stopped) in a timely manner for one of seven sampled residents who was a full code (all life saving measures to be performed) and found by staff without a pulse (Resident #1). Additionally, not all direct care staff were aware of the location of the code status documentation in residents' records (Residents #2 and #3). Also, the facility policy did not address the location of the code status documentation and how the information would be communicated throughout the facility so that staff would know immediately what action to take or not take when an emergency arises. The census was 114. The Administrator was notified on [DATE] at 3:00 P.M., of an Immediate Jeopardy (IJ) which began on [DATE]. The IJ was removed on [DATE], as confirmed by surveyor onsite verification. Review of the facility's Cardiopulmonary Resuscitation policy, dated [DATE], showed: -Policy: The facility will provide basic life support prior to the arrival of Emergency Medical Services (EMS), including initiation of CPR to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with the resident Advance Directives or a signed Do Not Resuscitate (DNR) order; -Charge nurse will initiate CPR unless: -Valid DNR is in place; -Clinical evaluation reveals obvious signs of clinical death (rigor mortis (stiffness of the muscles and joints of the body after the death of an individual), dependent lividity (bluish-purple discoloration of skin after death), decapitation (total separation of the head from the body), transection (to cut across something; to divide something by cutting it) or decomposition (the state or process of rotting or decay); -Initiating CPR could cause serious injury/immediate danger to the rescuer; -Responsibility: Licensed nurses, nursing administration and Director of Nursing (DON); (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265757	A. Building B. Wing	02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bentwood Nursing & Rehab	1501 Charbonier Road Florissant, MO 63031

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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-Procedure: -Full Code/CPR Upon resident assessment with absent vital signs; *Charge nurse will initiate a code blue; *Resident who is full code will have CPR initiated immediately; *CPR will continue until EMS arrives to take over CPR. -The policy did not address the location of the code status in the resident's medical record. 1. Review of Resident #1's medical record,showed: -admitted [DATE]; -Full code; -Diagnoses included: Heart failure, Alzheimer's Disease, chronic obstructive pulmonary disease (a group of diseases that cause airflow blockage and breathing-related problems), bradycardia (slow heart rate) and presence of a cardiac pacemaker (small electronic device, implanted in the chest to help regulate heart function). Review of the resident's electronic Physician's Order Sheet (ePOS), showed an order dated [DATE], for a full code. Review of the resident's care plan dated [DATE], showed: -Focus: Responsible party requests full code. Full code - initiate CPR; -Interventions/Tasks: Call for an ambulance. In event of cardiac arrest, do initiate cardiopulmonary resuscitation measures. Provide emergency measures as appropriate. Review code status routinely. Review of the resident's progress notes on [DATE], showed: -On [DATE] at 11:30 P.M., Licensed Practical Nurse (LPN) S saw the resident at approximately 11:30 P.M., lying on his/her back while in bed; -On [DATE] at 1:37 A.M., Certified Nurse's Aide (CNA) H called LPN D to the resident's room. LPN D observed the resident in bed unresponsive. CPR was immediately started and 911 was called. CPR was unsuccessful. Unknown staff called the resident's physician and he gave a death diagnosis of heart failure and coronary artery disease (CAD, a narrowing or blockage of the coronary arteries, which supply oxygen-rich blood to the heart). Review of a typed investigation report dated [DATE], showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265757	A. Building B. Wing	02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bentwood Nursing & Rehab	1501 Charbonier Road Florissant, MO 63031

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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-On [DATE] between 12:15 A.M. and 12:30 A.M., during rounds, CNA H found the resident in a kneeling position on the mat beside his/her bed and called out for assistance; -LPN D and CNA J entered the room. The nurse assessed the resident and found his/her skin cool to the touch and no pulse present; -Code status was verified, a board was placed under the resident and CPR was initiated; -CNA R dispatched EMS requesting emergent transport; -EMS arrived and applied leads. Staff continued CPR until directive was given to discontinue at or around 12:30 A.M. Review of a written statement by CNA H dated [DATE], showed: -While doing rounds at 12:15 A.M., he/she noticed a patient on the floor in a praying position. His/Her face was face down on the mattress; -The CNA yelled for help to get the resident off the floor and LPN D and CNA J came in the room to help assist the resident off the floor; -LPN D along with LPN I started CPR. During an interview on [DATE] at 6:00 A.M., CNA H said he/she started work at 11:00 P.M., on [DATE]. The first time he/she saw the resident was at 12:15 A.M. on [DATE]. He/She had to pull the curtain back to see the resident. He/She observed the resident on the floor, beside his/her bed, on his/her knees in a praying position. His/Her hands were beside him/her, on the fall mat with his/her face pressed into the bed. The CNA immediately went to the door and yelled for help. LPN D and CNA J came into the room. The nurse told them to get the resident off the floor and into the bed, so he/she and the other CNA picked the resident up and placed him/her onto the bed. The resident did not look good, but he/she was warm to the touch. CNA H knew the resident was a full code, so he/she immediately ran to the nurse's station, to get the crash cart so they could perform CPR. When he/she got back to the room with the crash cart, LPN D told him/her to take it back because the resident was a DNR. The CNA explained he/she was sure the resident was a full code, but the nurse continued to say the resident was on hospice and was a DNR. The CNA pushed the crash cart out into the hall and ran to check the chart to verify the resident was a full code. He/She found the full code in the paper chart, but the nurse wanted to check it in the electronic record. It took them a little while to figure out the resident was actually a full code. Once they realized the resident was a full code, then staff called 911 and started CPR. Review of an undated written statement by CNA J, showed: -He/She was at the nurse's station around 12:15 A.M.-12:30 A.M., when CNA H came out of the resident's room and said he/she was on the floor; -LPN D and he/she entered the room and found the resident on the floor; -The nurse checked the resident's pulse and there was no pulse; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265757	A. Building B. Wing	02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bentwood Nursing & Rehab	1501 Charbonier Road Florissant, MO 63031

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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-CPR was started. During an interview on [DATE] at 6:25 A.M., CNA J said CNA H was doing rounds and came and got him/her and LPN D when he/she found the resident on the floor. LPN D told him/her and CNA H to get the resident off the floor and into the bed. They were frantically trying to understand what would be the best course of action, as he/she did not know if the resident needed a lift to get into bed. He/She and CNA H decided to lift the resident under his/her arms and legs and put him/her into the bed. The resident was warm to the touch when he/she lifted him/her up into the bed. CNA H ran to get the crash cart. CNA J left the room after this. Review of a written statement by LPN D dated [DATE], showed: -At 12:15 A.M., he/she was called to the resident's room; -When he/she got to the room, he/she observed the resident on his/her knees, on his/her fall mat, in a praying position with his/her head on his/her bed; -LPN D called out the resident's name with no response; -CNA J and CNA H assisted the resident back into his/her bed so the nurse could assess him/her; -The resident's color was in normal limits, his/her skin was cool to the touch and he/she had no pulse; -Code status was verified, they placed a backboard under the resident and CPR was initially started; -LPN I arrived to assist with CPR; -CNA R called 911 and EMS arrived at approximately 12:33 P.M.; -LPN D and LPN I continued CPR until directive given to discontinue. During an interview on [DATE] at 6:15 A.M., LPN D said he/she heard CNA H call out and he/she and CNA J went into the resident's room. The resident was on his/her knees on the floor with his/her face in the bed. He/She looked dead. The resident's chest was not rising. LPN D felt for a pulse and could not find one. The two aides got the resident up into the bed so he/she could assess the resident better. The nurse believed the resident was on hospice and was a DNR. CNA H thought he/she was a full code and went to look in the resident's chart to verify. Usually the code could be found right in a resident's paper chart. It was confusing to find the code, and everything happened really fast. LPN D found it on the computer. Once they realized the resident was a full code, they called 911 and immediately started CPR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265757	A. Building B. Wing	02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bentwood Nursing & Rehab	1501 Charbonier Road Florissant, MO 63031

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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During interviews on [DATE] at 6:40 A.M. and on [DATE] at 5:51 P.M., LPN I said he/she was working on the other hall during the morning of the incident. CNA R came and got him/her and said a resident was nonresponsive and needed CPR. When he/she got to the resident's room, LPN D and CNA H were standing by the bed, there was a board under the resident and an oxygen mask on his/her face, but they had not started compressions. LPN D asked if they needed to do CPR since the resident had no pulse and looked deceased . LPN I said since the resident was warm to the touch and a full code they had to perform CPR. They started CPR. LPN D and CNA H continued CPR until the EMS arrived and told them to stop. Review of the EMS records, showed the facility called 911 at 12:26 A.M. During an interview on [DATE] at 11:50 A.M., the resident's physician said staff should have been able to verify code status immediately because the chances for survival increase if CPR is started within five minutes of a cardiac event. The longer the resident goes without CPR decreases the likelihood of survival. 2. Review of Resident #3's medical record, showed: -admitted on [DATE]; -Full code. During an observation and interview on [DATE] at 11:00 A.M., Registered Nurse (RN) E said code status should be found in the resident's electronic medical record and paper chart. He/She was unable to locate the code status for Resident #3 in either place. He/She thought it might be because the resident had just been admitted over the weekend. An unidentified staff member came over and showed RN E where the code status could be found in the resident's electronic medical record in the physician's orders. 3. During an interview on [DATE] at 9:00 A.M., CNA K said if a resident was found unresponsive, code status could be found in a resident's paper chart. He/She was unable to locate a code status in Resident #2's paper chart. He/She said the nurses would know where to find the code status in an emergency. During an interview on [DATE] at 10:55 A.M., CNA N said if he/she found a resident unresponsive, he/she would let the nurse know. The nurse would have to check the code status because he/she did not have access to the resident's electronic medical records. If the nurse was not at the desk, it might take a little time to find the code status. During an interview on [DATE] at 3:00 P.M., the Director of Nursing said she would expect the staff to immediately verify the resident's code status and start CPR. Code status could be found in the resident's electronic medical records. Nurses and Certified Medication Technicians were the only staff who could access to the electronic medical records. The staff should know where to locate the code status. She was not told there was a delay in starting CPR on Resident #1 while staff tried to find his/her code status. She would have expected the nurse to have immediately verified the code status and started CPR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265757	A. Building B. Wing	02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bentwood Nursing & Rehab	1501 Charbonier Road Florissant, MO 63031

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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on at [DATE] at 3:05 P.M., the Administrator said she would expect staff to immediately verify the resident's code status and start CPR if the resident is a full code. NOTE: At the time of the abbreviated survey, the violation was determined to be at the immediate jeopardy level J. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements. At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action be taken to address Class I violation(s). MO00231034