

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455549	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Retama Manor Nursing Center/Jourdanton		STREET ADDRESS, CITY, STATE, ZIP CODE 1504 Highway 97e Jourdanton, TX 78026	

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** 42402</p> <p>Based on interviews and record reviews, the facility failed to provide a full code resident with AED use during CPR as per facility policy for 1 (Resident #4) of 7 residents reviewed for Advanced Directives.</p> <p>The facility failed to provide a full code(full support which includes cardiopulmonary resuscitation (CPR), if the patient has no heartbeat and is not breathing.) for Resident#4 with AED use during CPR as per facility policy.</p> <p>The non-compliance was identified as past non-compliance (PNC). The PNC IJ began on [DATE] and ended on [DATE] . The facility had corrected the non-compliance before the state's investigation began on [DATE] at 9:30 AM.</p> <p>This failure could place residents at risk for not receiving correct CPR as per facility policy.</p> <p>The findings included:</p> <p>Record review of Resident #4's face sheet dated [DATE] reflected Resident #4 was admitted initially on [DATE] with a readmission of [DATE] with diagnoses of DM2, s/p left above knee amputation, congestive heart failure, COPD, hypertension, anxiety, arteriosclerotic heart disease, peripheral vascular disease, end stage renal disease with dialysis on M-W-F.</p> <p>Record review of Resident #1's state optional MDS assessment, dated [DATE] , reflected Resident #1 had a BIMS score of 15 , indicative of cognitively aware.</p> <p>Record review of Resident #1's care plan dated, [DATE], reflected Resident #1 had chosen to be a full code and requested to have CPR if needed. With interventions of CPR will be performed as ordered and follow facility protocol for identification of code status.</p> <p>Record review of Nurses note, authored by LVN A dated [DATE] at 7:15 AM reflected- note text: 4:00 AM CNA B noted resident without respirations. 4:03 AM called nurse, 4:05 AM This nurse noted no respirations or pulse, started CPR. 4:09 AM EMS called. 4:12 AM EMS arrived along with county deputy . 4:52 AM EMS left facility after receiving orders from their MD to cease CPR. Resident was pronounced deceased on [DATE] at 4:45 am.</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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(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>In an observation on [DATE] at AM revealed at the main nurses station had an AED hanging on the wall. And a crash cart positioned near it.</p> <p>During a telephone interview on [DATE] at 11:39 am CNA B stated she went into Resident #4's room to do the 4:00 am check and found Resident #4 in his bed in normal lying position with HOB elevated, not breathing. She stated she immediately called out to the nurse(LVN A) who was at the nurses' station to come quick something was wrong. She further revealed LVN A immediately came to Resident #4's room, checked Resident #4 with her stethoscope, and stated he was not breathing. CNA C was told to go get the crash cart by LVN A and to call 911. CNA B stated she and LVN A performed CPR until EMS arrived. When asked if AED was used, CNA B stated, I did not think about it at the time.</p> <p>During a telephone interview on [DATE] at 12:34 pm LVN A stated she was at the nurses' station when she heard CNA B call out to come to Resident #4's room because something was wrong with him. LVN A immediately went to Resident #4's room and observed no respirations or pulse, immediately started CPR. CNA C was told by LVN A to go get crash cart and 911- EMS was called. LVN A stated at 4:12 am EMS arrived and at 4:52 am EMS left after receiving orders from their MD to cease CPR. She stated the resident was pronounced at 4:45 am by EMS. When asked if AED was used, LVN A stated, I did not think of it at the time.</p> <p>During an interview on [DATE] at 1:00 pm with the facility DON she stated it was the policy of the facility to use the AED during a code or CPR.</p> <p>Record review of facility policy titled Automatic External Defibrillator, Use and Care of , date Quarter 3, 2018: Personnel have completed training on initiation of cardiopulmonary resuscitation (CPR) and basic life support(BLS), including defibrillation, for victims of sudden cardiac arrest. 3. The automatic external defibrillator (AED) will be used to try to restore normal cardiac rhythm when arrhythmia is strongly suspected.</p> <p>The facility took the following measures after the event on [DATE] and prior to surveyor entrance:</p> <ol style="list-style-type: none"> 1. Suspended LVN A immediately pending investigation. 2. In-services on Abuse and Neglect, AED, CPR and mock codes with 100% of their staff. 3. Clinical staff had mock code on [DATE]. 4. Ad Hoc QAPI determined monthly mock codes on each shift will be done for 6 months. <p>Record review of In-Service Sign in sheet started on [DATE], reflected the following topics: In-services on Abuse and Neglect, AED, CPR and mock codes with 100% of their staff.</p> <p>During interviews starting on [DATE] at 9:45 AM through [DATE] 4:00 PM 10 staff interviews : to include 3 night shift nursing staff, 2 day shift housekeeping, 5 nursing staff who work days and evening shifts indicated they had received training on Abuse and Neglect, AED, CPR and mock codes.</p> <p>Ad-Hoc QAPI meeting was held to discuss the incident. Additionally, local EMS and police department were notified. Facility suspended LVN A pending investigation.</p>		