

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Bradford Hills Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15900 Route 6 Troy, PA 16947	
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 - Minimal harm or potential for actual harm 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** 20725 Based on a review of select facility policies and procedures, closed clinical record review, review of personnel certifications, and staff interview, it was determined that the facility failed to ensure properly certified personnel provided basic life support, including cardiopulmonary resuscitation (CPR), to a resident who required emergency care (Employee 1; Resident CR2). Findings include: Review of the facility policy POLST (Physician Orders for Life Sustaining Treatment, form used to document a resident/responsible party wishes in the event of a medical emergency such as the absence of a heart rate or respirations), last revised [DATE], revealed that the facility assists the resident/responsible family member (RP) in completing a POLST upon admission. If the resident/responsible family member is not ready to complete the POLST, the facility informs the resident/RP that until a decision is made, the resident will be considered a Full Code (CPR, medical intervention such as chest compression and artificial breaths to restore circulatory and/or respiratory function that has ceased, is provided). The resident will receive all resuscitation efforts. Review of the facility policy, CPR: Defibrillation, last revised [DATE], revealed that defibrillation (use of an electrical current to help your heart return to a normal rhythm sometimes provided by an AED (automated external defibrillator) machine) is the most effective treatment for ventricular fibrillation (rapid, unsynchronized, contractions of the heart that can cause cardiac arrest and sudden death; requires immediate CPR and AED). The success of resuscitation of patients with ventricular fibrillation relates to how fast electrical defibrillation can be applied. The longer the duration of fibrillation, the greater the deterioration of the myocardium (heart muscle) because a fibrillating heart consumes a very large amount of oxygen. The chance of successful defibrillation is reduced as the fibrillation time increases. The procedural steps include: Call a code green, call 911, and notify the physician stat (immediately) Initiate CPR until the defibrillator is available Prepare the resident for defibrillation CPR continues until the defibrillator detects a change in the heart rhythm that may be shockable (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
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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Evaluate and maintain CAB (chest compression, airway, breathing) and continue CPR until an ambulance arrives with EMTs who provide relief, signs of life are observed, or a physician determines it should be stopped. The facility policy entitled, Cardiopulmonary Resuscitation (CPR), last reviewed [DATE], stipulated that is the policy of the facility to adhere to residents' rights to formulate advance directives. In accordance with these rights, this facility will implement guidelines regarding cardiopulmonary resuscitation (CPR). Guidelines included that CPR certified staff will be available at all times, and staff will maintain current CPR certification for healthcare providers through a CPR provider who evaluates proper technique through in-person demonstration of skills. CPR certification, which includes an online knowledge component, yet still requires in-person skills demonstrations to obtain certification or recertification, is also acceptable. Closed clinical record review for Resident CR2 revealed nursing documentation dated February 22, 2025, at 9:25 AM that Employee 1 (registered nurse supervisor) was called to Resident CR2's bathroom. Resident CR2 had decreased respirations to six (average normal range 12 to 20 breaths) and a thready, pulse of 45 (average normal range 60 to 100). The documentation indicated that the on-call physician was notified, and staff obtained an order to send Resident CR2 to the emergency room . Staff then noted that Resident CR2 was without a pulse and respirations. Staff called 911 (emergency medical personnel) and nursing staff started CPR. CPR continued until paramedics intubated (inserted a tube into the airway to perform artificial respirations) Resident CR2, started an intravenous line, and assumed ACLS (Advanced Cardiac Life Support, refers to a set of clinical interventions established by the American Heart Association (AHA) for the urgent and emergent treatment of life-threatening cardiovascular conditions). The paramedics obtained a physician's order to stop CPR and pronounce Resident CR2 deceased . Order administration documentation dated February 22, 2025, at 9:35 AM revealed that Employee 2 (licensed practical nurse) noted that Resident CR2 was deceased at 9:25 AM. A Code (CPR) Documentation form (document the facility utilized to record the sequence of events during a CPR event) dated February 22, 2025, for Resident CR2 revealed that Employee 1 recorded the sequence of events during Resident CR2's medical crisis on February 22, 2025. Employee 1 was the registered nurse in charge. Staff initiated CPR at 8:31 AM, and the AED was delivered at 8:45 AM. Comments documented on the form indicated that, Code called at 8:31 AM, CPR initiated at 8:31 AM, 911 activated at 8:31 AM, CPR continued, and paramedic and EMS arrived at 8:45 AM, AED applied, CPR continued. The available documentation did not indicate that facility staff applied the AED to Resident CR2, but that the AED was applied after EMS personnel arrived. Review of available facility personnel documentation for Employee 1 revealed that she completed the American Red Cross CPR/AED online training and was eligible for the skills session within 90 days; however, there was no indication that she completed the skills portion of the training to obtain her certification. (continued on next page)		

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Nursing Home Administrator on February 25, 2025, at 3:02 PM confirmed that Employee 1 did not have CPR/AED certification. The interview with the Nursing Home Administrator indicated that the facility had an AED machine on each of the three floors of the building. The facility did not provide evidence that facility staff, not EMS personnel, applied the AED timely to Resident CR2. Telephone interview with the Nursing Home Administrator on February 26, 2025, at 9:35 AM confirmed the above findings. The facility failed to ensure that licensed nursing staff maintained current CPR certification for healthcare providers through a CPR provider whose training included hands-on practice and in-person skills assessment. 201.19(3) Personnel policies and procedures 201.20(a)(1)-(6) Staff development 28 Pa. Code 211.12(d)(1)(5) Nursing services		