STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205020	A. BUILDING _____ B. WING _____	**06/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BANGOR NURSING & REHABILITATION	**103 TEXAS AVE BANGOR, ME 04401**

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 clinical record review, interviews, review of facility internal investigation, review of facility Cardiopulmonary Resuscitation (CPR) policy and procedure, and staffs written statements, the facility failed to ensure that 1 of 1 incident of death (Resident #1) received CPR as per the resident's physician order. Finding: Documentation in Resident #1's clinical record, in the physician order section, indicates Resident #1 is a 'Full Code.' In Resident #1's clinical record there is no Advanced Directive (a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves). On [DATE] at 9:45 a.m., in an interview with the surveyor, the Director of Nursing (DON) confirmed that RN (Registered Nurse) #1 did not check the code status of Resident #1. The DON stated the facility does have a CPR policy and procedure and Skilled resident's have a wrist band with color coding to show code status. Blue is for no CPR and white is for Full Code. The DON stated that Resident #1 had a wrist band on with white coloring indicating Full Code. Long term care residents have a dot on their chart if they are Full Code. The DON stated all nursing staff is CPR certified and current. Only four staff members are not CPR certified because they were hired after the COVID-19 pandemic. A review of the facility policy titled Cardiopulmonary Resuscitation (CPR) Certification with an approval date of [DATE] indicates under Procedure: B. The residents code status will be determined by looking at the indentification bracelet. Blue insert indicated Do Not Resucitate. White insert indicates Full code. C. If the resident is full code, CPR is initiated by the first staff member on the scene On [DATE], at 9:50 a.m., the facility's Licensed Social Worker (LSW) provided the surveyor with a written statement that read, On [DATE], LSW discussed being a Full Code with Resident #1. Resident #1 did not want an Advanced Directive. On [DATE] at 10:12 a.m., in a telephone interview with the surveyor, the LSW stated that Resident #1 wanted to stay a Full Code but did not want to fill out an Advance Directive. Documentation in Resident #1's clinical record, in the nurse progress note section, RN#2 indicated the following: On [DATE] at 4:50 p.m., RN#2 was called to Resident #1's room as Certified Nursing Assistant (C.N.A.) #1 was concerned with the residents breathing. The resident had been on the commode prior to breathing difficulties, but was in bed now. While assessing Resident #1, the resident was incontinent of stool. Heart regular rate and rhythm, lung sounds clear bilaterally. Blood pressure, pulse, oxygen blood saturation in normal range for this resident. Resident #1 hears questions asked but unable to respond. RN#1 called to evaluate resident. On [DATE] at 10:44 a.m., in a telephone interview with the surveyor, RN #1 stated that on [DATE] around 4:50 p.m., she was called into Resident #1's room to assess the resident for breathing difficulties. RN#1 stated that RN#2 left the room and RN#1 and C.N.A. #1 were in the room with Resident #1. RN#1 stated the resident was better and talking to them. RN#1 stated the resident had been incontinent of stool. C.N.A. #1 and RN#1 rolled the resident on his/her side for incontinent care. RN#1 stated C.N.A. #1 turned to get supplies and RN#1 noticed the resident had passed. She assessed the resident to have no breath or heart rate. RN#1 stated she did not check the residents wrist band to see that the resident was a Full Code. RN#1 stated that the resident was [AGE] years-old and did not think the resident would be a Full Code. RN#1 stated she is CPR certified and is aware of the facility CPR policy and procedure. RN#1 stated she was shocked the resident passed so quickly and confirmed that she did not perform CPR and should have. On [DATE] at 11:11 a.m., in a telephone interview with C.N.A. #1, he stated that on [DATE] at 4:50 p.m., Resident #1 rang the call bell for assistance because Resident #1 was feeling uncomfortable. C.N.A.#1 called for the Charge Nurse, Registered Nurse #2 (RN#2). RN#2 assessed Resident #1. RN#2 called for RN#1, another nurse on duty, to assess the resident also. C.N.A. #1 stated that Resident #1 seemed calm and had settled down. He stated RN#2 had left the resident room to take care of other nursing business. C.N.A. #1 stated that he and RN#1 stayed to complete incontinent care for Resident #1. He stated the resident was rolled onto the side, he turned around to get bathing supplies and at approximately 5:00 p.m., he heard RN#1 state the resident had passed. C.N.A. #1 stated he never thought about CPR because the resident was over [AGE] years old. C.N.A. #1 stated he is not currently CPR certified because he was hired after the pandemic started. On [DATE] at 12:30 p.m., nursing staff schedule for June were reviewed to ensure each day, each shift had staff working that are CPR certified. Each shift, every day in June has a CPR certified nurse working.

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