

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/17/2016
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NAME OF PROVIDER OR SUPPLIER SENTARA NURSING CENTER HAMPTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2230 EXECUTIVE DRIVE HAMPTON, VA 23666
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{F 000} INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid first revisit to the standard survey on 04/28/16 through 05/02/16, was conducted 06/15/16 through 06/17/16. Corrected deficiencies are identified on the 2567B report. One complaint was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements.

Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the fact alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the Federal and State law.

The census in this 86 certified bed facility was 69 at the time of the survey. The survey sample consisted of 9 resident reviews: 8 current resident reviews (Residents #101 through #108) and 1 closed record review (Resident #109).

F 155 483.10(b)(4) RIGHT TO REFUSE; FORMULATE SS=E ADVANCE DIRECTIVES

F 155

The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.

1. There were two facility staff members that were Healthcare Provider CPR certified while on duty on May 14, 2016.

The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.

2. Residents with Full Code status have the potential to be affected.

3. An audit was conducted to ensure facility has certified BLS staff at all times. Certified Nursing Staff and Therapy educated on CPR procedures and BLS regulatory requirements.

4. DON and/or designee will monitor BLS certification monthly. DON and/or designee will audit daily X 2 weeks to ensure a staff member with BLS certification is working. Findings will be presented at the QAPI meeting.

5. AOC: July 5, 2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

07/05/2016

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.

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F 155.

: This REQUIREMENT Is not met as evidenced by:

Based on information obtained during a complaint investigation, staff interviews, clinical record review, and review of the facility's policy the facility staff failed to maintain current CPR certification for healthcare providers.

The findings included:

On 6/16/16 at 6:45 pm. during a complaint investigation of an unexpected death in which CPR was initiated, the DON, when asked about staff CPR certification, pointed to the word "American Heart Association" on the copies of the first aid cards provided and said, "See they are properly CPR certified." Review of staff CPR certification revealed the DON was unaware of the difference in the Heartsavers first aid cards verses the HealthCare providers CPR/AED card. All staff CPR certification cards for healthcare providers was then requested.

On 6/17/16 at 8:30 a.m., the DON presented the Healthcare Providers cards that she had. It did not include one for one new CNA. She stated it was not kept on record anywhere. CNA #1 did not have the required healthcare providers CPR card, although the facility had uploaded in their computer system that he had one.

The facility's policy titled "CPR and First Aide Certification" with a revision date of 8/14/14 stated under "Centers" that each facility was responsible for providing CPR and Heimlich Maneuver Training for all nurses and maintaining up to date training records. All nurses and CNAs shall maintain current certification CPR. Facility

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F 155 Continued From page 2 F 155

Staff Development Coordinator will ensure certification/recertification is provided as needed.

The facility's policy titled "CPR - Cardiopulmonary Resuscitation" with a revision date of 5/13/14. Under "Procedure" the policy stated CPR would be performed by RN/LPN/CNA/ Individuals Trained in CPR. CPR Trained staff were to adhere to the guidelines... If victim is found unconscious, CPR must be started unless there was a Do Not Resuscitate (DNR) in place, if absence of respirations and/or pulse. Under "Assessment and Safety" the policy stated: "5. Residents with NO CODE/DNR status have purple dot on the spine of their medical chart. In Nursing Centers NO CODE/DNR residents have a purple DNR band. 6. stated it should take no more than 10 seconds and no less than 5 seconds to check for a pulse. If person has a pulse but no breathing begin rescue breaths." On 6/16/16 at approximately 5:15 p.m., a random check was made of residents in the building with a DNR status, none of them were wearing purple arm bands.

On 6/16/16 at approximately 7:45 p.m. the above findings were shared with the Administrator, Director of Nursing and Director of Clinical Operations. No additional information was provided.