

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2024
NAME OF PROVIDER OR SUPPLIER  West Houston Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13428 Bissonnet Houston, TX 77083	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44241</b></p> <p>Based on observations, interview and record review, the facility failed to ensure that personnel provide basic life support including CPR, to a resident requiring such emergency care prior to the arrival of medical personnel and subject to related physician orders and the resident advance directive for 1 resident (CR #1) of 13 residents reviewed for quality of life.</p> <p>The facility failed to immediately initiate CPR at 3:41 p.m. on [DATE] when CR#1 was found unresponsive, causing a 3-minute delay.</p> <p>An Immediate Jeopardy (IJ) was identified on [DATE]. The IJ template was provided to the facility on [DATE] at 4:49p.m. While the IJ was removed on [DATE], the facility remained out of compliance at a scope of isolated with the potential for more than minimal harm that is not Immediate Jeopardy due to the facility's need to evaluate the effectiveness of the corrective.</p> <p>This failure could place residents that are a full code at risk of not being provided CPR in a timely manner at risk for death.</p> <p>Findings include:</p> <p>Record review of CR#1's face sheet on [DATE] at 10:30 a.m., revealed she was an [AGE] year-old female that was originally admitted on [DATE]. She had diagnoses of Dementia-loss of cognitive functioning, Psychotic Disturbance-loss of contact with reality, Paroxysmal Atrial Fibrillation-a rapid erratic heart rate, Aphasia-a language disorder that affects a person ability to communicate, Contracture-abnormal thickening of the skin.</p> <p>Record review of CR#1's hospital record dated [DATE] revealed that CR#1 was examined in the emergency room and was found to have been in cardiac arrest, PEA, ACLS measures implemented, definitive airway established, patient with PEA and one episode of V-fib status post defibrillation, subsequently with ROSC though patient became bradycardic again and became pulseless, ACLS measures were implemented again, PEA rhythms again encountered. Given period of pulselessness, recurrent PEA, patient with poor prognosis, resuscitative efforts terminated, patient expired at 5:08 p.m.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676381
		If continuation sheet Page 1 of 6

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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 MDS dated [DATE] revealed, CR #1's BIMS score was not scored because cognitive skills were severely impaired. CR #1's functional status revealed she required supervision in the following areas: bed mobility, ambulation, eating, and extensive assistance with dressing, toilet use, and personal hygiene.</p> <p>Record review of CR #1's Care Plan dated [DATE] indicated CR # 1 was care planned for advance directive having a guardianship and full code. Further review revealed that CR #1 was care planned for impaired communication evidence by no speech, rarely/never understood.</p> <p>Record review of CR #1's Physician Orders dated [DATE] revealed CR #1 code status: FULL CODE.</p> <p>Observation of video surveillance from Cr #1's on [DATE] revealed the following on [DATE]:</p> <p>-3:41 p.m. CNA B had a wipe and wiped the side of her face and neck. CNA B left the room in a hurried walking pace, no rise or fall of chest noticeable;</p> <p>-3:42 p.m. LVN B returned, calls CR #1's name and pushed on the side of her head, there was no rise and fall of chest noticeable. LVN B left and said we got a code and told CNA B to stay right there. No one initiated CPR,</p> <p>-3:43 p.m. heard 911 from the hallway, and staff members LVN-C came and wiped resident face with her gown, did not initiate CPR,</p> <p>-3:43 p.m. crash cart and LVN B, ADON, LVN C, can B, and CNA D enter the room,</p> <p>-3:44p.m. staff was getting resident placed on floor, and</p> <p>-3:44 p.m. CPR was initiated.</p> <p>Interview with CNA B on [DATE] at 1:22pm revealed that she was preparing to provide care for CR#1 and she noticed that the resident was having difficulty breathing. She said she told LVN B two or three times that CR#1 was having difficulty breathing and LVN-B finally came into the room and saw CR#1 was having difficulty breathing and LVN B called a Code blue.</p> <p>Interview with LVN B On [DATE] at 11:37 a.m., revealed she said CNA B did not tell her several times that CR#1 was having difficulty breathing. LVN B said that CNA B came to her once and said that CR#1 seemed to have difficulty breathing and that is when she went to the room and saw that CR#1 chest was not rising and she immediately called Code blue and ran to get help and she told CNA B to stay with the resident.</p> <p>Interview with the DON on [DATE] at 12:54 p.m., revealed she prefers that in the event of a Code Blue that the Nurse goes and get the crash cart and whatever else may be needed, because the Nurse has access to know if a resident is a full code or DNR.</p> <p>Interview with LVN C on [DATE] at 2:15pm revealed that she entered CR#1's room and did not initiate CPR. Instead, she stood by CR#1's bed and wiped her mouth with a towel. LVN C was asked why she did not initiate CPR. Her answer was that the resident was on an air mattress, and she could not initiate CPR because she could not place CR#1 on the floor.</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 <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600120/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600120/</a> on [DATE]</p> <p>For every minute without CPR, survival from witnessed VF cardiac arrest decreases by ,d+[DATE]% .1 When bystander CPR is provided, the decrease in survival is more gradual and averages ,d+[DATE]% per minute from collapse to defibrillation. Bystander CPR has been shown to double or triple the chances of survival from witnessed cardiac arrest at many different intervals to defibrillation.</p> <p>Record review of the NF Policy on Cardiopulmonary Resuscitation revealed in part:</p> <p>The facility will follow current American Heart Association guidelines regarding CPR. If a resident experiences a cardiac arrest , facility staff will provide basic life support , including CPR prior to the arrival of emergency medical services.</p> <p>The Administrator and the DON were informed the Immediate Jeopardy was removed on [DATE] at 2:43 p. m. The facility remained out of compliance at a severity level of no actual harm with the potential for more than minimal harm that is not immediate jeopardy and a scope of isolated due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place.</p> <p>The Plan of Removal was accepted on [DATE] at 10:47am and indicated the following:</p> <p>Facility Plan to ensure compliance:</p> <p>Plan of Removal</p> <p>Date: [DATE]</p> <p>F- 678</p> <p>Problem: The facility failed to ensure that a resident received CPR in accordance with professional standards of practice.</p> <p>-The facility failed to immediately initiate CPR at 3:41 p.m. when CR#1 was found unresponsive, causing a 3-minute delay</p> <p>CR#1 Was transferred out to the hospital via EMS on [DATE] @ 1616.</p> <p>LVN# B and C were suspended pending investigation on [DATE].</p> <p>C.N.A.'s B and D were suspended pending investigation on [DATE].</p> <p>Interventions:</p> <p>1. On [DATE] The facility conducted a Mock code blue by the DON/Designee and re-reviewed the process to ensure staff have a sense of urgency and are knowledgeable of the appropriate steps to take in an emergency. The facility will conduct the mock code blue with all employees and all departments.</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>This includes but is not limited to employees performing a Code response return demonstration, acknowledgment of training. The training also includes placing residents on a hard surface before CPR is initiated regardless of whether they are on an air mattress, Wheelchair or Geri-chair.</p> <p>During the mock code the response and understanding of the role is being evaluated along with the skill and acknowledgement that the response and the skill will be performed timely and appropriately during a code. The trainer utilizes a check list to ensure the course of events takes place appropriately and provides feedback.</p> <p>Any nurse not present or in serviced on [DATE] and [DATE], will not be allowed to assume their duties until in-serviced. Ongoing In-service will be completed by DON/ADON/WC NURSE/or weekend nurse supervisor, until all staff, weekend, prn, and agency staff in completed. Completion projected [DATE].</p> <p>2. On [DATE] the DON/Designee immediately initiated an in-service with the facility staff on the importance of immediately initiating CPR, including but not limited to the consequences of delaying emergency care. Projected completion [DATE].</p> <p>Monitoring notes</p> <p>Record review of 'In-service Training Report dated [DATE] revealed all facility staff were educated by the facilities DON/Designee. Staff were educated on the importance of initiating CPR as soon as possible and the consequences of what can happened when CPR is delayed.</p> <p>3. On [DATE] The facility immediately initiated an in-service regarding the CPR process. When a resident is noted to have a life-threatening change in condition, such as gasping for air, without a pulse, or unresponsive, the employee will immediately shout for code blue. They will get the crash cart, AED and check the residents advance directive status. If the resident wishes to be a full code the staff will immediately initiate CPR. Projected completion [DATE].</p> <p>4. On [DATE] A study on recent advances and controversies in adult cardiopulmonary resuscitation, by Wanis H [NAME], was reviewed with facility managers, C.N.A's, Med Aides, and licensed nurses. The study will be reviewed via in-service with the staff to give them perspective about CPR and how important it is to perform it and why is it important to initiate promptly. Projected completion [DATE].</p> <p>5. On [DATE] the DON/Designee initiated an in-service with the facility nursing staff on Changes of condition/Code Status/CPR Process, focusing on the sequence of events of a code. [DATE].</p> <p>6. On [DATE] the DON/Designee did in-service with all staff on the location of the residents' code status binder and or where in the electronic medication record that is information is also located. [DATE]</p> <p>7. On [DATE] The Social Worker/designee completed the audit to verify all code status were correct and in place for staff to identify. No issues noted.</p> <p>8. On [DATE] the DON/Designee educated on practicing within the scope of their license/certification during a code. Staff were educated during a mock code with return demonstration and acknowledgement.</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 'In-service Training Report dated [DATE] revealed all facility managers, C.N.A's, Med Aides, and licensed nurses were educated on the components of CPR. Components discussed were emergency services, chest compressions, rescue breaths, and associated components discussed were Heimlich maneuver, and Automatic external defibrillators.</p> <p>Record review of 'In-service Training Report dated [DATE] revealed that the DON/Designee in serviced nursing staff on changes of condition/Code status/and CPR process.</p> <p>Record review of 'In-service Training Report dated [DATE] revealed that the facility's DON/Designee did in-service with all staff on the location of the residents' code status binder and or where in the electronic medication.</p> <p>Record review of facility's audit sheets dated [DATE] revealed that all code status were correct and in place for staff to identify.</p> <p>Record review of 'In-service Training Report dated [DATE] revealed that staff were educated during a mock code on what their roles are.</p> <p>Record review of the sign in sheet dated [DATE] for the QAPI meeting revealed that all department managers, the administrator, the director of nursing, and medical director attended the meeting.</p> <p>The IJ was removed on [DATE], the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy at a scope of isolation. as the facility continued to monitor the implementation and effectiveness of their plan of removal.</p>		