

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Avante Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 N Sowers Rd Irving, TX 75061	

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** 32486</p> <p>Based on observation, interview and record review, the facility failed to ensure basic life support, including cardiopulmonary resuscitation (CPR), was provided to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives for one (Resident #1) of three residents reviewed for CPR.</p> <p>The facility failed to retrieve the automatic external defibrillator (AED) and initiate the basic life support sequence of events (chest compressions, airway, breathing) per the facility's Emergency Procedure-Cardiopulmonary Resuscitation Policy for Resident #1 for approximately two to seven minutes when he was found unresponsive and assessed as full code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive) on [DATE] at approximately 4:30 AM while awaiting EMS arrival. The facility staff called the medical examiner and the resident was unable to be revived by EMS.</p> <p>An IJ was identified on [DATE]. The IJ template was provided on [DATE] at 1:58 PM. While the IJ was removed on [DATE] , the facility remained out of compliance at a scope of isolated and a severity level of no actual harm that was not Immediate Jeopardy because the facility is still monitoring the effectiveness of their plan of removal.</p> <p>This failure placed residents at risk for harm up to and including death by the denial of all life saving measures as trained.</p> <p>Findings included:</p> <p>Review of Resident #1's electronic medical record, revealed an admitted [DATE] and a death discharge date of [DATE], with diagnoses which included sepsis (a life threatening complication of an infection), glaucoma (a group of eye conditions that can cause blindness), encephalopathy (any brain disease that alters brain function or structure), pneumonia (infection that inflames air sacs in one or both lungs which may fill with fluid), atherosclerotic heart disease (build-up of fat in the artery walls), diabetes mellitus (too much sugar level in the blood), chronic kidney disease (kidneys are damaged and cannot filter blood well) and cardiomyopathy (difficulty for the heart to deliver blood to the body).</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 #1's admission MDS assessment dated [DATE] revealed Resident #1 was an [AGE] year-old male admitted from a short-term general hospital and was scheduled discharge to the community . Resident #1 had a weight of 171 pounds and was 68 inches in height (5 foot 8 inches).</p> <p>Review of Resident #1's physician's order dated [DATE] revealed MD A documented a physician's order for Resident #1 to receive care as CPR/Full Code.</p> <p>Review of Resident #1's care plan dated [DATE], revealed, Focus: I am a Full code. Goals: My wish will carry out through next review. Interventions: call 911, discuss my code status with me/family, if found absent of vital signs initiate CPR and keep my family and MD updated on my condition.</p> <p>Review of facility's General Plan of Care Form signed by Resident #1 and dated [DATE] revealed Curative Plan of Care: This POC (Plan of Care) directs providers to aggressively treat all conditions and to attempt to maintain life with every available resource. This POC directs providers to hospitalize the patient if deemed necessary.</p> <p>Review of facility's Medical Orders for Scope of Treatment form signed by Resident #1 and dated [DATE]. Revealed: Physician Resuscitation Order: No pulse and not breathing. Attempt Resuscitation (CPR) Tube in windpipe, electrical shocks to the chest, chest compression, and IV fluids and medications.</p> <p>Review of Resident #1's electronic eInteract Change in Condition Evaluation document dated [DATE] at 04:50 AM revealed, A1. Mental Status Evaluation: Unresponsive. A2. Functional Status: Evaluation: no pulse detected. Review Findings and Provider Notifications: 1c. patient deceased . 4. At 04:30 AM Resident #1 found laying on stomach in room unresponsive. Notes blood on shirt, face, and floor. Notes walker ahead of resident. No pulse detected.</p> <p>Review of Resident #1's electronic nursing progress note dated [DATE] at 4:50 AM revealed LVN B stated CNA called this nurse to resident's room at 4:30 AM. Resident was noted to be on the floor laying on stomach. Resident unresponsive. Notes large amount of blood on resident's shirt and on the floor. Called 911 and stayed with resident. Instructed nurse to call MD A. Called DON then called the medical examiner. Called resident's Family Member C. Emergency personnel arrived immediately and pronounced the resident deceased . Family Member C and Family Member D arrived shortly after. DON arrived as well and resident released to medical examiner.</p> <p>Review of the facility's cell phone call log provided by the DON on [DATE] at 9:50 AM revealed a placed outgoing call to phone number 911 on [DATE] at 4:32 AM with a call duration of two minutes.</p> <p>Request for City E Fire Station F's 911 call response report was requested on [DATE] at 11:40 AM and was not available by time of exit 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>Interview on [DATE] at 10:46 AM with the DON she stated that during the [DATE] CPR event for Resident #1 that CPR was not initiated, the AED was not utilized, and EMS services arrived at the facility after the 911 call, approximately 2 minutes. The DON stated she did not know why the AED was not utilized and further stated that LVN B had told the DON that EMS arrived quickly. The DON stated that review of the facility's camera footage revealed that a police officer arrived at the facility first and the actual time was unknown. According to the facility camera footage EMS arrived seven minutes after the police and EMS was on site for a total of five minutes. The DON stated LVN B and RN G were involved in the CPR event for Resident #1. The DON stated it was her expectation for a resident that is full code for CPR to be initiated and to continue CPR until EMS arrives and for the AED machine to be placed on the resident. The DON stated it was her expectation for a resident that is full code and found responsive for CPR to be started even if a resident's body is assessed as stiff.</p> <p>Interview on [DATE] at 10:59 AM with RN G she stated on [DATE] she worked from 7:00 PM to 7:00 AM. RN G stated she was providing patient care on Hall 100 when CNA H from Hall 300 told her LVN B needed her, and Resident #1 was unresponsive. RN G stated she ran to Resident #1's room, the resident was on the floor with blood and LVN B was on the phone with 911. RN G stated she did not touch Resident #1, she did not get the crash cart (wheeled container carrying medicine and equipment for use in emergency resuscitations), she did not get the AED machine or start CPR. RN G stated she thought LVN B had already assessed Resident #1 that is why RN G did not initiate CPR. RN G stated 911 EMS arrived quickly and did not start CPR. RN G stated she helped LVN B by calling the DON and MD A. RN G stated she printed the paperwork for Resident #1 needed for EMS and that is when RN G saw on Resident #1's face sheet that Resident #1 was full code, prior to that RN G stated she did not know Resident #1's code status. RN C stated the facility's AED was stored on the facility's crash cart. RN C stated she was CPR trained by the American Heart Association. RN C stated her training included the use of an AED during CPR as soon as the AED is available.</p> <p>Interview on [DATE] at 12:40 PM with LVN B stated she worked on [DATE] from 7:00 PM to 7:00 AM and was assigned to Resident #1. LVN B stated on [DATE] around 4:30 AM CNA H reported to her Resident #1 was unresponsive and on the floor in his room. LVN B stated she told the CNA H to get RN G and immediately arrived at Resident #1's room. LVN B stated Resident #1 was on the floor on his stomach with red substance on his body and floor. LVN B stated she assessed Resident #1 as a full code and without a pulse and not breathing. LVN B stated she did not begin emergency CPR with chest compressions since Resident #1 was cool/cold, stiff and on his stomach. LVN B stated she thought RN G checked Resident #1's pulse. LVN B stated she attempted to roll Resident #1 over but was unsuccessful since it was difficult to push him, his arms were in the way. LVN B stated she did not ask for help in rolling over Resident #1. LVN B stated she did not ask for the crash cart, she did not get the AED machine since there was no time, she called 911 and that CPR was not an option since the resident was cold, stiff and on his stomach. LVN B stated 911 EMTs were at the bedside quickly approximately 2 minutes. LVN B stated when EMS arrived Resident #1 was assessed, and EMS did not start CPR and EMS left the facility. LVN B stated she knew Resident #1 was full code-which meant to try to revive a resident until EMS arrives. LVN B stated she was trained for CPR by the American Red Cross Association. LVN B stated her training included the use of an AED during CPR as soon as the AED was available. LVN B stated that prior to the incident around 4:30 AM she had last seen Resident #1 around 1:00 AM.</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>Interview on [DATE] at 2:18 PM with CNA H revealed she worked on [DATE] from 10:00 PM to 6:00 AM. CNA H stated around 4:00 AM she went to check on Resident #1 and discovered Resident #1 on the floor in his room near the bathroom doorway with blood around him. CNA H immediately got help from LVN B. CNA H stated that when LVN B arrived to Resident #1's room LVN B touched Resident #1's hand for a pulse and immediately called 911. CNA H stated LVN B had instructed her to get help from RN G. CNA H stated that RN G did not assess or touch Resident #1. CNA H stated that RN G called the DON. CNA H stated that prior to the 4:00 AM incident she had last observed the Resident #1 around 1:00 AM.</p> <p>Interview and observation on [DATE] at 02:40 PM with the DON stated Resident #1 was discovered unresponsive and was not provided emergency CPR care. The DON stated she was certain the cart crash and AED was not used. The DON proceeded to demonstrate the AED to the surveyor. The AED was stored on the facility's emergency crash cart along with CPR equipment such as an oxygen tank, and oxygen delivery equipment and included a suction pump with accessories. The DON demonstrated the AED as functional and stated the AED had not been used and could not recall the last time it had been used. The DON stated that nothing had been used from the crash cart. The DON stated LVN B and RN G were directly involved with Resident #1's CPR care.</p> <p>Interview on [DATE] at 2:49 PM with MD A revealed he had been notified that Resident #1 had been found face down on the floor bleeding from the mouth and with no pulse. MD A stated he was told from LVN B's standpoint Resident #1 looked like he had been on the floor for some unknown period of time and LVN B called 911. MD A stated it was his expectation if a resident is full code and found unresponsive/without a pulse that CPR is started immediately including the use of the AED machine.</p> <p>Interview on [DATE] at 11:37 AM with the ADON revealed her expectation if a resident was discovered unresponsive and was full code that CPR was started immediately including obtaining the AED machine. The ADON stated that her expectation was for CPR to be started even if a resident's body was stiff.</p> <p>Interview on [DATE] at 10:16 AM with Agency (a company that provides a particular service) LVN I revealed she worked on [DATE] from 7:00 PM to 7:00 AM. Agency LVN I stated she was assigned to work Hall 200 on [DATE]. Agency LVN I stated she could not recall if a code blue (meaning unresponsive resident) was called during the shift. Agency LVN I stated she was providing patient care at an unknown time when a staff member (name unknown) stated they needed a nurse on the Hall 300. Agency LVN I stated when she arrived to Hall 300 Agency LVN she saw a resident (name unknown/room number unknown) on the floor in his room with blood around him. Agency LVN I stated that at the time she saw the resident (name unknown) on the floor LVN B and RN G were at the nursing station with the police, no one instructed her on anything so Agency LVN I stated she returned to Hall 200.</p> <p>Review of LVN B's employee's file revealed a certificate from the American Red Cross for completion of Adult and Pediatric CPR/AED on [DATE] with expiration date of two years . Review of LVN's Employee Disciplinary Record dated [DATE] revealed: Describe the action(s) that made it necessary to prepare this report. Include dates and any witnesses; LVN charge nurse failed to provide CPR to a full code resident once resident was found to be without vital signs. Type of Action: Suspension.</p> <p>Review of RN G's employee's file revealed a certificate from the American Heart Association for completion of Basic Life Support (CPR and AED) Program on [DATE] with expiration date 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>A record review of the facility's Emergency Procedure Cardiopulmonary Resuscitation policy dated [DATE], revealed, Policy Statement: personnel have completed training on the initiation of cardiopulmonary resuscitation and basic life support including defibrillation for victims of sudden cardiac arrest. General guidelines: .4. The chances of surviving sudden cardiac arrest may be increased if CPR is initiated immediately upon collapse. 5. Early delivery of a shock with a defibrillator plus CPR within 3 to 5 minutes of collapse can further increase chances of survival .Emergency Procedure-Cardiopulmonary Resuscitation: 1. If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: a. Instruct a staff member to activate the emergency response system (code) and call 911. b. Instruct a staff member to retrieve the automatic external defibrillator. c. Verify or instruct a staff member to verify the DNR or code status of the individual. d. Initiate the basic life support (BLS) sequence of events. 2. The BLS sequence of events is referred to as C-A-B (Chest compressions, airway, breathing). 8. Continue with CPR/BLS until emergency medical personnel arrive .</p> <p>Review of the facility's Automatic External Defibrillator, Use and Care of, dated [DATE], revealed, Policy Interpretation and Implementation: The automatic external defibrillator (AED) will be used to try to restore normal cardiac rhythm when arrhythmia is strongly suspected .remove the device from its case .check the battery cartridge to ensure it is in place .remove the film seals from the pads .turn on the device and follow the prompts .</p> <p>Review of the American Heart Association's website Part 3: Adult Basic and Advanced Life Support; 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/adult-basic-and-advanced-life-support, accessed [DATE], revealed, Top 10 take home messages for adult cardiovascular life support: [.] On recognition of a cardiac arrest event, a layperson should simultaneously and promptly activate the emergency response system and initiate cardiopulmonary resuscitation (CPR). Performance of high-quality CPR includes adequate compression depth and rate while minimizing pauses in compressions. Early defibrillation with concurrent high-quality CPR is critical to survival when sudden cardiac arrest [.] Defibrillation is most successful when administered as soon as possible [.].</p> <p>This was determined to be an Immediate Jeopardy (IJ) on [DATE] at 1:58 PM. The facility ADM and DON were notified. The ADM was provided with the IJ template on [DATE]. The following Plan of Removal was accepted on [DATE] at 11:06 AM.</p> <p>Plan of Removal</p> <p>Undated</p> <p>1. Identification of Residents Affected or Likely to be Affected:</p> <p>The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome. (Completion Date: [DATE]).</p> <p>Facility Medical Director was notified of the incident. ([DATE])</p> <p>The DON or designee completed a chart audit on every resident and compared the advance directives to the physician order for accuracy. Inaccuracies were not identified. ([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>Reviewed CPR policy and no update was needed. ([DATE])</p> <p>The licensed nurse who did not perform CPR on the full code status resident was suspended pending investigation ([DATE])</p> <p>2. Actions to Prevent Occurrence/Recurrence:</p> <p>The facility took the following actions to prevent an adverse outcome from reoccurring. (Completion date: [DATE])</p> <p>If a resident is full code, then CPR would be initiated according to policy.</p> <p>Disciplinary action was taken with licensed nurse who did not initiate CPR on the full code resident.</p> <p>The DON or designee educate all licensed nurses on the facility's policy and procedure for initiating CPR and location of code status for each resident. Licensed nurses were not permitted to work a shift until education was completed. Nurses on leave will receive education prior to their next scheduled shift.</p> <p>RN shift supervisor given new responsibility to direct/assign staff roles during code/initiation of code.</p> <p>A Quality Assurance Performance Improvement (QAPI) Performance Improvement Project (PIP) was implemented, DON to monitor for code status compliance by interviewing licensed nurses about facility CPR policy and procedure, as well as requesting return demonstration on CPR process. Compliance checks will be conducted 2 times weekly for three months.</p> <p>Findings will be reported at monthly QAPI Committee meetings.</p> <p>DON or designee will audit new admissions to compare the resident's advance directives to the physician orders for accuracy. This audit will continue daily for three months. Findings will be reviewed at the monthly QAPI Committee meetings.</p> <p>A Code Blue drill was performed with licensed nursing staff on all shifts until every nurse had participated at least once. Code Blue drills will continue to be held 2 times a month for 3 months. Findings will be reviewed at the monthly QAPI Committee meeting.</p> <p>Date Facility Asserts Likelihood for Serious Harm no Longer Exists: [DATE].</p> <p>Plan Of Removal Verification</p> <p>Interview with MD A on [DATE] at 2:49 PM confirmed he was notified of the incident with Resident #1 on [DATE].</p> <p>Interview with the DON on [DATE] at 6:00 AM revealed the facility DON/designee completed a 100% audit of residents' advanced directives. The audit was completed on [DATE]. No residents were identified to have improper advanced directives.</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>Record review of the facility census revealed 22 residents requested they receive CPR (Cardiopulmonary Resuscitation) care and had full code orders signed by a physician.</p> <p>A record review of Resident #2's code status revealed Resident #2 was a full code.</p> <p>A record review of Resident #3's code status revealed Resident #3 was a full code.</p> <p>A record review of Resident #4's code status revealed Resident #4 was a full code.</p> <p>A record review of Resident #5's code status revealed Resident #5 was a full code.</p> <p>A record review of Resident #6's code status revealed Resident #6 was a full code.</p> <p>A record review of Resident #7's code status revealed Resident #7 was a full code.</p> <p>A record review of Resident #8's code status revealed Resident #8 was a full code.</p> <p>A record review of Resident #9's code status revealed Resident #9 was a full code.</p> <p>A record review of Resident #10's code status revealed Resident #10 was a full code.</p> <p>A record review of Resident #11's code status revealed Resident #11 was a full code.</p> <p>A record review of Resident #12's code status revealed Resident #12 was a full code.</p> <p>A record review of Resident #13's code status revealed Resident #13 was a full code.</p> <p>A record review of Resident #14's code status revealed Resident #14 was a full code.</p> <p>Disciplinary action was confirmed for LVN B on [DATE]. Review of Employee Disciplinary Record for LVN B revealed she was suspended on [DATE].</p> <p>Review of in-service training on ,d+[DATE]-[DATE] revealed the DON/designee initiated immediate competency-based training on the facility's policy and procedure for initiating CPR/location of crash cart, code blue, AED location/set up, emphasis on the expectation that the AED is retrieved immediately after checking for pulse and respirations, location of code status for each resident and documentation of CPR with nursing staff on all shifts on [DATE]. All education was at 100% completion as of [DATE]. Any nursing staff on leave will receive education prior to their next scheduled shift.</p> <p>Review of in-service training revealed the DON/designee initiated immediate training on the RN shift supervisor given the new responsibility to direct/assign shift roles during/initiation of code on both shifts on [DATE]. All education was at 100% completion as of [DATE]. Any RN on leave will receive education prior to their next scheduled shift.</p> <p>Review of in-service training revealed The DON/designee initiated immediate training on the facility's policy and procedure for identifying acute change in condition with all nursing staff on all shifts on [DATE]. All education was at 100% completion as of [DATE]. Any nursing staff on leave will receive education prior to their next scheduled shift.</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>Review of facility's census for new admissions since [DATE] revealed one new admission on [DATE], Resident #15. A record review of Resident #15's code status revealed Resident #15 was a full code.</p> <p>Review of in-service revealed Nurse Manager/MDS Coordinator will in-service licensed nursing staff over Code Blue drill with return demonstration until every nurse had participated at least once. Monitoring will be conducted twice monthly for 3 months to determine if compliance is being sustained. Sustained compliance or corrective actions will be discussed and documented in QAPI Meeting. The Director of Nursing/designee initiated immediate training on Mock Codes, Rapid Response, AED, CPR and documentation of code process training with nursing staff on all shifts on [DATE]. All education was at 100% completion as of [DATE]. Any nursing staff on leave will receive education prior to their next scheduled shift.</p> <p>Observation of a mock CPR AED event on [DATE] at 7:00 AM, revealed the LVN J called out that a resident was unresponsive. LVN J yelled out Code Blue from a resident's room. LVN J then delegated responsibilities to each staff, and instructed one staff to go get the crash cart. LVN J then proceeded to place a backboard under the mock resident while communicating out loud the importance of the backboard and if there was no backboard then to place the unresponsive resident on the floor. LVN J began compressions while counting out loud to 30, followed by using the AMBU (a type of device known as a bag valve mask, which is used to provide respiratory support) bag for the two breaths. The crash cart arrived during this time. The Nurse Manager/MDS Coordinator showed staff, while doing it, how to remove the AED from its case, opened the AED cover, which automatically began the verbal AED prompt protocols. The Nurse Manager/MDS Coordinator removed the AED pads from the case, attached the electrical pad leads to the AED, and placed the pads on the CPR mannequin, and continued to follow the AED verbal prompts. The Nurse Manager/MDS Coordinator stated to the mock CPR AED participants, Continue CPR with the AED until EMS arrives. (The following staff participated in the mock Code Blue: RN K, CNA L, RN M, CNA N, CNA O, MA P, RN Q, CNA R and LVN S)</p> <p>A record review of the facility's nursing roster revealed 24 nurses were employed by the facility over all 2 shifts of 7:00 AM-7:00 PM and 7:00 PM-7:00 AM. Nurses from both shifts were interviewed for participation in code blue training with return demonstration, CPR/AED training and were able to identify and use of AED with the emphasis on those that are full code and CPR documentation.</p> <p>Interview on [DATE] at 9:39 AM with CNA T she stated she worked the 2:00 PM-10:00 PM shift. CNA T stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 11:31 AM with LVN U she stated she worked the 7:00 PM-7:00 AM shift. LVN U stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</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>Interview on [DATE] at 11:55 AM with CNA N she stated she worked the 6:00 AM-2:00 PM shift. CNA N stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 11:57 AM with CNA V she stated she worked the 2:00 PM-10:00 PM shift. CNA V stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 12:03 PM with CNA Z she stated she worked the 6:00 AM-2:00 PM shift. CNA stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 12:05 PM with CNA AA she stated she worked the 6:00 AM-2:00 PM and 2:00 PM-10:00 PM shift. CNA AA stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 12:09 PM with CNA BB she stated she worked the 6:00 AM-2:00 PM shift. CNA BB stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 12:11 PM with CNA O she stated she worked the 6:00 AM-2:00 PM shift. CNA O stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 12:16 PM with LVN W she stated she worked the 7:00 AM-7:00 PM shift. LVN W stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 12:28 PM with LVN X she stated she worked the 7:00 AM-7:00 PM shift. LVN X stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Avante Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 N Sowers Rd Irving, TX 75061	
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>Interview on [DATE] at 12:43 PM with LVN Y she stated she worked the 7:00 AM-7:00 PM shift. LVN Y stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 12:53 PM with CNA CC she stated she worked the 6:00 AM-2:00 PM shift. CNA AA stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 1:12 PM with CNA DD she stated she worked the 10:00 PM-6:00 AM shift. CNA DD stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 1:56 PM with CNA EE she stated she works all three shifts. CNA EE stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 2:15 PM with CNA FF she stated she worked the 2:00 PM-10:00 PM shift. CNA FF stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 5:42 AM with CNA GG she stated she worked the 10:00 PM-6:00 AM shift. CNA GG stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR training with emphasis on the expectation that the AED is retrieved immediately after checking for a pulse and respirations, CPR documentation, advance directives, crash cart, and acute change documentation.</p> <p>Interview on [DATE] at 6:03 AM with CNA HH she stated she worked the 10:00 PM-6:00 AM shift. CNA HH stated she had received training this week on code blue drill responsibility with demonstration return, emergency procedures/response, AED location/usage, CPR train [TRUNCATED]</p>		