STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015133	A. Building B. Wing	06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge	420 Dean Drive Gardendale, AL 35071

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 - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44165 Based on interviews, resident record review, review of facility policies titled Cardiac and/or Respiratory Arrest and Emergency Cart, and review of the Adult Basic Life Support Algorithm for Healthcare Providers provided by the American Heart Association, the facility failed to ensure staff provided cardiopulmonary resuscitation (CPR) to Resident Identifier (RI) #1 on [DATE] in accordance with the American Heart Association (AHA) recommendations and facility policy. On [DATE], RI #1 was found unresponsive by Employee Identifier (EI) #10, a Certified Nursing Assistant (CNA). EI #10 notified EI #6, the Registered Nurse (RN) on duty who was responsible for the care of RI #1. EI #6 assessed RI #1 to have no pulse and no respirations, then called 911 and initiated a code (A code is typically called when cardiopulmonary arrest is happening to a patient in a hospital or clinic, requiring a team of providers (sometimes called a code team) to rush to the specific location and begin immediate resuscitative efforts). During the code, the emergency cart on the Rehab Hall where RI #1 resided, could not be located. Instead, an emergency cart from the [NAME] Hall was brought to RI #1's room; however, there was not an Ambu bag (a handheld tool that is used to deliver positive pressure ventilation to any subject with insufficient or ineffective breaths. It consists of a self-inflating bag, one-way valve, mask, and an oxygen reservoir) on the cart. RI #1 did not receive any rescue breaths, only chest compressions. After Emergency Medical Services (EMS) arrived to the facility, they confirmed the resident had no heartbeat and RI #1 was pronounced dead on the scene at 5:14 AM. This deficient practice affected RI #1, one of three sampled residents reviewed for the provision of CPR, and placed RI #1 and all other 89 residents in the facility with a Full Code Status in immediate jeopardy, as it was likely to result in serious injury, serious harm, serious impairment, or death. Findings Include: A review of the American Heart Association's Adult Basic Life Support Algorithm for Healthcare Providers, copyright 2020, revealed the following: Adult Basic Life Support Algorithm for Healthcare Providers . * Check for responsiveness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015133	A. Building B. Wing	06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge	420 Dean Drive Gardendale, AL 35071

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 - Some	* Shout for nearby help . * Get .emergency equipment (or send someone to do so) . No breathing . pulse not felt . Start CPR * Perform cycles of 30 compressions (chest) and 2 breaths. The facility policy titled Emergency Cart, with a revision date of [DATE], documented: .PRACTICE STANDARDS . 1. The emergency cart is stored in a location where it is readily accessible . 3.1 Equipment/supplies used are noted and replaced promptly. 4. The emergency cart is checked every 24 hours and after every use. Missing or expired items are replaced . The facility policy titled Cardiac and/or Respiratory Arrest , with a revision date of [DATE], documented: .2. Witnessed Arrest: 2.1 If there is no visual identification of DNR (do not resuscitate) status or no DNR order on the patient's medical record (meaning they have a FULL CODE status): 2.1.1 CPR .certified staff will initiate CPR . 2.1.2 Call 911 . 2.1.4 Continue CPR until one of the following occurs: . 2.1.4.3 Care is transferred to a team providing advanced life support (emergency medical services (EMS) . RI #1 was admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease, Type Two Diabetes, Morbid (Severe) Obesity with Alveolar Hypoventilation, Essential (Primary) Hypertension, Pulmonary Hypertension, Biventricular Heart Failure, Peripheral Vascular Disease and Obstructive Sleep Apnea. RI #1 had a Physician's order dated [DATE] for a FULL CODE status. RI #1's Progress Notes documented the following: . [DATE] . Informed by CNA that resident was unresponsive, at 5am. Checked resident for response none noted. Call code blue and called EMS . Review of RI #1's CPR/AED (Automated External Defibrillator) FLOW SHEET, dated [DATE], documented the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015133	A. Building B. Wing	06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge	420 Dean Drive Gardendale, AL 35071

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 - Some	. Arrest recognized by (Employee Identifier (EI) #10's name, Certified Nursing Assistant (CNA)) . Ventilations initiated by: Patient placed on O2 (oxygen) via nasal cannula . Compressions initiated by (EI #9's name, Licensed Practical Nurse (LPN)) . 911 called by (EI #6's name, Registered Nurse (RN)) . Patient left via: . Funeral Home (checked) . This flow sheet indicated EI #6, the RN, was the recorder and EI #s 9 and 11, LPNs, performed CPR during the code called for RI #1 on [DATE]. Review of the EMS run report dated [DATE] revealed EMS was dispatched on [DATE] at 4:58 AM due to cardiac arrest/death. EMS arrived at RI #1's bedside at 5:10 AM. The run report documented RI #1 was not breathing and pulseless. EMS staff confirmed RI #1 had no heartbeat, and the time of death was called at 5:14 AM. An interview was conducted on [DATE] at 6:54 AM with EI #10, the CNA assigned to care for RI #1 during the nightshift on ,d+[DATE]-[DATE]. EI #10 said she checked on RI #1 sometime between 4:00 AM and 5:00 AM, but could not pinpoint an exact time. EI #10 said, while checking on RI #1, RI #1 was not responding to her, and indicated RI #1's stomach was initially rising and falling, but then stopped. EI #10 said she immediately went to get EI #6, the RN, who responded to RI #1's room within seconds. EI #10 said EI #6 assessed RI #1 and found that he/she had no respirations, and EI #6 then left the room to call 911 and to initiate a code. EI #10 said as EI #6 was leaving the room to do that, EI #9, an LPN entered the room. EI #10 said she assisted EI #9 in preparing RI #1 for CPR by removing the sheet and positioning the bed. EI #10 said EI #11, another LPN, also responded and brought the emergency cart from the [NAME] Hall. EI #10 said once the nurses were in the room and attending to RI #1, she left the room. EI #10 said as she left, she saw that EI #9 was doing chest compressions on RI #1. An interview was conducted with EI #6, RN on [DATE] at 6:50 PM. EI #6 was asked, what he could recall about RI #1 on [DATE]. EI #6 replied, EI #10, CNA, informed him sometime around 4:45 AM that RI #1 was unresponsive. EI #6 indicated he went into the room where he observed the resident was not breathing. EI #6 further indicated RI #1 was unresponsive and there was no pulse. EI #6 said he then left the room to call a code using the intercom at the nurses station and called 911 before returning to the resident's room. EI #6 said, when he got back to RI #1's room, EI #9, LPN, had already started CPR chest compressions. A phone interview was conducted on [DATE] at 9:50 AM with EI #9, LPN. EI #9 said she was getting ready for medication pass on [DATE] sometime between late 4:00 AM and early 5:00 AM, and heard EI #6 yelling in the hall that RI #1 was unresponsive. EI #9 said she responded to the room, lowered RI #1's bed, checked for a pulse and started CPR. When asked the procedure for CPR, EI #9 said administer 30 compressions, then two breaths with an Ambu bag, then check for a pulse, and start again. EI #9 explained she was unable to locate the emergency cart for RI #1's hall during the code (Rehab Hall), but a nurse from the [NAME] Hall brought the emergency cart from that hall. However, they could not locate an Ambu bag. EI #9 was asked who was responsible for checking the emergency carts to make sure they were stocked with the necessary supplies. EI #9 replied, it was the nurses' responsibility. EI #9 indicated an Ambu bag should be available during every code. When asked what the risk was of not having a fully stocked emergency cart during an emergency code, EI #9 replied, the person might not get the help they need and they could die. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015133	A. Building B. Wing	06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge	420 Dean Drive Gardendale, AL 35071

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 - Some	During a follow-up interview with EI #9 on [DATE] at 4:45 PM, EI #9 said she began compressions for RI #1 around 4:50 AM or 5:00 AM, and continued until EI #7 and EI #11, both LPNs, responded to the room approximately a minute and a half to two minutes later, and they started taking turns doing compressions. When asked who was attending to RI #1's airway/providing breaths, EI #9 said they did not have an Ambu bag to do the airway. EI #9 said they also could have provided breaths via mouth to mouth if they had a mouthpiece, but they did not. EI #9 indicated as soon as she was relieved of doing compressions by EI #7 and EI #11, she went to look for an Ambu bag, but that was when she could not find the emergency cart for the Rehab Hall, and they could not locate an Ambu bag on the emergency cart brought from the [NAME] Hall. On [DATE] at 7:10 AM EI #11, LPN, said she assisted with RI #1's code on [DATE]. EI #11 was asked what she could recall about the incident. EI #11 said, they called a code and she grabbed her emergency cart and responded to RI #1's room. She said when she arrived to the room, EI #9 was already doing compressions, and she grabbed her back board, and they placed it under RI #1. EI #11 said she then placed a nasal cannula on RI #1 and attached it to the oxygen concentrator, and then took turns with EI #9 providing chest compressions. When asked who was doing airway/providing breaths, EI #11 said, they did not have an Ambu bag on her cart so no one was doing airway. On [DATE] at 8:13 AM EI #7, LPN, was asked what kind of care she provided for RI #1 on [DATE]. EI #7 said she responded to the code for RI #1 and checked vitals using the vital machine. EI #7 said she then joined EI #9 and EI #11, and assisted with doing chest compressions. When asked who was doing airway/providing breaths, EI #7 said she did not know of anyone doing airway for RI #1. When asked why not, EI #7 said, there was no Ambu bag. EI #7 said it was important for the Ambu bag to be on the emergency cart because without one, you cannot provide breaths unless you do mouth to mouth. During a follow-up interview on [DATE] at 5:50 PM, EI #7 said during the code, they should have had an Ambu bag or a mouth piece to provide breaths. EI #7 said it was not correct to provide CPR with compressions only and no breaths, since both should have been done. EI #7 said the problem with the code for RI #1 was the emergency cart not having the necessary supplies. A review of [DATE] and [DATE] Rehab Hall (where RI #1 resided) Emergency Cart Checklist revealed that staff were supposed to check for missing or expired items on the emergency cart, replace them, then initial the checklist. No one initialed as checking the emergency cart for the Rehab Hall on [DATE]-5, ,d+[DATE], , d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE] or [DATE]-26. The last time a staff member checked the emergency cart for the Rehab Hall prior to RI #1's code on [DATE] was [DATE]. A review of the [DATE] [NAME] Hall Emergency Cart Checklist revealed staff checked off and initialed that an Ambu bag was present on both [DATE] and [DATE]. On [DATE] at 6:36 AM, a follow up interview was conducted with EI #6. EI #6 was asked what he recalled about an Ambu bag during RI #1's code. EI #6 confirmed he had not not seen one, and indicated no one provided breaths to RI #1 during the code, just continuous chest compressions until EMS arrived on scene. EI #6 was asked where the Ambu bag should have been located. EI #6 said every unit's emergency cart should have an Ambu bag on it, but they could not find one during RI #1's code. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015133	A. Building B. Wing	06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge	420 Dean Drive Gardendale, AL 35071

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 - Some	An interview was conducted on [DATE] at 10:21 AM with EI #2, Certified Nursing Executive (CNE)/Director of Nursing (DON). EI #2 was asked if CPR should be done with an Ambu bag. EI #2 replied, yes. EI #2 was asked, what was the risk of not having an Ambu bag during CPR. EI #2 replied, not doing respirations/providing breaths. EI #2 was asked, who was responsible for checking supplies on the emergency carts. EI #2 replied, night shift nurses. EI #2 was asked, what was the risk of the emergency cart not being checked daily. EI #2 replied, nurses may not have items that were needed. EI #2 was asked why no breaths were given during the code for RI #1. EI #2 replied, they did not have an Ambu bag. When asked why there was not an Ambu bag on the emergency cart, EI #2 replied, she did not know. A follow-up interview was conducted on [DATE] at 5:37 PM with EI #2. EI #2 was asked, why was the policy not followed on the code for RI #1. EI #2 replied, the emergency cart on the Rehab Hall was not readily available, and when EI #11 brought the emergency cart from the [NAME] Hall it did not have an Ambu bag on it. ********** On [DATE], the facility began reviewing and addressing the concerns with the facility's response to RI #1's code. Concerns identified by the facility included: . Rehab Emergency Cart not located during a code that occurred on [DATE] . The [NAME] Wing Emergency Cart did not have an Ambu bag on it . There were blanks noted on the Rehab Cart Checklist to ensure that all supplies were present . The Cardiac and/or Respiratory Arrest Policy was not fully followed . The following corrective actions were implemented by the facility: - Audit of CPR Certification for all Licensed Nurses done by EI #3, Workforce Manager. Audit began on [DATE] and was completed on [DATE]. - Weekly Medical Director/DON Meeting held on [DATE]. - Facility will initiate Mock Code within the next week and continue with Mock Code Training until one Mock Code is done on each shift. This was initiated on [DATE]. - The Rehab Emergency Cart was located and checked by EI #2, RN/DON, to ensure all supplies were on the cart. The Cart Checklist was signed by EI #2, RN/DON, that all items were present on the cart. - The Rehab Emergency Cart was placed in a designated area by EI #2, RN/DON, across from the nursing station by the water fountain, and is to be kept in that location when not in use. These was completed on [DATE]. - Monitor Sheet began on [DATE] to monitor the placement of the Emergency Carts twice weekly by the Unit Managers/DON. - An Ambu Bag was retrieved from Central Supply by EI #2, RN/DON, and placed on the [NAME] Wing Emergency Cart on [DATE]. One Ambu Bag was taken from Central Supply leaving 3 additional Ambu Bags left in Central Supply. This was completed on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015133	A. Building B. Wing	06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge	420 Dean Drive Gardendale, AL 35071

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 - Some	- The Rehab Cart was audited to ensure all supplies were on the cart and the Emergency Cart Checklist was signed by EI #2, RN/DON, on [DATE]. Monitor sheet was initiated on [DATE] for the Unit Managers/DON to check twice weekly to ensure that the Emergency Cart Checklist was being signed off on by the Charge Nurses. - An In-service was initiated by EI #2, RN/DON, on [DATE] for Licensed Nurses on the Cardiac and/or Respiratory Arrest Policy, Designated placement of the Emergency Crash Carts, Emergency Cart Checklist, AED, CPR, Flow Sheet, Do not leave an unresponsive resident, Designate an individual to record on the AED/Code flow sheet, designate an individual to call 911, restock the crash cart and check it off on the checklist when it has been restocked. In-servicing began on [DATE] and was completed on [DATE]. - In-servicing began on [DATE] ending on [DATE] educating Nursing assistants to call out for help if they find a resident unresponsive and to not leave that resident until a nurse arrives and directs them to do other duties. Education done by EI #2, RN/DON, and EI #19, RN/ Assistant Director of Nursing (ADON). After review of documentation supporting the above corrective actions, including inservice records, mock code documentation, staff interviews, and observations of the facility's emergency carts, the survey team verified the facility had implemented corrective actions from [DATE] through [DATE] and had ongoing monitoring systems in place; thus immediate jeopardy past noncompliance was cited. This deficiency was cited as a result of complaint/report number AL00041885.