

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>505114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GARDENS ON UNIVERSITY, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>414 S UNIVERSITY RD SPOKANE, WA 99206</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, staff failed to perform cardio-pulmonary resuscitation (CPR) timely for one of three sample residents (#1), who died while in the facility. A Licensed Practical Nurse (Staff A), and Registered Nurse (Staff B), failed to perform basic life support measures timely, and did not notify emergency personnel for Resident #1, who requested to receive CPR if needed. Failure to implement CPR to a resident who was found with no pulse and no respirations, and who had a POLST (physician's orders [REDACTED]). Findings included . Record review of the facility's policy titled, Cardiopulmonary Resuscitation (CPR), dated [DATE], showed that CPR would be initiated on any resident that experienced a witnessed or unwitnessed cardiopulmonary arrest while in the facility, unless previously deciding not to have it initiated. The policy also showed Emergency Medical Services (EMS) should be contacted, and CPR should be continued until EMS arrived. Review of the record showed Resident #1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED].#1 signed the document, indicating his choice to have CPR initiated in the event of having no pulse and/or not breathing. The document showed those choices were discussed with the resident, and was signed by the physician on [DATE]. Review of a Palliative (specialized care for people with serious illness) Care Consult, dated [DATE], showed Resident #1 wished to remain a Full Code (all resuscitation procedures provided to keep him alive) Per a [DATE] facility investigation, Resident #1 was last assessed at 5:00 AM by Staff D, Nursing Assistant, who stated he had changed the resident's brief, and also stated the resident was breathing normally. Per the investigation, at 5:15 AM, Staff D was completing his rounds and noted Resident #1 unresponsive. The nursing assistant then found Staff A, Licensed Practical Nurse, and alerted her. Staff A immediately went to the resident's room and assessed him; she did not find a pulse. Staff A did not check the resident's code status, nor initiate CPR at that time. She then went to find Staff B, Registered Nurse, who was working on the other unit. Staff B asked about Resident #1's code status. The investigation further showed when it was determined the resident was a full code, Staff A and B initiated CPR for approximately seven to eight minutes. Upon reassessment it was determined the resident had no pulse and no respirations, and all life-sustaining efforts were terminated. At no time during the process was emergency medical service activated, as directed in the facility policy. The physician and family were notified of the resident's death. In an interview on [DATE] at 12:40 PM Staff C, Director of Nursing confirmed Staff A, Licensed Practical Nurse, failed to check the POLST, failed to initiate CPR timely, and did not follow the facility policy. He confirmed all staff had been provided immediate education, related to CPR and facility policy. Multiple interviews were conducted during the on-site visit on [DATE], which showed staff were knowledgeable of the protocols for responding to unresponsive residents, how to find the code status on a resident, and the protocol for CPR. Reference (WAC) [DATE](4)(i)</p>		
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.