

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER TOUCHPOINTS AT BLOOMFIELD		STREET ADDRESS, CITY, STATE, ZIP 140 PARK AVE BLOOMFIELD, CT 06002	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility documentation, review of facility policy, and interviews for one sampled resident (Resident #1) reviewed for Advanced Directives/code status, the facility failed to request clarification of an ambiguous code status order to ensure the resident's final wishes were honored. The findings include: Resident #1's [DIAGNOSES REDACTED]. A nurse's note dated [DATE] at 4:26 PM indicated Resident #1 was admitted to the facility at 2:30 PM on [DATE] and noted that medications were reviewed with APRN #1. Review of Resident #1's interagency patient referral report of [DATE] indicated Resident #1 was admitted to facility from Hospital #1 with code status information documented as Partial Code and identified modified resuscitation specifics as, No cardiopulmonary resuscitation (CPR). The physician's orders [REDACTED].#1's code status as Partial Code, No CPR A nurse's note dated [DATE] at 7:00 AM indicated Resident #1 was found pulseless, unresponsive and with no spontaneous respirations at 4:30 AM on [DATE] and indicated that CPR was initiated by RN #1 and 911 was called. Interviews with the DNS and Administrator were conducted on [DATE] at 10:35 AM. The DNS indicated that the code status order was questionable and stated that when there was a question as to the meaning of the code status order, CPR would be performed. Interview with LPN#1 (Unit manager) on [DATE] at 1:15 PM indicated she admitted Resident #1 to the facility on [DATE]. LPN #1 stated she realized the code status order was different than the orders written in the facility but indicated she reviewed and verified Resident #1 medications with APRN #1 but the resident's code status of partial code no CPR was not discussed and verified. LPN #1 further stated she should have verified the resident's advanced directives/code status with the resident's family members. Interview with MD #1 (Medical Director) on [DATE] at 4:00 PM identified that Resident #1's code status of partial code, no CPR meant if the resident became pulseless the resident requested to be intubated with no chest compressions. MD #1 indicated the order should have been clarified. Interview with RN #1 (11 PM to 7 AM Nursing Supervisor) on [DATE] at 11:30 AM identified that at the time Resident #1 became pulseless she checked the resident's medical records and identified the resident's code status indicated, partial code. RN #1 stated she did not read the specifics of the order which noted no CPR. RN #1 indicated the code order was not clear so she initiated CPR on Resident #1. Review of facility Code Status Policy identified it was the policy of the facility upon admission and at all times thereafter that code status would be established which identified decision regarding cardiopulmonary resuscitation.		
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.