STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445475	A. BUILDING _____ B. WING _____	05/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NHC PLACE AT COOL SPRINGS	211 COOL SPRINGS BLVD FRANKLIN, TN 37067

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 **Residents Affected -** Few	**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** Based on the policy review, medical record review, and interview the facility failed to ensure a current Advance Directive preference was reflected in the Physician's Order for Scope of Treatment (POST) FORM book for 1 of 6 residents (Resident #1) reviewed for Advance Directives. The facility's failure resulted in Immediate Jeopardy (IJ) when Resident #1 was found without a pulse or respirations and staff initiated Cardiopulmonary Resuscitation (CPR) with chest compressions and artificial respirations against the wishes of Resident #1. Immediate Jeopardy (IJ) is a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident. The Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), and Human Resources Administrator were notified of the Immediate Jeopardy on [DATE] at 6:15 PM in the Conference Room. F-678 was cited at a scope and severity of J and is Substandard Quality of Care. A partial extended survey was conducted on [DATE]. The IJ was effective from [DATE] through [DATE]. The IJ was removed on [DATE] when the facility implemented a corrective action plan. Corrective actions were validated by the surveyors on [DATE]-[DATE]. The IJ was cited as past noncompliance and the facility is not required to submit a plan of correction. The findings include: Review of the facility policy titled, Code Status/Advance Directives Procedure dated ,[DATE], showed the original, signed POST form was to be placed in a designated book at each nurse's station. The signed paper POST FORM in the Nurse's Station book was to be the only valid form to be used in the event of a patient transfer out of the facility. The policy also showed the Nurses's station book is an extension of the record and is the only place to maintain the current, signed POST FORM. When a resident returns from a hospital stay and there is no change in the patient's code status and/or state specified POST FORM, there is no need for a new POST FORM to be completed. The Nursing staff is to document in the progress notes that the POST FORM was reviewed upon admission/return and no changes were indicated. The Nurse is then to place the signed POST FORM in the nurse's station POST FORM book. A closed medical record review showed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the POS [REDACTED]. Resident #1 did not wish to be intubated or to have any advanced airway interventions. Review of a progress note dated [DATE] showed the DON made a .call to (Designated Power of Attorney (DPOA)) to review patients resuscitation status. (DPOA) states that it is to remain as previously documented as a DNR . The Point of Care History dated [DATE]-[DATE] showed Resident #1 was independent in eating, required set up help by the staff and had no swallowing problems noted. Review of the 5 day Prospective Payment System (PPS) Minimum Data Set (MDS) assessment dated [DATE] showed Resident #1 was moderately cognitively impaired, was not interviewable, and was independent for eating and drinking. Review of the Care Plan dated [DATE] showed Category: Nutritional Status .Observe for difficulty with chewing/swallowing and consult with SLP (Speech Language Pathologist) as needed . Review of the Occupational Therapist (OT) Therapist Progress and Discharge Summary dated [DATE] showed Resident #1 required set up only assistance prior to following the activity of eating. Review of the progress note dated [DATE] showed Resident #1 was found unresponsive with no pulse or respirations and the facility staff started CPR at 5:42 PM. Resident #1 was transferred to an acute care hospital. The DPOA was notified of the resident's status. There was no current POST FORM signed or completed by the family in the medical record. Review of an Emergency Medical Services (EMS) transport form dated [DATE] documented, .They (facility staff) found him unresponsive and not breathing and they (facility staff) started CPR at 17:45 (5:45 PM) . During an interview conducted on [DATE] at 3:00 PM, the DON confirmed she called the DPOA on [DATE] to discuss Resident #1's resuscitation status and the DPOA confirmed Resident #1's Advance Directive preference should remain a DNR. During an interview conducted on [DATE] at 3:30 PM, the Respiratory Therapist (RT) stated, .he was found unresponsive, had no pulse and was not breathing .when I arrived to the room chest compressions were being performed .I started assisting with ventilations .at that point we did not know resident's code status (the POST FORM was not in the POST FORM book) .EMS arrived, continued CPR, and intubated (placed an advanced airway) the resident . During a telephone interview conducted on [DATE] at 1:15 PM, Licensed Practical Nurse (LPN) #1 stated, .there was not a POST FORM in the (POST FORM) book so we would treat as full code (perform CPR) .we started CPR .that is what we're supposed to do if there is no (POST) FORM in the book, treat like a full code . During an interview conducted on [DATE] at 2:15 PM, the DON confirmed Resident #1 did not have a POST FORM in the POST FORM book at the nurse's station. The DON stated, .it should have been there .I don't know why it didn't get put in the POST FORM book . The DON confirmed Resident #1's wishes were not honored and stated, .his POST FORM was not followed . During an interview conducted on [DATE] at 11:06 AM, LPN #2, who was assigned to Resident #1 on [DATE], stated, .(LPN #1) looked in the (POST FORM) book and there was no POST FORM in the book. Since there was no (POST) FORM in the book we would treat the resident like a Full Code . During an interview conducted on [DATE] at 5:18 PM, the Administrator confirmed Resident #1's POST FORM was not where it should have been in the POST FORM BOOK at the nurse's station on ,[DATE] 2019. The facility's corrective action plan included the following: On [DATE] the facility did the following: A. The DON reviewed Resident #1's chart and concluded that the resident's code status was DNR and the POST FORM should have been in the POST FORM Book. B. The DON initiated audits on 100% of the in house medical records regarding resuscitation status on [DATE]. This audit revealed 8 residents were without POST FORMS completed with the family, 11 residents were without a POST FORM copy in the POST FORM Book at the nurse's station, 9 residents were without information in both areas of the the electronic medical record system (MATRIX). The information was corrected [DATE]. C. Staff education on the POST FORM process was initiated on [DATE] and reeducation completed on [DATE]. D. Monitors of the POST FORM process was initiated with daily look back on Admissions to ensure the process was followed and reeducation conducted as needed with staff. Monitors continue with daily look back for new admissions. E. Health information staff also follows up with a 72 hour audit of records to include the POST FORM Process. F. An admission nurse was hired ,[DATE] to complete the admission paperwork and perform ongoing audits of admission paperwork related to the POST FORM. The facility's corrective action was validated by the surveyors onsite [DATE]-[DATE]. 1. The facility's POST FORM audits from ,[DATE] through ,[DATE] were reviewed. 2. The facility's Quality Assessment Performance Improvement (QAPI) meeting minutes from ,[DATE] and ,[DATE] were reviewed and the root cause analysis and POST FORM information were discussed in the QAPI meetings. 3. A review of all POST FORM Books at the nurse's stations was conducted to ensure documentation of the POST FORMS. Review of the POS [REDACTED]. Review of physician orders revealed the residents had orders for their CPR status and the EMR had the accurate CPR status for all residents. 4. The facility's electronic medical record for CPR Status accuracy was validated for sampled residents reviewed. 5. The surveyors interviewed staff on all shifts including the Admission Nurse regarding the POST FORM process and the POST Form policy/procedure. All staff were knowledgeable of the process of placing the residents POST forms in the POST FORM BOOK.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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.