

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.09</p> <p>Based on interview, and record review, the facility failed to ensure Resident 1's wishes were followed for Cardiopulmonary Resuscitation (CPR) and train agency staff on code status and the facility's CPR policy and procedures. The facility census was 44.</p> <p>The facility Administrator was notified on [DATE] at 6:04 PM of an Immediate Jeopardy (IJ) which began on [DATE]. The IJ was removed on [DATE], as confirmed by surveyor onsite verification.</p> <p>Findings are:</p> <p>A record of the facility's undated Cardiopulmonary Resuscitation policy revealed it was the policy of this facility to adhere to the residents' rights to formulate (create) advanced directives (a resident's medical care choice). The facility will follow current American Heart Association (AHA) guidelines regarding CPR. If the resident experiences cardiac arrest (sudden, sometimes temporary stopping of the heart), facility staff will provide basic life support, including CPR, prior to the arrival of Emergency Medical Services (EMS), and:</p> <p>a. In accordance with advanced directives, or</p> <p>b. In the absence of advanced directives or a Do Not Resuscitate order; and</p> <p>c. If the resident does not show obvious signs of clinical death (e.g., rigor mortis (stiffening of muscles following death), dependent lividity (blood pooling after death), decapitation (cutting head off), transection (cut at right angles to the body), or decomposition (rotting or decay).</p> <p>A record review of the facility's undated CPR Orientation (training) revealed if a resident was a code with adults if the nurse is alone, staff were to call 911 to activate emergency response system, grab Automatic External Defibrillator (AED)(a device that delivers a shock to the heart), then start CPR, if there is another person who can call 911, the nurse who is CPR certified, should initiate CPR while other staff are calling 911 and getting the AED.</p> <p>A record review of Resident 1's Admission Record dated [DATE] revealed the resident was admitted to the facility on [DATE].</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 1's Discharge Summary dated [DATE] revealed the resident had diagnoses of Acute on chronic respiratory failure (sudden worsening of long term respiratory function), Congestive Heart Failure (CHF)(right sided heart failure), Severe Pulmonary hypertension(high blood pressure in lungs), Chronic Obstructive Pulmonary Disease (COPD), Peripheral artery disease (arteries in the arms and legs narrow or become blocked), and a Cerebral aneurysm (bulge in blood vessel in the brain).</p> <p>A record review of Resident 1's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) 1 of 15 that indicated the resident was severely cognitively impaired (difficulty with mental function and skills). The resident needed setup assistance with eating, partial/moderate assistance with upper body dressing, substantial/maximal assistance with oral hygiene (cleaning), toileting, and bathing, and was dependent on staff for lower body dressing and footwear.</p> <p>A record review of Resident 1's Care Plan with an admitted [DATE] revealed the resident had designated (chose) full code status and a goal of the resident's wishes would be known.</p> <p>A record review of Resident 1's Order Summary Report dated [DATE] revealed the resident had an order for CPR with an order date of [DATE].</p> <p>A record review of Resident 1's CPR Authorization dated [DATE] revealed Resident 1 and the resident's physician signed the authorization that had a checkmark that indicated: I do wish CPR to be performed in any situation of cardiac arrest regardless of the attendant circumstances (facts or conditions).</p> <p>A record review of Resident 1's Progress Notes dated [DATE] at 5:59 AM by Licensed Practical Nurse (LPN)-A revealed the resident was found in the room unresponsive (does not react). Resident was blue, no heartbeat. LPN-A asked the Nursing Assistant (NA) when was the last time the NA seen the resident. The NA said the resident was last seen around 12:22 AM. The resident was in the room sitting in the wheelchair eating. LPN-A called 911 at 5:34 AM and explained to the operator that a resident was found unresponsive. The operator said, they will send over the Sheriff. LPN-A called 911 back again to ask for the ambulance to be sent. The officer said, that the Sheriff has to come first to do a death investigation and then they will call the ambulance. LPN-A called the resident's family member to notify them of the situation. LPN-A left a voicemail (message) to call the facility.</p> <p>A record review of Resident 1's Progress Notes dated [DATE] at 6:24 AM by LPN-A revealed CPR wasn't initiated due to the 911 operator said they weren't going to call the ambulance until after the [NAME] investigated.</p> <p>A record review of Resident 1's Progress Notes dated [DATE] at 8:08 AM revealed the resident's family member was notified. The family member chose a funeral home, and the nurse called to get a telephone order to release the body to the mortuary (funeral home). The family member was currently at the resident's bedside and a call was placed to the funeral home to notify them.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of LPN-A's Witness Statement Form dated [DATE] at 6:00 AM revealed the NA said the resident wasn't responding. LPN-A then went to check on Resident 1. The resident was blue and cold. LPN-A then went and checked the resident's code status and called 911. The operator said they would send the Sheriff. LPN-A notified the operator the resident was a full code and unresponsive. LPN-A called 911 back again and the operator said the Sheriff had to investigate first and then they will call the ambulance. CPR wasn't initiated due to the operator saying they weren't going to call the ambulance until after the Sheriff investigated.</p> <p>A record review of NA-B's Witness Statement Form dated [DATE] at 6:18 AM revealed NA-B last saw the resident moving at 12:22 AM. NA-B peeked in to check on the resident and roommate before 2:38 AM. The resident was last checked around 5:10 - 5:20 AM but the resident was unresponsive. The charge nurse was notified.</p> <p>A record review of LPN-C's Witness Statement Form dated [DATE] at 6:23 AM revealed the Deputy Sheriff arrived at the facility at 6:23 AM</p> <p>A record review of the facility's un-named document dated [DATE] signed by a physician revealed Resident 1's date of death was [DATE] at 5:20 AM. The cause of death was acute respiratory failure and pulmonary hypertension.</p> <p>A record review of Shiftkey's Client Service Agreement dated [DATE] revealed the client acknowledges that professional providers are independent contractors operating as self-employed individuals and Shiftkey has no responsibility for, control over, or involvement in the scope, nature, quality, character timing or location of any work or services performed by professional providers. Client hereby acknowledges and agrees Shiftkey is not an employer of or joint employer or integrated or single enterprise with any professional provider. Shiftkey is not responsible for performance or non-performance.</p> <p>A record review of LPN-D's Skills Checklist dated [DATE] revealed LPN-D completed the checklist and indicated LPN-D had performed frequently the tasks of recognizing basic and life-threatening dysrhythmia (abnormal rhythm), care of patients with cardiac (heart) devices and respiratory residents and would feel very comfortable performing the task. It did not reveal a task for CPR.</p> <p>In an interview on [DATE] at 3:25 PM, LPN-D confirmed LPN-D was an agency nurse and got 1 day orientation with a staff LPN, but confirmed the orientation did not include where to find a resident's CPR status or the facility's policy or procedures in a code situation.</p> <p>In an interview on [DATE] at 3:45 PM, the facility's Administrator confirmed that 3 of the agency staffing companies the facility used were contract, and the nurse's were at the facility for longer term. Those 3 did have some sort of training or skills evaluation they do with the agency staff prior to working at the facility and the agency staff completed a 1-day orientation with a facility employee. The Administrator confirmed LPN-D's skills checklist included recognizing basic and life-threatening dysrhythmia but did not include CPR.</p> <p>In an interview on [DATE] at 4:11 PM, the facility's Administrator confirmed the facility's administration (management) was unaware that a Registered Nurse (RN)/LPN Orientation Competency (Comp) form was not being completed on agency staff due to the scheduler had quit and was the one responsible for ensuring it had been completed.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on [DATE] at 1:51 PM, the facility Administrator confirmed Resident 1 was a full code and CPR had not been started on Resident 1 because LPN-A documented the resident was cold and blue and that indicated obvious signs of clinical death per the facility's policy.</p> <p>In an interview on [DATE] at 4:18 PM. The Administrator confirmed Shiftkey is an agency the facility used for staffing and Shiftkey does not provide any orientation or training on the facility's policies and procedures. The Administrator confirmed LPN-A was a Shiftkey LPN.</p> <p>The facility implemented the following actions on [DATE] to remove the immediacy of the situation to protect the residents.</p> <p>Abatement Statement</p> <p>Education</p> <p>We identified 16 other residents that are full codes. We updated the CPR policy and Communication of Code Status Policy. CPR Orientation document was implemented on [DATE] for orientation procedure for nursing agency. All agency prior to their shift will be oriented and educated on the CPR Orientation document. We completed the CPR orientation form and educated Night Charge Nurse on [DATE] and Day Charge Nurse on [DATE] via phone by the DON (Director of Nursing). All Agency nursing will be orientated today and prior to next shift by the DON. All current staff educated by DON on [DATE]. All staff prior to the next working shift will be educated by the DON. Code lists were updated on [DATE] and are placed in the narcotic books on the med carts, and on the clip board on the crash cart, and can be found in the chart on PCC (Point Click Care) by the DON. The DON will continue to keep the code lists updated with all new admissions and any change in DNR status with residents. All new hires will be educated through a PowerPoint on Relias on the following documents: CPR policy and Communication of Code Status policy, CPR Orientation document, and Resident Code Status. All New Agency staff will be educated on the following documents: CPR policy and Communication of Code Status policy, CPR Orientation document, and Resident Code Status prior to their shift. Administrator and/or ON will complete audits weekly for one month on new hires and agency staff, then monthly 10% of all new hires and agency staff times 3 months, and then 10% of all new hires and agency staff quarterly times 8 months.</p> <p>At the time of the 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.</p> <p>At the time of exit, the severity of the deficiency was lowered to the D level.</p>		