

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675646	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Snyder Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E 37th St Snyder, TX 79549	
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)		
F 0678  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	<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**</b> 33828</p> <p>Based on observation, 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 emergency medical personnel and subject to related physician orders and the resident's advance directives for one (Resident #1) of five residents reviewed for CPR.</p> <p>LVN-A failed to follow policy to initiate and conduct CPR immediately until code status was determined for Resident #1 who was a Full Code status and Resident #1 expired.</p> <p>It was determined a past non-compliance Immediate Jeopardy (IJ) existed from [DATE] through [DATE]. This IJ was determined to be past non-compliance due to the facility having implemented actions that corrected the non-compliance prior to the beginning of the survey, [DATE].</p> <p>This failure could affect Full Code Residents who could need CPR by placing them at risk of death.</p> <p>Findings Include:</p> <p>Record reviewed Resident Progress Notes (recorded as a late entry) dated [DATE] at 1:48 AM reflected: The nurse opened Resident #1's door to check in on residents &amp; noted Resident #1 is slumped with resident's head face &amp; lips appear blue, called out resident's name &amp; with no response, eyes are fixed &amp; half closed, shook resident's arm &amp; no response to tactile stimuli, hands Are cold &amp; blue with zero capillary refill, resident feels cool to touch, does not appear to be breathing, not lower legs&amp; feet are blue as well, call for medical help (911) e-Signed by LVN-A.</p> <p>Interviewed on [DATE] at 4:30 PM, ADON-E stated she received a phone call from LVN-A around 2:00 AM frantic on [DATE]. ADON-E stated she went to the facility to assist LVN-A. LVN-A told ADON-E that Resident #1 was DNR. ADON-E stated the ambulance had been called. When they arrived, EMTs were asking for the OOH documentation. ADON-E stated she could find it and only saw Full Code on everything she looked at in the electronic medical records; the code status was on the ribbon of everything that is pulled up by resident name including face sheet, care plan, physician orders, MARS/TARS, progress notes, etc. The code status was right next to the name.</p> <p>Observed ADON-F on [DATE] at 4:40 PM, pulled up different resident on all computers the nurses/staff have access to and was able to see the code status for residents (green Full Code) (red DNR) next to resident's name at the left top of the computer page as soon as resident name is clicked.</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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675646	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Snyder Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E 37th St Snyder, TX 79549	
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>Record review of Resident #1's face sheet (undated), revealed that Resident #1 was an [AGE] year-old admitted to the facility on [DATE] with diagnoses that included Shortness of Breath, Anxiety Disorder, Hyperlipidemia (high cholesterol), Hypothyroidism (underactive thyroid), Type 2 Diabetes Mellitus, Fibromyalgia (disorder that causes pain and tenderness throughout the body), Alzheimer's disease (brain disorder that slowly destroys memory and thinking skill, &amp; eventually, the ability to carry out the simplest tasks), Hypertension (high blood pressure), cardiomegaly (enlargement heart), Chronic Pulmonary Edema (condition in which the lungs fill with fluid), pleural effusion (unusual amount of fluid around the heart) and presence of cardiac pacemaker (electric activity generating devices used to treat patients with slow heart rate or symptomatic heart blocks and in patients with heart failure).</p> <p>Record reviewed in the electronic medical record of Resident #1, the resident's name located on the upper left corner of the face sheet (undated) and (Full Code) printed to the right of the name.</p> <p>Record Review of Resident #1's [DATE] - [DATE] Physician Orders included an order for Full Code with a start date of [DATE] and (Full Code) located to the right of the Resident #1's name.</p> <p>Record Review of Resident #1's care plan, last review date [DATE], revealed FULL CODE; problem start date [DATE] and approach start date [DATE].</p> <p>Observed on [DATE] at 6:00 AM, staff being in-serviced individually on where to find code status of residents.</p> <p>During an interviewed on [DATE] at 6:10 AM, CNA-C stated she checked on Resident #1 on [DATE] at 10:30 PM and Resident #1 was still talking with her roommate; she checked on Resident #1 again on [DATE] about 12:00ish AM.</p> <p>CNA-C stated she had been in-service on the shift she was just coming off from (6p to 6a) on code status and where to find the code status.</p> <p>Interviewed on [DATE] at 6:15 AM, CNA-B stated she looked at Resident #1 on [DATE] around 9:45 PM. Resident #1 stated she was hot and had the cover off. Resident #1 was on the bed with her feet on the floor and she was leaned on the bed to her side. CNA-B stated Resident #1 slept like that a lot. CNA-B stated she had been in-serviced on the shift she was just coming off from on code status and where to find the code status.</p> <p>Interview on [DATE] at 6:20 AM, CNA-D stated she had been in-serviced on the shift she was just coming off from (6p to 6a) on code status and where to find the code status.</p> <p>Record reviewed CNA-C's written statement dated [DATE] revealed: The last time I saw Resident #1 was between 10:30pm and 11:00 pm when I was making my rounds, she was talking to roommate and she did not make any complaints.</p> <p>Record reviewed CNA-D written statement dated [DATE] revealed: I didn't work Hall 2 or see Resident #1. The charge nurse motioned me to follow her and I did. We walked into Resident #1's room and found Resident #1 face down in bed. She was cool to the touch. CNA-B, CNA-C and I turned Resident #1 and got her in bed right. We changed her brief. I put the cover on her and we waited for the ambulance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675646	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Snyder Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E 37th St Snyder, TX 79549	
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>Interviewed on [DATE] at 6:34 AM, LVN-A stated she had looked in on Resident #1 and her roommate around 12:45 AM to 1:00 AM and both residents responded. She stated on [DATE] around 2:00 AM, she was checking on Resident #1's roommate when saw Resident #1 more slumped over more than her normal posture of laying on her side with her feet on the floor. LVN-A stated she called Resident #1's name and shook her, no response. LVA-A stated went out of the room to get help. She stated Resident #1's face was discolored, and lips light blue and her feet where were a bluish purple. LVN-A stated she thought Resident #1's code status was DNR. She went to the computer to look at resident's face sheet and thought she saw DNR; she admitted that she did not look at the face sheet right.</p> <p>In the same interview [DATE] at 6:34 AM, LVN-A stated she called the EMS. When EMS arrived, the EMTs were asking to see the DNR. LVN-A stated she could not find the OOH-DNR in the red code book and that is when she realized Resident #1 was full code. She stated she called ADON #5, who came to the facility; Justice of Peace was called, and they pronounced, and the funeral home was called.</p> <p>In the same interview [DATE] at 6:34 AM, LVN-A admitted she never initiated CPR.</p> <p>In the same interview [DATE] at 6:34 AM, LVN-A stated if a resident is full code, she should start CPR. She continued to say she was in-service by the ADON-E immediately on the DNRs, color codes in computer, the code book on the crash cart and that the name tags on the resident doors are color code, blue paper full code, white paper DNR. LVN-A stated she was not aware of that system.</p> <p>Observation on [DATE] at 7:00 AM, the color code system of the five sample residents doors and observed resident's name tags on the doors of Resident #1- blue paper, Resident #2- blue paper, Resident #3 - white paper, Resident #4 - white paper, and Resident #5- white paper.</p> <p>Record reviewed Resident #2's face sheet (undated) revealed full code.</p> <p>Record reviewed Resident #3's face sheet (undated) revealed DNR.</p> <p>Record reviewed Resident #4's face sheet (undated) revealed DNR.</p> <p>Record reviewed Resident #5's face sheet (undated) revealed DNR.</p> <p>Interview on [DATE] at 7:30 AM, RN Regional Nurse Manager stated the facility has been in-servicing with all the staff regarding code status for residents and where to find the code status. In-service began immediately when management was made aware of the situation. RN Regional Nurse Manager stated she had ADON-E started the in-service early Saturday morning ([DATE]) with LVN-A. RN Regional Nurse Manager stated her expectation was for CPR to be initiated on any resident that is unresponsive and not breathing until code status can be determined.</p> <p>Interview on [DATE] at 8:02 AM, Administrator stated he expected CPR to be initiated until code status can be determined. He stated people make mistakes unfortunately this was a bad one.</p> <p>Record reviewed Advance Directives and Code Status list dated [DATE] revealed Resident #1 was Full Code.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675646	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Snyder Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E 37th St Snyder, TX 79549	
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 9:00 AM, ADON-F stated she had been in-servicing staff since early yesterday morning on code status and the locations and the red book which holds the Out-Of-Hospital Do Not Resuscitate (OOH DNRs) located on the crash cart. In-serviced staff that code status in the electronic medical records next the resident's name; a list in the red book on the crash cart; and the resident's door name tags indicate blue paper - full code, white paper - DNR. ADON-F stated the door coding was not the final determination of code status.</p> <p>On [DATE] at 10:04 AM, county EMS was called and no answer, left message.</p> <p>Interview on [DATE] at 10:06 AM, Resident #1's physician (also the facility's medical director) stated his expectations was, standard protocol, to start CPR until code status was known for sure. Physician stated EMS called him to get instructions. EMS reported to him Resident #1's eyes were fixed, cool to touch, obviously she was dead. He told EMS to go ahead with the pronouncing.</p> <p>Record reviewed facility's policy titled:</p> <p>Emergency Procedures - Cardiopulmonary Resuscitation revised date 2019 revealed</p> <p>Policy Statement:</p> <p>Personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation, for victims of sudden cardiac arrest.</p> <p>General Guidelines:</p> <p>6. If an individual (resident, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS shall initiate CPR unless:</p> <p>a. It is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; or</p> <p>b. There are obvious signs of irreversible death (e.g. rigor mortis).</p> <p>7. If the resident's DNR status is unclear, CPR will be initiated until it is determined that there is a DNR or a physician's order not to administer CPR.</p> <p>8. If the first responder is not CPR-certified, that person will call 911 and follow the 911 operator's instructions until a CPR-certified staff member arrives.</p> <p>Emergency Procedures - Cardiopulmonary Resuscitation</p> <p>1. If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR:</p> <p>a. Instruct a staff member to activate the emergency response system (code) and call 911.</p> <p>b. Instruct a staff member to retrieve the automatic external defibrillator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675646	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Snyder Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E 37th St Snyder, TX 79549	
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>c. Verify or instruct a staff member to verify the DNR or code status of the individual.</p> <p>d. Initiate the basic life support (BLS) sequence of events.</p> <p>Interview on [DATE] at 3:52 PM, LVN-A was not CPR/BLS certified at the time of the incident.</p> <p>The Administrator, RN Regional Nurse Manager and ADON-F were notified of Immediate Jeopardy (IJ) on [DATE] at 10:35 AM. A copy of the IJ template was provided to the Administrator.</p> <p>Record reviewed Facility's Off-cycle QAPI meeting dated [DATE] at 6 PM revealed:</p> <p>Issue: Full code resident observed unresponsive and not breathing. CPR was not initiated on [DATE].</p> <p>Issue: Full code resident observed unresponsive and not breathing. CPR was not initiated on 12.18.2021.</p> <p>Night charge nurse did not initiate CPR but called EMS.</p> <p>Resident was observed to be unresponsive, face and lips reported to be blue in color. Hands are cool to touch with zero capillary refill. Lower legs and feet are blue and cool to touch.</p> <p>Night charge nurse did not notify the physician that the resident was a full code when she called to inform him of the resident death.</p> <p>Immediate Action Plan Implemented:</p> <p>Nurses and Aides on duty were educated on:</p> <p>Location in Matrix where to find code status</p> <p>If you are unsure of resident's code status initiate CPR and proceed as if the resident is a full code.</p> <p>All staff prior to working will be educated on:</p> <p>Location in Matrix where to find code status</p> <p>If you are unsure of resident's code status initiate CPR and proceed as if the resident is a full code.</p> <p>All Agency staff prior to working will be educated on:</p> <p>Location in Matrix where to find code status</p> <p>If you are unsure of resident's code status initiate CPR and proceed as if the resident is a full code.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675646	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Snyder Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E 37th St Snyder, TX 79549	
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>Those attending were: Administrator, ADON #2, RN Regional Nurse Manager, Medical Director (via phone)</p> <p>Record reviewed Staff In-Service dated [DATE] titled Code Status provided by ADON-E revealed:</p> <p>In each resident's (electronic medical record) face sheet profile the residents code status is located next to the resident's photo and demographics. If the resident is full code the banner will be green and if the resident is a DNR the banner will be red.</p> <p>Residents code status is also located on the name banner outside the resident's doors. Blue signals that the resident is a full code and white signals that the resident is DNR. This system is updated daily by the social worker and activity director.</p> <p>There is a copy of all resident's code statuses along with a paper copy of residents DNR in a red notebook on top of the crash cart. If you are unsure of residents code status initiate CPR and proceed as if the resident is full code.</p> <p>Record reviewed Staff In-service dated [DATE] at 10:30 AM education provided by RN Regional Nurse Manager revealed:</p> <p>Code Status - where to find the designation in (electronic medical record program)</p> <p>Face Sheet - the Banner across the top of the screen lists the resident's code status. Red for DNR and Green for Full Code</p> <p>Physician Orders - the MD orders at time of admission or with a change of condition, or with the resident/responsible party request: Full Code or DNR</p> <p>Care Plan - Code status can be listed as Advance Directives or Code Status</p> <p>Resident Profile - Code status can be accessed from the Kiosk or the computer. Resident profile is easily found on the Kiosk and under resident reports in the computer.</p> <p>Full Code means that the resident will have resuscitation to restart the heart and or breathing. When residents are observed without pulse/respirations rescue breathing and chest compressions are initiated. Emergency medical services are contacted and at the time of their arrival, care of the resident is delegated to them for the more advanced resuscitation measures.</p> <p>Record reviewed facility in-service dated [DATE] revealed:</p> <p>It is the policy of (the facility name) to ensure that all licensed nursing staff will initiate CPR for all residents found to be unresponsive and not breathing normally. CPR will continue until the resident is responsive or is breathing on their own. Staff will verify the code status to determine if the resident is a DNR or Full Code. CPR will continue for residents that are Full Code or unknown code status until emergency medical personnel arrive and assume responsibility for the resident.</p> <p>Record reviewed facility in-service dated [DATE] revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675646	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/20/2021
NAME OF PROVIDER OR SUPPLIER  Snyder Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E 37th St Snyder, TX 79549	
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>It is the policy of (the facility name) to ensure that all licensed nursing staff will initiate CPR for all residents found to be unresponsive and not breathing normally. CPR will continue residents that are full code or unknown code status until emergency medical personnel arrive and assume responsibility for the resident.</p> <p>Interview on [DATE] at 11:15 AM, LVN-K stated she had been in-serviced yesterday ([DATE]) when she came to work before 6:00 AM on code status, the location of it and to initiate CPR until code status is determined; code status in the electronic medical record next to name, room name tag blue-full code, white-DNR. She stated she also renewed her CPR certification.</p> <p>Interviewed on [DATE] at 3:40 PM, NA-G confirmed she had been in-serviced on where to locate the residents' code status.</p> <p>Interviewed on [DATE] at 3:49 PM, CNA-H confirmed he had been in-serviced on where to locate the residents' code status.</p> <p>Interviewed on [DATE] at 3:56 AM, NA-I confirmed she had been in-serviced on where to locate the residents' code status.</p> <p>Interviewed on [DATE] at 4:20 PM, LVN-J confirmed she had been in-serviced on code status and where to locate it; start CPR until code status is determined --- if full code continue and call 911; DNR - stop and call physician.</p> <p>Record reviewed in-services dated ,d+[DATE]-,d+[DATE] confirmed all nursing staff (35 of 36) had been in-serviced regarding location of code status and initiating CPR on an individual who is unresponsive and not breathing until code status is determined. The one staff (CNA) not trained was a family member of Resident #1.</p> <p>Record reviewed CPR certifications for nurses, confirmed 13 of 13 nurses' CPR certified.</p> <p>Record reviewed Certification of Completion Adult, Child and Baby First Aid/CPR/AED Online conducted by a third party dated completed [DATE] for LVN-A.</p>		