

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555588	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Vibra Hospital of Northern California D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Eureka Way Redding, CA 96001	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40204</b></p> <p>Based on interview and record review, the facility failed to carry out a resident's wishes for end of life treatment when the facility staff performed cardiopulmonary resuscitation (CPR, an emergency life-saving procedure when breathing or heart beat has stopped ), on one of three sampled residents (Resident 1) that chose not to have CPR not be performed.</p> <p>This resulted in Resident 1 receiving CPR and violated her end of life wishes.</p> <p>Findings:</p> <p>A review of the facility's policy titled, CODE BLUE [means someone is experiencing a life threatening medical emergency where their heart stopped or they are not breathing and staff are to respond immediately] reviewed ,d+[DATE], indicated, Section C: A 'CODE BLUE' will be called on all patients who experience a cardiac and/or respiratory arrest unless a DNR [Do not resuscitate means the same as No CPR] order is written on the patient's chart.</p> <p>Resident 1 was admitted to facility on [DATE] with a diagnosis of high blood pressure and congestive heart failure (CHF, when the heart is unable to pump enough blood to the body and fluid builds up in the lungs).</p> <p>A review of Resident 1's Physician Orders for Life-Sustaining Treatment (POLST, a document signed by a resident or their responsible party which specifies their end of life wishes), dated [DATE], indicated that Resident 1 desired No CPR.</p> <p>A review of Resident 1's Physician's Orders dated [DATE], indicated the physician had discussed CPR with Resident 1 and her family member and an order was written for DNR.</p> <p>A review of Resident 1's Progress Notes dated [DATE] at approximately 8:18 PM, indicated Resident 1 was found, unresponsive . without a detected pulse. A Code Blue (means someone is experiencing a life threatening medical emergency and the heart stops or they are not breathing and staff need to respond immediately) was called. Facility staff responded and began doing CPR on Resident 1.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:30 AM, an interview was conducted with the Chief Nursing Officer (CNO). The CNO confirmed that Resident 1 had documented wishes for No CPR on her POLST and on her Physician's Orders, and should not have received CPR. The CNO added that there had been confusion with the verbiage on the POLST form and the facility has since revised the POLST form and implemented a new process.</p> <p>On [DATE] at 8:00 AM, Licensed Vocational Nurse (LVN) 1 was interviewed. LVN 1 stated, I was in getting meds for another patient and I heard the code called. I had to finish there and then I was able to go to the patient's [Resident 1] room. I was thinking that it is a DNR patient and I went in and confirmed that. I let everyone know [Resident 1] was a DNR patient. The doctor was there about the same time as me and was on the phone talking to [Resident 1's] family and the family member told us to continue CPR. The doctor told us to continue. I came in after it was started. I told everyone she was a DNR but CPR was already being performed. There was some confusion apparently about what type or level it was.</p> <p>On [DATE] at 8:40 AM the Medical Doctor (MD)1 was interviewed. MD 1 stated, I was in house [in the hospital] and responded to the code. I was told there was a POLST form and was told [Resident 1] was a DNR and I called [a family member]. That [family member] didn't answer so I called [another family member], who said since we were already coding [giving CPR] to continue and transport [Resident 1] to the hospital.</p>