Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330 To Report Adult Abuse: (800) 564-1612

August 17, 2022

Ms. Amy Russell, Administrator St Johnsbury Health & Rehab 1248 Hospital Drive Saint Johnsbury, VT 05819-9248

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on July 6, 2022. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		475019	B, WING		C 07/06/2022
	PROVIDER OR SUPPLIER	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
F 000	complaints was com Licensing and Prote the information obta and record reviews (IJ) situation was di- upon the facility's fa resuscitation accord predetermined statu unresponsive and a heartbeat or respira notified of the IJ on residents at the identified as requ event of cardiac o determination also results in substanda to exit, the facility f corrective actions to immediate jeopardy non-compliance wit requirements remai Services Provided I Standards CFR(s): §483.21(b)(3) Comp The services provid facility, as outlined care plan, must- (i) Meet professiona This REQUIREMEN evidenced by: Based on interview facility staff failed to professional standa applicable residents #2). Findings inclue	nsite investigation of two npleted by the Division of action on 7/6/22. Based on ained through interviews , an Immediate Jeopardy etermined to exist based ailure to provide ting to a resident's as, when they were found ssessed to have no tions. The facility was 7/6/22. There are 26 time of survey that are uiring resuscitation in the r respiratory arrest. This IJ and quality of care. Prior had completed sufficient or remove the y, but the h ns. Meet Professional 483.21(b)(3)(i) prehensive Care Plans led or arranged by the by the comprehensive al standards of quality. NT is not met as r and record review, the o provide services that meet and standards of quality.	F 658	The filing of this plan of correction does constitute an admission of the allegation forth in the statements of deficiencies. S Johnsbury Health and Rehab has prepa and executed a plan of correction as evi of the facilities' continued compliance w applicable federal and state laws. Resident #2 no longer resides at facility. 26 Residents are Full Codes and risk for this alleged deficient pra All licensed nursing staff are req to be CPR certified per Genesis policy. The HR manager will ob CPR certification cards prior to starting. The new hire checklist been updated to include that pro-	the are at ctice. puired tain has

LABORATORY DIRECTOR'S OF PROVIDER'S 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.

Date 7/06/2

# FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:GPWS11 Facilily ID: 475019 If continuation sheet Page 1 of 8 PRINTED: 07/18/2022 FORM APPROVED

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 475019 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1248 HOSPITAL DRIVE ST JOHNSBURY HEALTH & REHAB SAINT JOHNSBURY, VT 05819 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 658 All current staff are being audited for F 658 Continued From page 1 resuscitate Resident #2, whose code status CPR certification. Until all was "full code" (if a person's heart has verifications have been made the HR stopped manager will provide the scheduler beating and/or they stopped breathing, all resuscitation procedures are to be provided to with a list of Nurses with CPR keep them alive). Resident #2's medical certification to ensure CPR certified record includes: a DNR/COLST (Clinician staff are scheduled for each shift. Order for DNR/CPR and Other Life Sustaining Treatment) indicating cardiopulmonary resuscitation (CPR), signed A house wide audit of all residents by the clinician on 1/12/22, and his/her care advanced directives was conducted to plan, last updated on 1/17/22, reveals "[Resident #2] has an advanced directive of ensure they have current physician "Full Code," with the goal listed as "[Resident orders. #2]'s advanced directives will be honored," and an intervention listed as "CPR will be All currently scheduled licensed performed as need." nurses were re-educated to confirm Review of the facility's policy and procedure the resident's code status and when to titled "NSG208 Cardiac and/or Respiratory initiate CPR. (NSG208 Policy) Arrest," under "Policy" reads: "Centers support the right of every patient to accept or decline All currently scheduled licensed cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest. The nurses were re-educated on Vermonts Center will perform CPR on all patients, except in limited circumstances, unless there DNS/designee will randomly audit is a written code blue events to ensure that the physician's order, agreed to by the patient or resident's physician ordered advanced health care decision maker, not to resuscitate (DNR), in accordance with state directives were followed. These regulation/law," and "If a patient does not have audits will be conducted 3xweek x 1 a DNR order, CPR/AED certified staff will week, weekly x4 weeks, then monthly initiate CPR/AED and emergency medical services (EMS) will be x 2 months. activated. CPR is to be provided in the location where the patient is discovered as

Results of the audits will be presented to the QAPI committee for further review and recommendations.

С

07/06/2022

(X5)

COMPLETION

DATE

F65B POC accepted 8/10/22 RTVEMBLAY AN PMC

s/he found Resident #2 unresponsive sometime between 10:00 PM and 10:10 PM, s/he located the A Wing

A written statement to the facility given on

Resident #2 unresponsive stated that after

7/5/22 by the first staff member to find

long as the location is safe for the

responder and patient."

### FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:GPWS11 Facility ID: 475019 If continuation sheet Page 2 of 8 PRINTED: 07/18/2022 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES

### CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING С 475019 B. WING 07/06/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1248 HOSPITAL DRIVE ST JOHNSBURY HEALTH & REHAB SAINT JOHNSBURY, VT 05819 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 658 F 658 Continued From page 2 Licensed Practical Nurse (LPN). S/he stated that this LPN assessed Resident #2 for heartbeat and breathing and then told him/her that '[Resident #2] passed and to start postmortem care.' A written statement to the facility given on 7/4/22 by the first licensed nurse present (A Wing LPN) after Resident #2 was found unresponsive stated that s/he confirmed Resident #2 was unresponsive sometime after 10:00 PM on 7/1/22 and that s/he did not know Resident #2's code status and did not immediately initiate CPR. This LPN then found out from other staff that Resident #2 is a "full code." This LPN did not initiate CPR when finding out the code status. Instead, s/he called the weekend supervisor at 10:46 PM who instructed him/her to perform CPR immediately unless rigor mortis or lividity was present. This LPN was joined by another LPN who initiated CPR on Resident #2. On 7/6 at 12:16 PM, the LPN to first initiate CPR on Resident #2 confirmed that the first licensed nurse to discover that Resident #2 was unresponsive did not start CPR after knowing that Resident #2 is a "full code". S/he stated that s/he, himself/herself, initiated CPR at approximately 10:47 PM and emergency medical services (EMS) were called. Shortly after EMS' arrival, EMS pronounced Resident #2 "deceased." On 7/6/22 at 1:08 PM, the Director of Nursing confirmed that licensed nurses should follow facility policy about initiating CPR as indicated by their code status, and that staff did not initiate CPR according to policy for Resident #2. Ref: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/ Lippincott Williams 8

### FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:GPWS11 Facility ID: 475019 If continuation sheet Page 3 of 8 PRINTED: 07/18/2022 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES

		(	CENTERS F	FOR MEDICARE & MEDICAID SERVICE	S OMB NO	0.0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
475019		B. WING		07/	C 07/06/2022		
NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819				
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
	Continued From pay Wilkins. Cardio-Pulmonary F CFR(s): 483.24(a)(3 §483.24(a)(3) Perso support, including C requiring such eme arrival of emergency medical to related physiciar resident's advance directives. This REQUIREMEN evidenced by: Based on staff int the facility failed certified to pro- including Cardiopulmonary I and familiar with f to CPR. Findings in 1. Per record review follow advance dire orders to resuscita code status was "fu- heart has stopped beating and/or they resuscitation procee keep them alive). R record includes: a Order for DNR/CPI Sustaining Treatme cardiopulmonary re by the clinician on f plan, last updated c "[Resident #2] has a "Full Code," with th #2]'s advanced dire	R LSC IDENTIFYING INFORMATION) ge 3 Resuscitation (CPR) a) onnel provide basic life PR, to a resident rgency care prior to the personnel and subject orders and the IT is not met as erview and record review, to ensure that staff were vide basic life support, Resuscitation (CPR), facility policies related holude: v, facility staff failed to ectives and physician's te Resident #2, whose III code" (if a person's stopped breathing, all dures are to be provided to esident #2's medical DNR/COLST (Clinician R and Other Life nt) indicating suscitation (CPR), signed /12/22, and his/her care an advanced directive of the goal listed as "[Resident ectives will be honored,"		CROSS-REFERENCED TO THE APPROP DEFICIENCY) 8	at the ad are at oractice. equired is obtain o st has	DATE	
	performed as need	listed as "CPR will be ." y's policy and procedure titled					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### PRINTED: 07/18/2022 FORM APPROVED

DEFAIL	MEAT OF HEALTHA		ENTERS FO	OR MEDICARE & MEDICAID SERVICES	OMB NC	0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED C			
1		475019	B, WING		07/	06/2022	
NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 678	under "Policy" read emergencies will be of practice of the lic patient is in cardiac refer to Cardiac an- policy and procedu for: Eliciting assista Identification of pat	cy: Medical Response," s "Response to medical delivered within the scope censed nursing staff. If the and/or respiratory arrest, d/or Respiratory Arrest re. Systems will be in place unce from co-workers; and ient code status."	F 678	All current staff have been audi CPR certification at a 100% completion rate. A house wide audit of all reside advanced directives was condu ensure they have current physic orders.	ents cted to cian	1	
	<ul> <li>poincy and procedure. Systems window in page for: Eliciting assistance from co-workers; and Identification of patient code status."</li> <li>Review of the facility's policy and procedure titled "NSG208 Cardiac and/or Respiratory Arrest," under "Policy" reads: "Centers support the right of every patient to accept or decline cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest. The Center will perform CPR on all patients, except in limited circumstances, unless there is a written physician's order, agreed to by the patient or health care decision maker, not to resuscitate (DNR), in accordance with state regulation/law," and "If a patient does not have a DNR order, CPR/AED certified staff will initiate CPR/AED and emergency medical services (EMS) will be activated. CPR is to be provided in the location where the patient is discovered as long as the location is safe for the responder and patient."</li> <li>A written statement given to the facility by the first staff member to find Resident #2 unresponsive on 7/1/22 stated that, after s/he found Resident #2 unresponsive Sometime between 10:00 PM and 10:10 PM, s/he located the A Wing Licensed Practical Nurse (LPN). S/he stated that this LPN assessed Resident #2 for heartbeat and breathing and then told him/her that '[Resident #2] passed and to start postmortem care.'</li> </ul>			All currently scheduled license nurses were re-educated to con the resident's code status and w initiate CPR. (NSG208 Policy) All currently scheduled license nurses were re-educated on the Vermont Board of Nursing Pos on Pronouncement of Death by and reportable deaths. DNS/designee will audit code l events to ensure that the reside physician ordered advanced din were followed. These audits w conducted 3xweek x 1 week, w x4 weeks, then monthly x 2 mo Results of the audits will be pri to the QAPI committee for furt review and recommendations. F678 Poc accepted & log m RTremblag RA [Pm]	firm yhen to d ition y Nurse blue nt's rectives yill be yeekly onths. esented		
	A written statement	given to the facility by the first					

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	STATEMENT						
						(X3) DATE SURVEY COMPLETED	
475019 B. WING 07/06/2		475019	B_ WIN	G		07/0	C )6/2022
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       ST JOHNSBURY HEALTH & REHAB     1248 HOSPITAL DRIVE       SAINT JOHNSBURY, VT 05819				1248 HOSPI	TAL DRIVE		
(X4) ID     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDER'S PLAN OF CORRECTION       PREFIX     (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     (EACH CORRECTIVE ACTION SHOULD BE       TAG     REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATE	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY	FULL PREF	х (Е/	ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
F 678       Continued From page 5       F 678         Itcensed nurse present (A Wing LPN) after Resident #2 was found unresponsive stated that, s/he confirmed Resident #2 was unresponsive sometime after 10:00 PM on 7/1/22, that s/he did not know Resident #275       F 678         Code status, and did not immediately initiate CPR. This LPN then found out from other staff that Resident #2 is a "full code." This LPN did not initiate CPR when finding out the code status. Instead, s/he called the weekend supervisor at 10:46 PM who instructed him/her to perform CPR immediately unless rigor mortis or likidity was present. This LPN was joined by another LPN who then initiated CPR on Resident #2.       Per interview, on 7/6/22 at 12:16 PM, the LPN to first initiate CPR on Resident #2 confirmed that the first licensed nurse to discover that Resident #2 was unresponsive did not start CPR after knowing that Resident #2 is a "full code". S/he stated that s/he, himself/herself, initiated CPR at approximately 10:47 PM and emergency medical services (EMS) were called. Shortly after EMS" arrival, EMS pronounced Resident #2 "deceased."         Par interview on 7/6/22 at 2:45 PM, the first licensed nurse present after Resident #2 was found unresponsive stated that s/he has not received any training about facility specific cade status from the facility.         On 7/6/22 at 1:08 PM, the Director of Nursing confirmed that licensed nurses should follow facility policy about initiating CPR as indicated by their corde status, and that staff did not initiate CPR according to policy for Resident #2.		censed nurse present (A Wing LPN) after Resident #2 was found unresponsive state hat, s/he confirmed Resident #2 was nresponsive sometime after 10:00 PM of /1/22, that s/he did not know Resident #2 ode status, and did not immediately initia CPR. This LPN then found out from other hat Resident #2 is a "full code." This LPN ot initiate CPR when finding out the code tatus. Instead, s/he called the weekend upervisor at 10:46 PM who instructed hit operform CPR immediately unless rigor hortis or lividity was present. This LPN was bined by another LPN who then initiated ( in Resident #2. Per interview, on 7/6/22 at 12:16 PM, the of first initiate CPR on Resident #2 confir hat the first licensed nurse to discover th Resident #2 was unresponsive did not sto CPR after knowing that Resident #2 is a fode". S/he stated that s/he, himself/hers hitiated CPR at approximately 10:47 PM emergency medical services (EMS) were called. Shortly after EMS' arrival, EMS pronounced Resident #2 deceased." Per interview on 7/6/22 at 2:45 PM, the fir censed nurse present after Resident #2 of ound unresponsive stated that s/he has r eceived any training about facility specific code status from the facility. On 7/6/22 at 1:08 PM, the Director of Nur- confirmed that licensed nurses should foll acility policy about initiating CPR as indic by their code status, and that staff did no hitiate CPR according to policy for Reside (2).	ed P.2's tte staff did on/her s CPR LPN med at ort full elf, and st vas ot sing pw ated ent	78		1	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION	( · - /	ATE SURVEY LETED
		475019	B, WING	6	07	/06/2022
	PROVIDER OR SUPPLIER	НАВ		STREET ADDRESS, CITY, STATE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE	(X5) COMPLETIO DATE
F 678	Arrest," under "Poli nursing staff must certification for hea CPR training that i and in personal skil "Licensed nurses w evaluation of the ob irreversible death u On 7/6/22 at 10:40 that s/he hasn't be before s/he was hi and that the facility kinds of things. On 7/6/22 at 1:08 F stated that Human have CPR certifica file, as they should unsure if HR has 0 contracted staff or S/he stated that the the person to go ov CPR. On 7/6/22 at 1:30 F Resource Director not get CPR certification from e that s/he should be produce CPR cert employees when r On 7/6/22 at 1:40 F stated that s/he do certification from r does not know who but it is probably H S/he could not pro- respiratory arrest c for any staff. S/he i oversees that staff	<ul> <li>rediac and/or Respiratory cy" reads: "Licensed maintain current CPR althcare providers through neludes hands-on practice lls assessment," and vill be trained in the ovious clinical signs of open hire."</li> <li>, a licensed nurse stated en recertified in CPR since ired over three years ago, y doesn't follow up on these</li> <li>PM, the Director of Nursing Resources (HR) should ations for nursing staff on d get it upon hire. S/he is CPR cards on file for if it is in their agency files.</li> <li>e Nurse Educator would be ver facility policies about</li> <li>PM the Human stated that s/he does</li> <li>mployees, and s/he guesses of some surveyor.</li> <li>PM, the Nurse Educator poes not get a CPR and some sources).</li> <li>duce cardiac and competencies or trainings</li> </ul>	F 67			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		475019	B, WING		07/06/2022
NAME OF PROVIDER OR SUPPLIER ST JOHNSBURY HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1248 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 678	Continued From par system in place to e are properly certifie CPR. Per interview on 7/6 stated that s/he has about facility specifi facility. On the afternoon of including the Admin that their staff could the facility has CPF as required or ensu facility policies rela currently has 26 re These 26 residents		F 678	DEFICIENCY)	

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID:GPWS11 Facility ID: 475019 If continuation sheet Page 8 of 8