

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2023
NAME OF PROVIDER OR SUPPLIER Rochester Residence and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 174 Virginia Avenue Rochester, PA 15074	

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** 43210</p> <p>Based on a review of facility policy, closed resident clinical record, staff interviews, and physician interview, it was determined the facility failed to ensure staff initiated CPR (cardiopulmonary resuscitation - a life saving procedure that is done when breathing or the heartbeat has stopped) to an unresponsive resident resulting in an Immediate Jeopardy (a situation in which the provider's non-compliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to a resident) for one of 70 residents reviewed, Closed Record Resident R1 (CR1).</p> <p>Findings included:</p> <p>Review of facility policy titled Emergency Procedure - Cardiopulmonary Resuscitation last reviewed [DATE], informed Personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR) and basic life support (BLS), including defibrillation (controlled electric shock to restore normal heart rhythm), for victims of sudden cardiac arrest. 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: it is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; or there are obvious signs of irreversible death (e.g. rigor mortis [stiffening of joints and muscles of a body a few hours after death]). If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: instruct a staff to activate the emergency response system (code) and call 911. Instruct a staff member to retrieve the automatic external defibrillator. Verify or instruct a staff member to verify the DNR or code status of the individual. Initiate the basic life support (BLS) sequence of events. The BLS sequence of events is referred to as C-A-B (chest compressions, airway, breathing). All rescuers, trained or not, should provide chest compressions to victims of cardiac arrest. Continue with CPR/BLS until emergency medical personnel arrive.</p> <p>Review of CR1's clinical recorded revealed the resident was admitted to the facility on [DATE]. Diagnoses included peripheral vascular disease (reduced blood flow to the limbs), dysphagia (difficulty in swallowing food and liquids), hypoglycemia (deficiency of glucose/sugar in the bloodstream) , diabetes (the body's inability to produce or control the hormone insulin resulting in elevated levels of glucose in the blood and urine), end stage renal disease (temporary or permanent damage to the kidneys resulting in loss of normal kidney function), and acquired absence of left leg below the knee (left leg amputation below the knee).</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 CR1's current physician orders dated [DATE], included the resident's code status as CPR, full treatment, use antibiotics, long term intravenous fluids and tube feeding effective [DATE].</p> <p>Review of CR1's clinical record revealed a POLST (Physician's Order for Life Sustaining Treatment-a medical order specifying the type of medical treatment a person wants in the event of a serious illness) dated [DATE], that indicated the resident wanted CPR initiated with full treatment (CPR, Full Code) to include antibiotics, airway interventions, antibiotics, long term artificial nutrition and hydration. The POLST included the resident's signature.</p> <p>Review of CR1's Minimum Data Set (MDS-periodic assessment of care needs) dated [DATE], indicated a Brief Inventory for Mental Status (BIMS- a screening tool used to determine cognition) score of 15, indicating the resident had no cognitive impairment.</p> <p>Review of CR1's care plan initiated [DATE], included the resident had the potential for alteration in cardiovascular status related to arteriosclerotic heart disease (thickening and hardening of the coronary arteries), coronary artery disease (build up of plaque in the coronary arteries), chronic kidney disease and renal failure. Interventions included to monitor and document for signs and symptoms of cardiac complications: altered mental status, altered level of consciousness, pallor (pale looking), diaphoresis (excessive and abnormal sweating), nausea and vomiting, and to notify the physician for further interventions.</p> <p>Review of CR1's progress notes documented the following:</p> <p>[DATE], at 4:05 a.m. - Resident is nauseated, vomiting, and dry heaving and unable to take anything by PO (by mouth) at this time.</p> <p>[DATE], at 4:06 a.m. - Resident refused dialysis today as they are nauseated, vomiting and dry heaving.</p> <p>[DATE], at 12:36 p.m. - Resident refused PO medications due to nausea.</p> <p>[DATE], at 2:00 p.m. - Resident was administered Zofran Oral Tablet 4 mg for nausea.</p> <p>[DATE], at 10:06 p.m. - Resident in bed all day. Refused dialysis due to nausea. Refused breakfast, lunch, to try clear liquids at dinner, took in hot tea, gingerale, and a few bites of Jello. Physician was contacted due to ongoing nausea, new order for Zofran, administered at 2:00 p.m. Refused medications throughout day. Complained at 7:00 p.m. of generally not feeling well, achiness all over, feeling hot, sweating, moaning and calling out several times, holding basin</p> <p>(continued on next page)</p>		

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