

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>106000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EVANS HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3735 EVANS AVE FORT MYERS, FL 33901</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 - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<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 record review, hospice and facility staff interview, the facility failed to provide cardiopulmonary resuscitation (CPR) to a resident requiring such emergency care for 1 (Resident #1) of 3 residents reviewed for appropriate emergency care. The facility failed to meet the resident's needs for emergency care without a resuscitation attempt, and the resident died . There were 68 residents in the facility who desired full code status and 37 of 46 hospice residents who were full code status. The Immediate Jeopardy began on [DATE]. On [DATE] at 5:00 p.m., the Administrator was informed of the determination of Immediate Jeopardy. The Immediate Jeopardy was removed on [DATE] when corrective actions were verified in place, lowering the scope and severity of F689 to a D, isolated, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy. The findings included: A review of the facility policy and procedure Florida Cardiopulmonary Resuscitation (CPR), N-301, dated [DATE], showed CPR would be provided to all residents who were identified to be in [MEDICAL CONDITION] unless such resident had a valid Do Not Resuscitate (DNR) order. In the event of [MEDICAL CONDITION], immediately call for assistance. Two licensed nurses were to verify: resident identity and current physician order for [REDACTED]. In the event of [MEDICAL CONDITION], immediately call for assistance. 2. Two licensed nurses were to verify: resident identity and current physician order for [REDACTED]. 4. In the absence of a physician's order for DNR the facility would immediately begin CPR. 5. Center staff would continue performing CPR until Emergency Medical Technicians assumed responsibility for CPR, or may be discontinued if the resident responds. 6. Notify the physician and resident representative/legal representative. 7. Document in the medical record. Record review showed an Advance Directives Discussion Document had been signed by Resident #1's Power of Attorney on [DATE] and indicated CPR should be provided. The Care Plan for Resident #1 indicated the resident wished to be a full code. Resident #1 was admitted to hospice services on [DATE] as a full code. A hospice form was in front of Resident #1's chart identifying the resident was under hospice care. The form also indicated Hospice patient is a full code. Call 911. A nursing progress note by Licensed Practical Nurse (LPN) Staff A dated [DATE] at 4:45 a.m., indicated Resident #1 was noted to be non-responsive, with no pulse or blood pressure and hospice was notified. Staff A noted the hospice nurse arrived at 5:10 a.m. There was no documentation Resident #1's code status reviewed, CPR started, or 911 was called. On [DATE] at 10:37 a.m., in an interview, the Director of Nursing (DON) said she was aware Resident #1 passed away on [DATE] and when staff found her unresponsive did not initiate CPR. The resident was a hospice patient and the documentation on the chart from hospice identified the resident was a full code. The DON said LPN Staff A never checked the chart for Resident #1's code status. On [DATE] at 12:28 p.m., in a telephone interview the hospice nurse confirmed Resident #1 was listed as a full code. On [DATE] at 12:52 p.m., in a telephone interview LPN Staff A said when she found Resident #1 was unresponsive, she checked the chart and called Hospice. Staff A said the [MEDICATION NAME] hospice form was in the chart identifying Resident #1 as a hospice patient, but she overlooked the resident was a full code. Staff A didn't realize the Resident #1 was a full code. Staff A said she did not provide CPR to Resident #1. On [DATE] at 2:03 p.m., in a telephone interview, LPN Staff A said there was another nurse in the building on [DATE] but she did not notify them when she found Resident #1 unresponsive. Staff A said she was trained in the facility CPR policy and knew two nurses were supposed to check code status. On [DATE] at 2:00 p.m., in a telephone interview Certified Nursing Assistant (CNA) Staff E said on [DATE] she went into the Resident #1's room to get her ready for morning care. When she called Resident #1's name there was no response. CNA Staff E said she went to get the assistance of CNA Staff F, and they still could get no response from Resident #1. She said they left the room and reported to the charge nurse LPN Staff A who went to the room and called the residents name with no response. CNA Staff E said LPN Staff A exited the room, went to the nurse's station to use the telephone, but did not know who the nurse called. CNA Staff E said she waited for instructions from the nurse, but was not told anything so she went to assist other residents with care. The Immediate Jeopardy was removed on [DATE] at 4:00 p.m., after the facility took immediate action to remove the immediate threat. The immediate actions included all staff were provided education related to CPR and code status. The facility verified all licensed nurses participated in mock CPR drills which were conducted on all shifts. Interviews were conducted to ensure staff understood the content of the education.</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.