

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Carnegie Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1848 Greentree Road Pittsburgh, PA 15220	

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** 49646</p> <p>Based on review of the American Heart Association (AHA) Guidelines, clinical records, facility policies, and staff interviews it was determined that the facility failed to ensure consistent care by initiating Cardio Pulmonary Resuscitation (CPR) to an unresponsive resident for one of eighty-seven residents (Resident R1), resulting in immediate jeopardy.</p> <p>Findings include:</p> <p>The Pennsylvania Code Title 49, Professional and Vocational Standards through the Department of State indicates under Responsibilities of the Registered Nurse 21.11 General functions (a) The registered nurse assesses human responses and plans, implements, and evaluates nursing care for individuals or families for whom the nurse is responsible. In carrying out this responsibility, the nurse performs all the following functions: (4) Carries out nursing care actions which promote, maintain, and restore the well-being of individuals.</p> <p>Review of AHA Guidelines dated 2024, indicated if a person is unresponsive with no breathing and has no pulse for more than 10 seconds, start CPR.</p> <p>The facility's CPR policy titled. Cardiac and/or Respiratory Arrest reviewed [DATE], indicated the following guidelines are available and are to be utilized in the event of a resident emergency. If a witnessed or unwitnessed arrest for patients without a Do Not Resuscitate (DNR) First, the licensed nurse will evaluate the patient for obvious clinical signs of irreversible death unless not permitted by state regulation. If at least ONE obvious clinical sign of irreversible death is present, do not initiate CPR (Obvious clinical signs of irreversible death include: lividity or pooling of blood in dependent body parts, hardening of muscles or rigidity (rigor mortis) or injuries incompatible with life). If there are no obvious clinical signs of irreversible death, initiate CPR/AED, call 911 and notify primary physician, designate an individual to record events, continue CPR until EMS arrives, notify family health care decision maker of patient's status.</p> <p>Review of Resident R1's clinical record indicated an admitted [DATE], with diagnoses that included high blood pressure, muscle weakness, atrial fibrillation (irregular, often rapid heart rate that commonly causes poor blood flow), chronic obstructive pulmonary disease (a group of diseases that block airflow and make it difficult to breathe, emphysema and chronic bronchitis are most common conditions).</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>Review of Resident R1's Minimum Data Set (MDS-a periodic assessment of care needs) dated [DATE], indicated the diagnoses were current.</p> <p>Review of Resident R1's physician order dated [DATE], current through [DATE], indicated Resident R1 was a full code (allows for all interventions needed to restore breathing or heart functioning). Resident R1 ceased to breathe on [DATE] at 12:22 p.m.</p> <p>Review of Resident R1's closed record revealed a Physician Order for Life Sustaining Treatment (POLST) form dated [DATE], indicated if the resident has no pulse and is not breathing, attempt resuscitation. The form was signed by Nurse Practitioner E5 and it was indicated a verbal consent was provided from Resident R1's daughter who was listed as emergency contact.</p> <p>Review of Resident R1's care plan dated [DATE], indicated the resident was a full code. Interventions indicated CPR will be performed as ordered.</p> <p>Review of Resident R1's Task list dated [DATE], indicated the resident was a full code.</p> <p>Review of Resident R1's progress note dated [DATE], at 12:37 p.m. entered by Licensed Practical Nurse (LPN) Employee E3, indicated resident ceased to breathe (CTB) at 12:22 p.m. There was no documentation that CPR was administered as ordered.</p> <p>During an interview on [DATE] at approximately 9:00 a.m. the Nursing Home Administrator (NHA) and Registered Nurse (RN) Employee E2 confirmed CPR was not initiated for Resident R1 on [DATE]. RN Employee E2 indicated that the family had arrived at 12:20 p.m. on [DATE], asked for her to evaluate the resident since they found him with his head bent, [employee] ran out of the room to grab her stethoscope to obtain vital signs (apical pulse-pulse point on your chest at the bottom of the heart) and grabbed RN Supervisor Employee E4. LPN Employee E3 also in the room acknowledged that Resident R1 was a full code. RN Employee E2 revealed she did not start CPR because the daughter was too upset and they did not want to start in front of her. RN Employee E2 pronounced Resident R1 CTB at 12:22 p.m. The resident's POLST form was for a Full Code as found in the resident's chart and on the electronic record, placing all residents at risk if they become unresponsive and pulseless, which resulted in an Immediate Jeopardy situation.</p> <p>On [DATE], at 3:32 p.m. the Nursing Home Administrator and the Director of Nursing was notified that an immediate jeopardy was identified and was provided a copy of the completed IJ template.</p> <p>On [DATE], at 6:26 p.m. and Immediate Action Plan was accepted with the following actions:</p> <p>Immediate Action:</p> <p>-Whole house audit was conducted and completed on [DATE], on all code status of all residents' to ensure all orders are out in medical record, care planned and POLST forms are to be uploaded into the medical record and the original form placed in the physical chart.</p> <p>-Any POLST forms not uploaded into the chart will be uploaded to the electronic record on [DATE].</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>-All primary staff will be educated by end of day [DATE], on code status and recognition of signs of death and proper procedure of notification to nursing staff if there is an occurrence. All agency and PRN staff will be instructed to complete education prior to the start of their next shift.</p> <p>-All primary Nurses prior to the start of their next shift, or by [DATE], will be educated on signs of irreversible death, proper documentation in medical records of the occurrence and Policy NSG208 Cardiopulmonary Resuscitation (CPR) and Procedure: Cardiac and/or Respiratory Arrest. All agency and PRN staff will be instructed to complete education prior to starting next shift.</p> <p>-Primary Licensed staff will be educated to facilitate CPR on residents who have elected such services until EMS arrives and assumes responsibility for the residents by [DATE]. All agency and PRN staff will be instructed to complete education prior to their next scheduled shift.</p> <p>-All new admissions will be audited to ensure code status orders are entered into the medical record accurately, care planned, and uploaded into the medical chart. They will also ensure the physical copy of the advance directive is placed in the physical chart weekly x 4.</p> <p>-Mock codes will be conducted every shift x2 days then randomly daily x1 week, then weekly x 4.</p> <p>-QAPI completed on [DATE].</p> <p>-Audit completed for nurses CPR cards on [DATE].</p> <p>-AED/Crash carts verified with stocked and expiration dates of PADS on [DATE].</p> <p>-Education related to change in condition and notifications NSG122 will be completed by end of day [DATE]. Entering Advance Directives orders are put in the medical record, care planned and Advance Directives are to be uploaded in the medical record and the original form placed in the physical chart by end of day [DATE].</p> <p>The facility's CPR policy titled Cardiac and/or Respiratory Arrest was revised on [DATE] and reviewed on [DATE], and indicated the center will support the right of every patient to accept or decline cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest. The center will perform CPR on all patients, except in certain limited circumstances, unless there is a written physician's order agreed to by the patient or health care team representative, in accordance with state regulation/law.</p> <p>The facility's Procedure: Cardiac and/or Respiratory Arrest was revised on [DATE], and reviewed on [DATE], and indicated upon discovery of a patient in cardiopulmonary arrest to first call for assistance, alert licensed nurse and CPR/automated external defibrillator (AED) certified staff, prepare patient for CPR/AED while determining the code status, call 911 and notify primary physician, designate an individual to record events on the CPR/AED flow sheet. Continue CPR until EMS arrives, restoration is effective, rescuer is unable to continue because of exhaustion, and state regulation allows licensed nurse to pronounce/certify death, reliable and valid criteria indicating irreversible death are met or criteria for termination of resuscitation are met.</p> <p>114 of 139 residents code status, including orders, POLST and care plan were reviewed and accurate as of [DATE].</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>On [DATE], at 10:07 a.m. 90 of 92 nursing staff (1-Maternity Leave of Absence, 1-Vacation out of country) verified they were educated prior to start of their shift via signature sheet. All nursing staff in facility on [DATE], were interviewed and confirmed training and understanding. All nursing staff were educated on what to do in an event of an emergency. Staff must determine unresponsiveness, notify a licensed nurse immediately, verify resident's code status. If an emergency response is required to activate in-house emergency communication system, and call 911. If necessary, initiate cardiopulmonary resuscitation (CPR) and chart completely all events up to the situation, what transpired during situation, and the events that followed. The physician and healthcare decision maker must be notified. The facility will continue to educate nursing staff prior to the start of the shift.</p> <p>The Director of Nursing (DON) or designee will conduct audits to ensure policy is being followed and findings will be reported in upcoming QAPI meetings.</p> <p>On [DATE], the Immediate Jeopardy was lifted at 2:05 p.m. after ensuring the Immediate Plan of Correction had been implemented.</p> <p>During an interview on [DATE], at 3:47 p.m. RN Unit Manager, Employee E6 stated that they conduct training on CPR, they also stated if a resident is not breathing, she would check the POLST located in the front of the resident's hard chart or in the electronic record and if a full code would begin CPR as per the resident's wishes.</p> <p>During an interview on [DATE], at 3:49 p.m. LPN, Employee E7 stated if a resident ceases to breathe, the resident's code status is checked in the resident's paper chart.</p> <p>During an interview of [DATE], at 3:53 p.m. RN Employee E8 stated she would check the paper chart for the most up to date POLST.</p> <p>During an interview on [DATE], at 4:08 p.m. LPN Employee E9 stated if no respirations or pulse she would check in either the paper chart or electronic record for a code status and if a full code would start CPR.</p> <p>During an interview on [DATE], at 4:11 p.m. Transitional Nurse-RN Employee E10 stated that they would check in the front of the paper chart for the pink paper for the code status.</p> <p>During an interview on [DATE], at 4:13 p.m. Certified Nursing Assistant (CNA) Employee E11 stated that if they walked into a room and the resident was unresponsive they would grab a nurse or the nurse supervisor and then go to the paper chart to obtain the POLST for the nurse for code status.</p> <p>During an interview on [DATE], at 4:15 p.m. CNA Employee E12 stated that if they walked into a room and a resident was unresponsive they would yell for help, get a nurse, call a code, get crash cart if needed and can assist with writing things down.</p> <p>During an interview on [DATE], at 4:17 p.m. RN Unit Manager Employee E13 stated that they educate CNA's on where to find the POLST and about bringing it to the nurse in emergency situations.</p> <p>During an interview on [DATE], at 10:07 a.m. LPN Employee E14 stated that they received education before the start of their shift and know that the POLST is located on the paper chart and in the electronic record.</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>During an interview on [DATE], at 10:09 a.m. LPN Employee E15 stated that they received education before the start of their shift and know that the POLST is located on the paper chart or in the electronic record. Stated she would call for help and if not a DNR would start CPR.</p> <p>During an interview on [DATE], at 10:10 a.m. RN Employee E16 stated if they walked into a resident's room and resident appeared unresponsive would do a sternal rub, check extremities, start CPR and have someone call 911. Employee E16 stated education was reviewed before the start of her shift regarding POLST.</p> <p>During an interview on [DATE], at 10:13 a.m. CNA Employee E17 stated they received training before the start of their shift and if they walked into a room with an unresponsive resident would seek help immediately and obtain the POLST from the paper chart for the nurse.</p> <p>During an interview on [DATE], at 10:16 a.m. LPN Employee E18 stated they received training before the start of their shift and would locate code status by either checking the chart, report sheet, or electronic record.</p> <p>During an interview on [DATE], at 10:19 a.m. LPN stated they received training before the start of their shift and would locate code status in the paper chart.</p> <p>During an interview on [DATE], at 10:22 a.m. CNA Employee E20 stated they received training before the start of their shift and would follow the steps if they are a full code or a DNR.</p> <p>During an interview on [DATE], at 10:26 a.m. CNA Employee E21 stated they received training before the start of their shift and would obtain the POLST from the paper chart for the nurse.</p> <p>During an interview on [DATE], at 10:28 a.m. RN Employee E22 stated they received training before the start of their shift and would obtain the POLST from the paper chart or the electronic record and would start CPR.</p> <p>During an interview on [DATE], at 10:30 a.m. RN Employee E23 stated they received training before the start of their shift. They stated that the POLST is located on the paper chart and the electronic record, If the resident is unresponsive and known Full Code would start CPR and yell for help.</p> <p>During an interview on [DATE], at 10:46 a.m. RN Employee E24 stated they received training before the start of their shift and would obtain the POLST from the paper chart, would also write it on their resident report sheets for quick reference and to know if they needed to start CPR immediately.</p> <p>During an interview on [DATE], at 10:48 LPN Employee E25 stated that they received training before the start of their shift and know that the POLST is located in the paper chart and the electronic record.</p> <p>During an interview on [DATE], at 12:15 p.m. the NHA and DON confirmed that staff failed to follow policy and procedure and failed to administer CPR to Resident R1 as per the POLST and physician order.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>(continued on next page)</p>		

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