

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Absolut Ctr for Nursing & Rehab Three Rivers L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Creekside Drive Painted Post, NY 14870	
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)		
<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the residents advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** ></p> <p>Based on observations, interviews, and record reviews conducted during the Abbreviated Survey (complaint #NY 780), it was determined that for one of three residents reviewed for advanced directives, the facility did not ensure that there was an organized, effective system in place to ensure that residents' wishes regarding Cardio-pulmonary Resuscitation and Do Not Resuscitate were initiated and implemented according to their wishes. Specifically, Resident #1 had a Medical Order for Life Sustaining Treatment (MOLST) for Do Not Resuscitate and was wearing a blue identification bracelet (full code) with the word RED written on the bracelet. Resident #1 was found unresponsive and Cardio-pulmonary Resuscitation was initiated. This is evidenced by the following:</p> <p>Resident #1 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] and [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set Assessment, dated [DATE], documented that the resident was cognitively intact.</p> <p>Review of the facility's policy, Cardio-pulmonary Resuscitation (CPR), dated as last revised [DATE], revealed that the policy was to assist the facility in ensuring that all residents suffering a cardiac or respiratory arrest will receive the treatment of [REDACTED]. The procedure included that those residents who wish to be resuscitated shall wear a blue name band on their wrist or if they refuse to wear it on the wrist, the ankle. The resident's DNR status will be identifiable on the resident at all times as feasible to do so.</p> <p>The [DATE] MOLST was signed by the Health Care Proxy, the Social Worker, the Attending Physician, and documented that the resident was a DNR.</p> <p>The Comprehensive Care Plan for Advanced Directives/MOLST, dated [DATE], included that the goal was that the resident's wishes would be honored. The interventions included that a DNR band would be worn on the wrist and the MOLST was in place. The interventions did not include the color of the DNR band.</p> <p>Review of the nursing progress notes and CPR Documentation Log, dated [DATE], revealed that the resident was being returned from Physical Therapy at 11:15 a.m. when the resident became non-responsive, not breathing, and pulseless. The resident was lowered to the floor, CPR was started, and 911 and Code Blue were called. After two to three sets of compressions and breaths the resident became responsive and was transported to the hospital. As of [DATE] the resident remained in the hospital in the intensive care unit.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility investigation, dated [DATE], revealed that the resident was wearing an identification bracelet that was blue indicating a full code and had the word red (indicating DNR) written on it. The facility completed the investigation and was not able to identify the individual who made or placed the wrong color of ID bracelet.</p> <p>Interviews conducted on [DATE] included the following:</p> <p>a. At 12:45 p.m., the Licensed Practical Nurse (LPN) stated that she was called into Physical Therapy and saw all four of the resident's extremities twitching. She said the resident was conscious but not reacting at their baseline. The LPN said that as she and the Director of Nursing (DON) were wheeling the resident to their room, the resident went limp. She said she looked at the color of the identification band and it was blue, so they lowered the resident to the floor and began CPR while simultaneously calling for help to call 911 and a Code Blue. The LPN said after two cycles of compressions, the resident became responsive and was breathing and had a pulse. She said the Social Worker told the staff at that point that the resident was a DNR.</p> <p>b. At 2:10 p.m., the Social Worker said when he heard the alarm for the Automated External Defibrillator (AED) he went to the computer to look up the resident's advanced directive status and saw the resident was a DNR. He sent staff to the resident's room to report that the resident was a DNR.</p> <p>c. At 2:20 p.m., the DON stated that she was called into Physical Therapy because all four of the resident's extremities were twitching. She said the resident was staring and the resident's hands and legs were twitching. The DON said she called in the LPN and as they moved the resident to their room via the wheelchair, the resident went limp. She said they assessed the resident quickly and the resident was non-responsive, not breathing, and pulseless. The DON said she saw that the resident had a blue identification bracelet, so she and the LPN lowered the resident to the floor while calling out Code Blue and directing staff to call 911. She said that after about three cycles of compressions and rescue breathing the resident was responsive, breathing, and had a pulse.</p> <p>(10 NYCRR 415.3(e)(1)(ii))</p>		