STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	215183	A. BUILDING _____ B. WING _____	**07/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FAYETTE HEALTH AND REHABILITATION CENTER	**1217 WEST FAYETTE STREET BALTIMORE, MD 21223**

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 -** Minimal harm or potential for actual harm **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 observation of the automated external defibrillator (AED) and interviews with facility staff, it was determined that the facility failed to have a system in place to monitor the battery and functioning of the AED. This was found to be evident during review of the AED function. The findings include Review of complaint MD 779 on 7/13/2020 at 10:00 AM revealed that on a resident was found unresponsive and a call was placed to the emergency medical technician (EMT). When the EMT's arrived, it was revealed that the AED was not attached to the resident. The AED is a portable electronic device that automatically [DIAGNOSES REDACTED]. When it was questioned why the AED was not attached to the resident facility staff revealed it was broken. During an interview with the first-floor unit manager on 7/13/2020 at 10:30 AM the surveyor asked to do a test run of the AED. The unit manager took the AED from the closet and she attempted to do a test run which was unsuccessful, she revealed that it looks like the battery may be low. Follow up interview with the Director of Nursing (DON) and the Nursing Home Administrator (NHA) on 7/13/2020 at 10:45 am they both observed the AED and agreed that it appears that the battery is too low to work. They further revealed that maintenance is responsible for ensuring that the AED is functional. On 7/13/2020 at 11:00 AM maintenance was interviewed about the AED machine, he revealed that he is not familiar with the machine and that he has never seen the machine before. After surveyor intervention a new AED was supplied to the facility by corporate and the AED will be added to the emergency preparedness checklist and licensed staff will be checking the AED and if the machine is reading low battery maintenance will take care of it to make sure it is functioning. All findings discussed with the DON and NHA during the survey exit.

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.