| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345490 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 04/02/2026 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **Ayden Court Nursing and Rehabilitation Center** | **128 Snow Hill Road , Ayden, North Carolina, 28513** |

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| F0000 | INITIAL COMMENTS<br><br>The survey team entered the facility on 3/26/2026 to conduct a complaint investigation. The survey team was onsite 3/26/2026 and 3/27/2026. Additional information was obtained offsite on 3/28/2026 through 3/30/2026. The survey team returned to the facility on 3/31/2026 to conduct onsite validation of the immediate jeopardy removal plan. Additional information was obtained offsite on 4/2/2026. Therefore, the exit date was 4/2/2026. Event ID# 22C210-H1.<br><br>The following intake was investigated: 2962089.<br><br>Two of the two complaint allegations did not result in deficiency.<br><br>Immediate Jeopardy was identified at:<br><br>CFR 483.24 at tag F678 at a scope and severity J<br><br>The tag F678 constituted Substandard Quality of Care.<br><br>Immediate Jeopardy began on 3/10/2026 and was removed on 3/28/2026. A partial extended survey was conducted. | F0000 | | |
| F0678<br>SS = SQC-J | Cardio-Pulmonary Resuscitation (CPR)<br><br>CFR(s): 483.24(a)(3)<br><br>§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, record review, and interviews with facility staff, the Medical Director, the Nurse Consultant, Emergency Medical Services (EMS) paramedic, and the Vice President of Clinical Education and Research for the Passy-Muir Valve medical device company, the facility failed to maintain a staff member with the resident who had | F0678 | F678<br><br>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice<br><br>On 3/10/26 at approximately at approximately 6:10am-6:15 am, resident #1 was found unresponsive without respirations. The nurse was notified by NA #2 and NA #3 and Cardiopulmonary Recusation (CPR) was initiated, Emergency Medical System (EMS) and the resident was transported to the hospital for further evaluation and treatment. The resident expired while at the hospital on 3/14/26.<br><br>Address how the facility will identify other residents | 04/16/2026 |

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 reverse for further 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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| F0678 SS = SQC-J | Continued from page 1<br>stopped breathing, immediately initiate a code, and immediately remove the Passy-Muir Valve (one-way speaking valve) to provide effective ventilation through the tracheostomy site (surgical opening made through the front of the neck into the trachea (windpipe)) during cardiopulmonary resuscitation (CPR) for Resident #1 when she was observed to have stopped breathing and had only a faint pulse. Resident #1's Passy-Muir Valve, which closed during respiration breathes to allow for speaking, was not immediately removed when she went into respiratory distress, allowing for secretions and/or a mucus plug to be drawn up to her tracheostomy site during CPR. Resident #1 was transferred to the hospital, admitted to the intensive care unit, and subsequently expired. This was for 1 of 2 residents who received tracheostomy care and were reviewed for emergency care (Resident #1).<br><br>Immediate Jeopardy began on 3/10/2026 when Resident #1, who was a full code, was not provided airway ventilation through the tracheostomy site as a part of CPR prior to the arrival of emergency medical services (EMS). Immediate Jeopardy was removed on 3/28/2026 when the facility implemented a credible allegation of immediate jeopardy removal. The facility will remain out of compliance at a lower scope and severity of "D" (no actual harm with a potential for minimal harm that is not immediate jeopardy) to ensure education is completed and monitoring systems put into place are effective.<br><br>Findings included:<br><br>Record review of the undated instruction booklet for the Passy-Muir Valve, used by Resident #1, revealed that the valve allowed for inhalation through the tracheostomy tube and exhalation through the upper airway for voice production. The instructions further stated that if a resident exhibited signs of respiratory distress, the Passy-Muir Valve should be removed and the airway reassessed, and that the valve was contraindicated when a resident was unconscious.<br><br>Review of the facility's 2013 tracheostomy/CPR and rescue breathing policy revealed that staff were required to check for consciousness, call 911, check for breathing, position the resident, assess for chest movement, check for pulse, suction the tracheostomy tube if needed, determine whether the tracheostomy was plugged or dislodged, and initiate 2 breaths to the tracheostomy using a resuscitation bag.<br><br>Resident #1 was admitted to the facility on | F0678 | Continued from page 1<br>having the potential to be affected by the same deficient practice:<br><br>On 3/13/2026, the Director of Medical Records, under the supervision of the Assistant Director of Nursing (ADON) completed an audit of progress notes for all discharged residents over the last 30 days to identify any resident who received or required cardiopulmonary resuscitation (CPR) in the facility. The purpose of the audit is to validate that CPR was initiated by the facility protocol to include but not limited to 1. Activation of the crash cart/ automated external defibrillator (AED), 2. Announcing code blue, and 3. Performing CPR using the appropriate technique to include but not limited to when providing respiratory assistance for a tracheostomy resident. There were no additional concerns identified during the audit and there were no additional residents with tracheostomy residing in the facility at the time of the audit.<br><br>Address what measures will be put into place or systematic changes made to ensure that the deficient practice will not recur:<br><br>On 3/13/2026, the Staff Development Coordinator (SDC) initiated an audit of all Licensed Nurses' cardiopulmonary resuscitation (CPR) certifications to ensure all current Licensed Nurses on all shifts were certified in CPR with a copy of the CPR card. The audit was completed on 3/14/2026. The Administrator set up a CPR class on 3/20/26 for any Licensed Nurse who could not provide proof of CPR certification, and a class was completed on 3/20/26.<br><br>On 3/27/26 the audit of CPR certifications was expanded and completed to include agency nurses with no agency nurses identified without having CPR certification. After 3/27/26, no nurses, including agency will work that does not have a validation of CPR certification. The Staff Development Coordinator will validate CPR certification for new nurses to include agency nurses during orientation.<br><br>Beginning 3/27/26, The Director of Nursing will conduct monthly audits to validate that CPR certifications are still in good standing and have not expired. Anyone identified will be removed from the schedule until CPR certification is renewed.<br><br>On 3/13/2026, the Director of Medical Records initiated an audit with the oversight of the Assistant | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 2<br>1/20/2026 with cumulative diagnoses which included respiratory failure with hypoxia (low levels of oxygen in body tissue), tracheostomy status, chronic obstructive pulmonary disease, and cerebral infarction affecting the left non-dominant side.<br><br>Resident #1 had a physician's order initiated on 1/20/2026 for a full code with cardiopulmonary resuscitation (CPR).<br><br>Resident #1 had a care plan focus area initiated on 1/20/2026 for end-of-life/advanced care planning directives/advanced directives with the intervention of CPR full code.<br><br>Resident #1 had a physician's order initiated on 1/20/2026 for a 0.5-2.5 milligram per 3 milliliters of Ipratropium-Albuterol Solution to be inhaled orally via a nebulizer every 6 hours for shortness of breath and wheezing. Albuterol is a bronchodilator that works quickly to relax the smooth muscles around the airways (bronchi).<br><br>Resident #1 had a physician's order initiated on 1/21/2026 for the performance of tracheostomy care to include dressing changes as well as suctioning of the tracheostomy to clear secretions every shift and as needed.<br><br>Resident #1 was coded on an admission Minimum Data Set assessment dated 1/26/2026 as cognitively intact and as receiving continuous oxygen therapy, as-needed suctioning, and tracheostomy care while a resident of the facility.<br><br>A health status note dated 3/10/2026 at 6:57 AM written by Nurse #1 documented that at 5:00 AM Resident #1 was alert and oriented and received medications, tracheostomy care, and a breathing treatment. At 6:10 AM, a nurse aide summoned Nurse #1 to Resident #1's room. Nurse #1 found Resident #1 to have a faint pulse; CPR was initiated. EMS was called, resumed CPR upon arrival, and transported Resident #1 to the hospital.<br><br>Documentation on the March Medication Administration Record revealed Nurse #1 administered to Resident #1 the breathing treatment Ipratropium-Albuterol solution scheduled at 12:00 AM and 6:00 AM on 3/10/2026.<br><br>Nurse Aide (NA) #2 was interviewed via telephone on 3/26/2026 at 3:58 PM. NA #2 stated she was assigned to provide care for Resident #1 during the shift beginning on 3/9/2026 at 11:00 PM and ending on 3/10/2026 at 7:00 AM. NA #2 reported at | F0678 | Continued from page 2<br>Director of Nursing (ADON) of all residents' code status to ensure current code status matches the physician's order, electronic medical record dashboard (displays the resident active code status order), advance directive documentation, and the resident's care plan. There were no concerns identified. The audit was completed by 3/14/26.<br><br>On 3/13/26, the Administrator set up emergency boxes for all residents with a tracheostomy. Tracheostomy boxes will include extra tracheostomies, inner cannulas, suction catheters, tracheostomy care kits, gloves and other miscellaneous items as appropriate. A resuscitation bag was placed in each room of a resident with a tracheostomy for easy access during emergencies. Prior to admission of any newly admitted residents with a tracheostomy the Director of Nursing (DON) or Nurse Manager will validate that Tracheostomy boxes are present in the patient room and will include extra tracheostomies, inner cannulas, suction catheters, tracheostomy care kits, gloves and other miscellaneous items as appropriate. The Director of Nursing (DON) or Nurse Manager will also validate that a resuscitation bag is placed in the room of a resident with a tracheostomy for easy access during emergencies. On 3/27/26, the Administrator notified the DON and Nurse Manager of the responsibility of validation of ensuring resuscitation bags and tracheostomy boxes are placed in tracheostomy resident rooms prior to admission.<br><br>On 3/13/26 Licensed Nurses, to include Nurse #1, were educated in person by the Administrator on tracheostomy boxes, location, supplies and notification of the Director of Nursing when supplies are utilized and need replacement. On 3/27/26 education was expanded to include agency nurses. After 3/27/2026, any nurse to include agency that has not worked and received the in-service will complete the in-service on their next scheduled shift prior to working on the floor. All newly hired licensed nurses, including agency, will be educated during orientation by the SDC. The SDC will continue to monitor completion of nurse education, including agency.<br><br>On 3/27/26, Tracheostomy Training by an outside vendor with an emphasis on tracheostomy care and suctioning during emergency situations to include removal of speaking valves was completed for all available Licensed Nurses. The Staff Development Coordinator (SDC) will monitor for completion of the education after 3/27/26. Any Licensed Nurse who did not attend the training will complete training via facility online educational software. Additionally, | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 3<br>approximately 4:30 AM on 3/10/2026, Resident #1 informed her that she required incontinence care. NA #2 stated Resident #1 required two staff members for incontinence care, and she informed Resident #1 she would return once she located another nurse aide to assist. NA #2 stated she returned to Resident #1's room at approximately 6:00 AM with NA #3. According to NA #2, she announced to Resident #1 that she was present to change her incontinence brief, but Resident #1 did not respond. NA #2 stated she proceeded around the privacy curtain and observed Resident #1 covered in blankets. NA #2 again attempted to speak to Resident #1 who remained unresponsive and did not move. NA #3 felt for a pulse on Resident #1 and informed NA #2 that they needed to find the nurse. NA #2 reported that she and NA #3 went to Nurses' Station 2 to find Nurse #1. Nurse #1 was notified by NA #2 that Resident #1 was not responding. Nurse #1 walked to Resident #1's room. NA #2 checked the code status of Resident #1 in the electronic medical record at Nurses' Station 2. NA #2 and NA #3 went to Resident #1's room and observed Nurse #1 assessing Resident #1 who continued to be unresponsive. Nurse #1 walked back to Nurses' Station 2 telling NA #2 and NA #3 that she needed to check the code status of Resident #1. NA #2 and NA #3 followed Nurse #1 back to Nurses' Station 2. Nurse #1 checked the code status of Resident #1 in the electronic medical record and then asked NA #2 and NA #3 how to call a Code Blue on the overhead paging system. (A Code Blue means a resident is in life threatening or immediate distress.) NA #2 and NA #3 told Nurse #1 they did not know how to use the overhead paging system, but Nurse #1 was able to activate the overhead paging system independently. NA #2 and NA #3, along with NA #1 and Nurse #2 went to Resident #1's room. Nurse #1 then arrived with the emergency cart and NA #1 and Nurse #1 put a backboard obtained from the emergency cart under Resident #1. Nurse #1 started doing compressions on Resident #1 and Nurse #2 left the room. Nurse #1 told NA #1 to put the resuscitation bag over Resident #1's mouth and assist with cardiopulmonary resuscitation. NA #1 complied with what Nurse #1 told him to do. NA #2 stated she did not observe Nurse #1 check or perform any intervention involving Resident #1's tracheostomy during this time. Nurse #2 returned to the room with an automated external defibrillator (AED) and paperwork. Nurse #2 handed the paperwork to NA #2 and instructed NA #2 and NA #3 to go to the front door and let emergency medical services (EMS) into the building. At that moment, NA #2 indicated she heard the front doorbell ring and she and NA #3 ran to let the policemen who were at | F0678 | Continued from page 3<br>skills validation which includes validation of how to ventilate a resident with a tracheostomy, will be verified by the Director of Nursing (DON), Assistant Director of Nursing (ADON), or Staff Development Coordinator (SDC), at their next scheduled work shift prior to working on the floor. All newly hired nurses to include agency nurses will be in-serviced and skills validated which includes validation of how to ventilate a resident with a tracheostomy to include removal of speaking valve, tracheostomy care and suctioning during emergency situations by the SDC.<br><br>On 3/13/26, the Staff Development Coordinator (SDC) initiated an in-service in person with all nursing staff to include Nurse #1, NA #1, and agency staff regarding cardiopulmonary resuscitation (CPR) with an emphasis on steps when finding a resident who has no pulse, blood pressure, respirations or who has insufficient respirations to include: (1) Procedure for alerting staff and not leaving the resident. (2) Checking resident code status (3) If a resident is a full code, then cardiopulmonary resuscitation (CPR) must be started immediately to include activating the crash cart/AED/911. (4) CPR should be administered by trained staff to include staff trained in CPR for residents with tracheostomy. (5) How to properly resuscitate a resident with a tracheostomy with emphasis on removing speaking valves prior to ventilation and (5) If a resident is a Do Not Resuscitate (DNR) then CPR must not be initiated. Education was expanded and reinitiated on 3/27/26 for all nursing staff, to include agency by the Staff Development Coordinator (SDC) with oversight by the Director on Nursing (DON). The in-services will be completed on 3/27/2026 for all staff that worked. After 3/27/2026, any staff that have not worked and received the in-service will complete the in-service on their next scheduled shift prior to working on the floor. The Administrator educated the Staff Development Coordinator on 3/27/26 of her responsibility on education being completed. All newly hired nursing staff, including agency will be educated during orientation by the SDC. The SDC will continue to monitor staff in-services, including agency.<br><br>On 3/13/26, the Staff Development Coordinator (SDC) initiated an in-person in-service with all Licensed Nurses regarding: 1. Procedure for cardiopulmonary resuscitation (CPR) with an emphasis on (a) procedure for providing compressions; (b) procedure for aiding with ventilation using a resuscitation bag to include but not limited to placement of resuscitation bag when the resident has a tracheostomy; (c) removing the tracheostomy speaking valve when indicated prior to | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 4<br>the front door into the building. NA #2 brought the policemen to Resident #1's room and returned to the front of the building to lead EMS to Resident #1's room. NA #2 stated she did not reenter Resident #1's room after EMS arrived, because she did not want to interfere with emergency personnel.<br><br>During a telephone interview conducted on 3/26/2026 at 4:42 PM, NA #3 stated she was working the shift beginning on 3/9/2026 at 11:00 PM and ending on 3/10/2026 at 7:00 AM. NA #3 reported that she accompanied NA #2 to Resident #1's room to assist with care. Upon entering the room, NA #3 and NA #2 observed that Resident #1 was unresponsive and not breathing. NA #3 stated she checked Resident #1's pulse, found none, and informed NA #2 that they needed to get Nurse #1 immediately. According to NA #3, she and NA #2 found Nurse #1 at Nurses' Station 2 and informed her Resident #1 had no pulse. Nurse #1 walked to Resident #1's room and then walked back to Nurses' Station 2. Nurse #1 then asked NA #1, NA #2, and NA #3, who were all at the nurses' station, how to call a Code Blue. None of the nurse aides were able to provide this information to Nurse #1. Nurse #1 noticed written directions on the phone and used them to page a Code Blue overhead for Resident #1's room. NA #3 stated that Nurse #1 then pushed the emergency cart toward Resident #1's room, as NA #1, NA #2, NA #3, and Nurse #2 proceeded ahead of her. NA #3 reported that NA #1 and Nurse #1 placed a backboard underneath Resident #1 and Nurse #2 left the room. Nurse #1 started several rounds of compressions and then requested the resuscitation bag. NA #3 reported Nurse #1 instructed NA #1 to put the resuscitation bag over Resident #1's mouth. NA #3 stated that she did not observe Nurse #1 check Resident #1's tracheostomy or touch it at any time while she was in the room. NA #3 stated that NA #1 and Nurse #1 continued with CPR. NA #3 reported Nurse #2 returned with the AED and paperwork and directed NA #2 and NA #3 to go to the front door to let EMS into the building. NA #3 stated that she and NA #2 let for two police officers in the front door, followed shortly thereafter by EMS personnel.<br><br>During a telephone interview conducted on 3/26/2026 at 6:47 PM, Nurse #1 stated she was assigned to care for Resident #1 for the shift beginning at 7:00 PM on 3/9/2026 and ending at 7:00 AM on 3/10/2026. Nurse #1 revealed that at 12:00 AM on 3/10/2026, she provided tracheostomy care to Resident #1 and removed her Passy-Muir Valve. Nurse #1 reported Resident #1 did not require suctioning at that time. Nurse #1 further stated that | F0678 | Continued from page 4<br>attempting ventilation for residents with tracheostomy; (d) checking tracheostomy residents for potential blockage of tracheostomy by removing inner cannula or provide suctioning when indicated; (e) notification of the DON, Administrator, Medical Director and Resident Representative (RR) of any resident who receives CPR in the facility or requires transfer to the hospital; (f) documentation of events of the code (time initiated, participants, rounds of CPR, attempts to activate shock by automated external defibrillator (AED), vitals, required notifications, arrival of EMS and continued efforts by EMS and final disposition of the code); and 2. CPR Certification with an emphasis on the Licensed Nurses responsibility to maintain a current CPR certification. Education was reinitiated with all License nurses to include agency on 3/27/26 by the Staff Development Coordinator (SDC) with oversight by the Director of Nursing (DON). The in-services will be completed on 3/27/2026 for all staff that worked. After 3/27/2026, any staff that have not worked and received the in-service will complete the in-service on their next scheduled shift prior to working on the floor. All newly hired staff, including agency will be educated during orientation by the SDC. The Administrator educated the Staff Development Coordinator on 3/27/26 of her responsibility on education being completed. The SDC will continue to monitor completion of staff in-services, including agency.<br><br>On 3/27/2026 in person quizzes were initiated with all nursing staff to include NA #1 and agency staff by the Director of Nursing (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) to ensure a successful understanding of education on basic Life Support including residents with tracheostomy. Any staff that does not pass the quiz after three attempts will not be allowed to work until they are reeducated and successfully passed. Quizzes will be completed on 3/27/26 for all staff that worked. After 3/27/2026, any staff that have not worked and received the quizzes will complete the quiz on their next scheduled shift, prior to working the floor. The Administrator educated the Staff Development Coordinator on 3/27/26 of her responsibility on quizzes being completed. The SDC will continue to monitor staff quizzes, including agency staff.<br><br>On 4/15/26, the Administrator arranged additional education through the Director of Health Care Programs, Continuing Education Pitt Community College (PCC) in conjunction with American Heart Association (AHA) Basic Life Support (BLS) Training Center coordinator with all available staff regarding | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 5<br>at approximately 5:15 AM she administered morning medications to Resident #1 and again provided full tracheostomy care. Nurse #1 reported that she administered a breathing treatment to Resident #1 and returned 15 minutes later, at around 5:30 AM, at which time she performed light suctioning of the tracheostomy and replaced the Passy-Muir Valve. Nurse #1 stated that she then returned to Nurses' Station 2. Nurse #1 stated that at approximately 6:00 AM she observed a nurse aide coming down the hallway calling her name. Nurse #1 could not recall which nurse aide was calling her name. The nurse aide informed her that Resident #1 was "gone." Nurse #1 reported she went to Resident #1's room to assess her and found the resident unresponsive, warm and with a faint pulse. Nurse #1 stated she returned to Nurses' Station 2, called Code Blue, obtained the emergency cart, and returned to Resident #1's room. Nurse #1 reported she and NA #1 placed the back board from the emergency cart underneath Resident #1. Nurse #1 stated she began chest compressions and instructed NA #1 to use the resuscitation bag. Nurse #1 confirmed she did not check the tracheostomy airway or remove the Passy-Muir Valve from Resident #1 at any point. Nurse #1 stated she continued chest compressions and confirmed that NA #1 used the resuscitation bag, while Resident #1's chest was rising and falling. Nurse #1 stated she did not suction Resident #1's tracheostomy during the event because she knew it had been done recently. Nurse #1 reported she performed five or more rounds of chest compressions while NA #1 used the resuscitation bag over the tracheostomy. Nurse #1 stated that Nurse #2 entered the room with the AED and placed the pads on Resident #1. Nurse #1 reported that the AED did not activate but instructed that the compressions must be done harder. Nurse #1 again confirmed that continued compressions, and use of the resuscitation bag, Resident #1's chest continued to rise and fall, indicating she was receiving air. Nurse #1 stated that she did not recall policemen entering the room. Nurse #1 reported Nurse #3 entered the room and took over the use of the resuscitation bag from NA #1. EMS then arrived and took over chest compressions and used the resuscitation bag. Nurse #1 stated that EMS removed the Passy-Muir Valve, suctioned Resident #1, and ultimately obtained a pulse. EMS transferred Resident #1 to a stretcher and removed her from the room for transport to the hospital.<br><br>During a subsequent interview conducted on 3/30/2026 at 10:29 AM, Nurse #1 clarified that NA #1 had not switched the resuscitation bag from Resident #1's mouth to the tracheostomy with her | F0678 | Continued from page 5<br>Cardiopulmonary Resuscitation with emphasis on (a) roles during cardiopulmonary resuscitation (b) identifying code status (c) response during a emergent event requiring CPR to include not leaving a resident (d) providing compressions; (e) aiding with ventilation using a resuscitation bag to include but not limited to placement of resuscitation bag when the resident has a tracheostomy; (f) assessing tracheostomies during emergent events requiring CPR to include checking for potential blockage of tracheostomy and removing the speaking valve when indicated prior to attempting ventilation for residents with tracheostomy. Following the education, the administrative nurses to include DON, ADON, or SDC will complete education with any staff who is unable to attend the initial training at the next scheduled work shift.<br><br>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:<br><br>The SDC will complete 10 quizzes with staff regarding CPR weekly x 8 weeks then monthly x 1 month. This quiz is to validate staff understanding and knowledge of their role when identifying a resident who has no pulse or respirations and when performing CPR. Staff who are unable to correctly answer the questions on the questionnaire after two attempts will be removed from working with residents until they are able to validate knowledge and understanding of the education. The DON will review quizzes weekly x 8 weeks then monthly x 1 month<br><br>CPR Drills will be completed weekly x 8 weeks then monthly x 1 month to include all shifts by the SDC, DON, ADON to ensure all staff to include license and unlicensed staff, understands their responsibilities during a code to include checking resident for responsiveness, checking for pulse and respirations, summoning for assistance and not leaving a resident, checking code status, paging code blue, initiating CPR to include appropriate technique for ventilating residents with tracheostomies, adequate staff responding, nurse designates staff to call 911, nurse designates staff to obtain crash cart/AED, crash cart/AED brought to scene, CPR continues until EMS arrives, crash cart stocked appropriately and verbalization of appropriate documentation of code event. Retraining will be conducted during the drill by the SDC for any identified areas of concern. The DON will review and initial the acute | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 6<br>direction but instead kept the resuscitation bag on Resident #1's mouth for all respirations he performed.<br><br>NA #1 was interviewed via telephone on 3/27/2026 at 6:27 AM and provided the following information. NA #1 was working on the back hall of the facility on the shift that began at 11:00 PM on 3/9/2026 and ended on 3/10/2026 at 7:00 AM. NA #1 recalled NA #2 came to Nurses' Station 2 as NA #1 was walking up to the desk, informing Nurse #1 that Resident #1 was not breathing. Nurse #1 walked to Resident #1's room with NA #1 and NA #2 and then they all returned to the desk. Nurse #1 obtained the emergency cart while NA #1, NA #2 and NA #3 ran to Resident #1's room. When Nurse #1 arrived with the emergency cart NA #1 and Nurse #1 slid the back board underneath Resident #1. Nurse #1 initiated chest compressions and instructed NA #1 to place the resuscitation bag over Resident #1's mouth. NA #1 stated that Nurse #1 did not give him any instructions regarding the tracheostomy, nor did she check the tracheostomy. NA #1 reported that he and Nurse #1 performed several rounds of chest compression and ventilation. Nurse #2 arrived and put the AED pads on the resident and NA #1 reported the AED kept instructing to "Press Harder" with the compressions. NA #1 reported that two policemen arrived in the room and took over performing compressions from Nurse #1. NA #1 stated that Nurse #3 entered the room and informed him she would take over the use of the resuscitation bag. NA #1 stated that EMS arrived immediately thereafter. According to NA #1, EMS removed the "cap" from the tracheostomy, and he observed it was "filled." EMS suctioned Resident #1's tracheostomy using their own suction machine. NA #1 stated that at that point he left Resident #1's room to return to his assigned hallway. NA #1 stated he was trained in CPR, but this was his first time using a resuscitation bag and participating in assisting with a person requiring CPR.<br><br>Documentation in a health status note written by Nurse #2 at 6:14 AM on 3/10/2026 revealed that she was notified that Resident #1 was not breathing. Nurse #2 and staff members went to Resident #1's room and observed her with no respirations and no pulse. Nurse #2 called 911 while staff positioned Resident #1 for CPR, placed a board under Resident #1 with the use of the emergency cart and AED. The AED was activated, and CPR continued until EMS arrived to take over. Resident #1 was transferred to the hospital.<br><br>Nurse #2 was interviewed via telephone on | F0678 | Continued from page 6<br>CPR drills weekly x 8 weeks then monthly x 1 month for compliance and to ensure all areas of concern have been addressed.<br><br>The Nurse Consultant and/or Regional Vice President of Operations (RVP) will attend one CPR drill monthly x 3 months to validate staff knowledge and understanding of responsibilities during a code event and to ensure compliance with CPR policies and procedures. The Nurse Consultant or RVP will provide a written report of review to the Administrator and will be reviewed during the Quality Assurance Performance Improvement Committee meeting.<br><br>The Administrator will present the findings of the quizzes, CPR Drills and the Leadership Review to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 3 months for review and to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.<br><br>Following monitoring, the Administrator and DON will continue random CPR drills to include all shifts at least quarterly to ensure on-going compliance.<br><br>Include dates when the corrective action will be completed. 4/16/2026 | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 7<br>3/26/2026 at 2:31 PM. Nurse #2 stated she was working on the 300 hallway during the nursing shift that began at 7:00 PM on 3/9/2026 and ended at 7:00 AM on 3/10/2026. Nurse #2 reported she was walking down the hallway toward Nurses' Station 2 when she heard a nurse aide calling her name. Nurse #2 stated that one of the three nurse aides at the nurses' station informed her that Resident #1 was not breathing. Nurse #2 observed that Nurse #1 had already grabbed the emergency cart. Nurse #2 stated she used her personal cell phone to call 911 and followed the nursing staff to Resident #1's room. Nurse #2 stated she observed NA #1 and Nurse #1 place a backboard underneath Resident #1 on the bed. Nurse #2 noticed that Nurse #1 had not brought the AED with the emergency cart, so she ran back to Nurses' Station 2 to retrieve it. Nurse #2 revealed she quickly printed off a face sheet and medication list for Resident #1 and returned to Resident #1's room to put the pads from the AED machine onto Resident #1. Nurse #2 reported she then instructed NA #1 and NA #2 to go to the front door to let EMS into the building and direct them to Resident #1's room. Nurse #2 stated the AED did not deliver a shock to Resident #1 and that Nurse #1 continued performing compressions. Nurse #2 reported she was focused on observing Nurse #1's compressions and did not recall or notice where NA #1 had placed the resuscitation bag on Resident #1. Nurse #2 stated that two policemen arrived and took over performing compressions for Nurse #1. Nurse #2 reported Nurse #3 entered the room and shortly thereafter EMS arrived. Nurse #2 stated that prior to moving Resident #1 to the stretcher, EMS was able to get a pulse and low blood pressure.<br><br>Documentation in a health status note written on 3/10/2026 at 7:15 AM by Nurse #3 revealed the following information. At approximately 6:10 AM Nurse #3 was notified of the Code Blue. When Nurse #3 arrived in Resident #1's room, NA #1 was using a resuscitation bag. Nurse #3 assisted with the code.<br><br>Nurse #3 was interviewed via telephone on 3/26/2026 at 6:22 PM and provided the following information. Nurse #3 was working on the shift that began at 7:00 PM on 3/9/2026 and ended at 7:00 AM on 3/10/2026. Nurse #3 reported that she was returning from a 30-minute break that ended at 6:08 AM on 3/10/2026, when NA #3 notified her that Resident #1 was not breathing and Code Blue had been called. Nurse #3 stated that she ran to Resident #1's room and observed a policeman performing compressions on Resident #1 while NA #1 was using the resuscitation bag over Resident #1's mouth. Nurse #3 stated that she instructed NA | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 8<br>#1 to move so she could take over providing respirations for Resident #1. Nurse #3 explained that she immediately noticed NA #1 was not providing respirations through the tracheostomy and felt she needed to take over for life saving procedures to be done correctly. Nurse #3 stated that EMS arrived directly behind her and assumed care for Resident #1. Nurse #3 reported that EMS immediately took off the Passy-Muir Valve covering the tracheostomy of Resident #1 and she observed that the tracheostomy was full of secretions. EMS used their own suction machine to clear out the secretions from the tracheostomy before providing respirations at the tracheostomy site with the resuscitation bag. Nurse #3 confirmed Resident #1 did have a suction machine and tracheostomy supplies already available in her room prior to EMS arrival. Nurse #3 further explained that EMS provided additional life-saving measures and were able to find a femoral pulse before transferring Resident #1 to the stretcher and removed her from the facility.<br><br>Documentation on an EMS record revealed a call was received from the facility for a resident in cardiac arrest at 6:12 AM on 3/10/2026. EMS documented they arrived at the bedside of Resident #1 at 6:21 AM. EMS changed the AED to a cardiac monitor. EMS took over the airway of Resident #1 to use the resuscitation bag at the tracheostomy site. The tracheostomy tube was noted to be “plugged and cleared through suction.” Resident #1 was administered 1000 milliliters of Lactated Ringer’s intravenously. (Lactated Ringer’s is a concentrated infusion of a balanced salt solution used to assist in quickly restoring blood volume and raising blood pressure.) Resident #1 was also administered 1 milligram of epinephrine intravenously. (Epinephrine is used to relax airways muscles, to improve blood pressure, and reduce swelling.) After a third pulse check by EMS, Resident #1 was noted to have a return of a heart rhythm and a pulse. CPR was stopped, vitals were assessed, she was moved to the stretcher, and then to the ambulance. EMS documented they left the facility at 6:47 AM. During transport to the hospital Resident #1’s blood pressure dropped. Two additional doses of 10 micrograms of epinephrine, 4 micrograms of norepinephrine drip, and 1 liter of intravenous fluids (IVF) were administered intravenously enroute to the hospital. (Norepinephrine is a medication used in emergency settings to raise and maintain blood pressure in patients with severe, critically low blood pressure.) Resident’s #1’s blood pressure stabilized prior to EMS moving her to the hospital trauma bay at 7:02 AM. | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 9<br>An interview was conducted on 4/2/2026 at 11:58 AM with Paramedic #1 from the EMS team who responded to the facility on 3/10/2026, to provide services to Resident #1. Paramedic #1 explained that upon arrival at the resident's bedside, approximately three or four facility staff members were actively performing CPR. The facility had an AED attached, staff were administering chest compressions, and a resuscitation bag was being used over the resident's mouth and nose, although the bag was not connected to oxygen. Paramedic #1 stated that Resident #1 was in cardiac arrest but remained warm to the touch. She removed the Passy-Muir Valve from the resident's tracheostomy tube and observed that it was filled with secretions and buildup. Because the resuscitation bag was not achieving good compliance at the tracheostomy site, she performed deep suctioning. With each attempt to ventilate using the resuscitation bag, it was evident that the resident sounded congested and full of secretions, requiring multiple rounds of suctioning. Paramedic #1 confirmed that EMS was able to obtain a normal sinus rhythm before transferring Resident #1 out of the facility.<br><br>An interview was conducted with a facility Nurse Consultant and Administrator on 3/27/2026 at 10:57 AM. The Nurse Consultant explained that performing respirations with a resuscitation bag over the mouth of a tracheostomy resident can be effective; however, she confirmed it was best practice to perform respirations with a resuscitation bag over the tracheostomy. The Administrator stated she thought the nursing staff used good nursing judgement and were focused on initiating CPR immediately when Resident #1 was found unresponsive.<br><br>An interview with the facility's Medical Director via telephone was conducted on 3/27/2026 at 11:18 AM. The Medical Director stated that respirations during CPR must be done at the tracheostomy site for a resident with a tracheostomy. The Medical Director further stated that the airway of a tracheostomy resident must be checked prior to the start of the respirations. The Medical Director reported that failing to provide respirations through the tracheostomy and failing to check the airway of a tracheostomy resident prior to performing respirations during CPR can lead to respiratory arrest and cardiac arrest.<br><br>A telephone interview was conducted on 3/30/2026 at 12:57 PM with the Vice President of Clinical Education and Research for the Passy-Muir Valve medical device company, used by Resident #1. The | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 10<br>Vice President explained that the Passy-Muir Valve used by Resident #1 would open for breathing in through the tracheostomy and closed when Resident #1 was breathing out or speaking. The Vice President stated that the first step when a resident with a tracheostomy was in respiratory distress was to remove the Passy-Muir Valve. The Vice President further stated that the appropriate and most effective point of ventilation during CPR is the tracheostomy site, where a bag-valve mask should be applied. The Vice President explained that the Passy-Muir Valve, when in place over the tracheostomy, assists in moving secretions. If the Passy-Muir Valve remains in place while a bag-valve mask is used over the mouth, secretions and/or a mucus plug may be drawn upward toward the tracheostomy site. The Vice President stated that if the Passy-Muir Valve was removed and ventilation was provided directly at the tracheostomy during CPR, secretions and/or a mucus plug would be expelled rather than drawn upward.<br><br>Review of the hospital discharge summary for Resident #1, related to her 3/10/2026 admission, revealed that EMS staff reported to the emergency room staff that Resident #1 was receiving CPR upon their arrival at the facility. The hospital record revealed EMS reported they found a large mucus plug in Resident #1's tracheostomy and that life-saving measures were performed prior to transport to the hospital. The documentation indicated that Resident #1 was placed on a ventilator in the intensive care unit after admission and was removed from the ventilator on 3/12/2026 at family's request.<br><br>Review of the death certificate for Resident #1 revealed she expired on 3/14/2026, with the immediate cause of death listed as acute on chronic respiratory failure, with underlying causes of anoxic brain injury, mucous plug, and tracheal stenosis status post tracheostomy.<br><br>The Administrator was notified of Immediate Jeopardy on 3/27/2026 at 2:28 PM.<br><br>The facility provided the following credible allegation of immediate jeopardy removal:<br><br>Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance:<br><br>Resident #1 was admitted to the facility on 1/20/26 with diagnoses of aortic abdominal aneurysm (AAA), renal cancer status post (s/p) nephrectomy (one | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 11<br>kidney), high blood pressure, chronic obstructive pulmonary disease, obstructive sleep apnea, chronic kidney disease, hypothyroidism, history of stroke with hemiplegia, tracheomalacia with tracheostomy placement, stridor, and recurrent airway concerns. (Tracheomalacia is a condition where the windpipe cartilage is weak or floppy, causing the airway to partially collapse during breathing.) (Stridor is a symptom of high pitched, turbulent, and noisy breathing sound caused by a partial obstruction or narrowing in the upper airway.) Resident #1 had a brief interview for mental status (BIMs) score of 14 out of 15 indicating Resident #1 was alert and oriented. Per staff reports, Resident #1 was able to call for assistance and ask for tracheal suctioning between care when needed. On 3/10/26 at approximately 5:00am-5:15am, Nurse #1 reports Resident #1 was alert and oriented. Medication was given without difficulty. Resident #1 requested more water and Nurse #1 provided thickened water. Tracheostomy care was completed and the inner cannula was noted to be clean without mucus noted. Resident #1 had no wheezing, coughing, or shortness of breath (SOB). Following tracheostomy care, Nurse #1 administered nebulizer treatment per physician order and suctioned Resident #1 for a small amount of clear thin secretions. Resident #1 remained alert, oriented, and talkative with staff with no complaints verbalized. Her vital signs included respirations 18 and oxygen saturation 96% on tracheostomy collar 2 liters. At approximately 6:10am-6:15 am NA #2 and NA #3 entered Resident #1's room and noted Resident #1 was not responding. NA #2 notified Nurse #1 that the resident was not responding. Nurse #1 immediately went to Resident #1's room, noted Resident #1 was unresponsive, and warm to touch with a faint pulse. Nurse #1 obtained the crash cart. NA #2, Nurse #2, and NA #1 entered Resident #1's room and slid Resident #1 onto the back board. While staff positioned Resident #1 onto the back board, Nurse #2 activated 911. Nurse #1 initiated cardiopulmonary resuscitation (CPR) compressions. Nurse #1 states she did not attempt suctioning of the tracheostomy at that time as Nurse #1 had just recently suctioned Resident #1 and felt initiating CPR was the priority. NA #1 reported that he assisted by bagging Resident #1 with resuscitation bag by covering Resident #1's mouth and nose, per Nurse #1 instructions. Nurse #2 obtained the automatic external defibrillator (AED) and applied on Resident #1's chest. The AED did not initiate a shock and instructed staff to continue compressions. CPR compressions were continued. At approximately 6:15am the police and emergency medical staff (EMS) arrived and took over CPR. EMS continued several more rounds of CPR and applied | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 12<br>EMS AED onto Resident #1. The AED did not deliver a shock and CPR continued. Epinephrine and intravenous fluids (IVF) were administered by EMS staff. EMS staff attempted deep suctioning of the resident's tracheostomy for what EMS reported as a mucus plug. At approximately 7:00 am, return of spontaneous circulation was obtained and Resident #1 was transferred to the hospital for further evaluation and treatment. Enroute to the hospital, Resident #1 required 2 push doses of 1-100,000 epinephrine, a norepinephrine drip and 1 liter of IVF. At approximately 7:15am, Nurse #1 notified the Director of Nursing (DON) of the code. At approximately 7:15am, Nurse #1 attempted to notify Resident #1's Resident Representative (RR) but had to leave a voice mail message. Resident #1's second emergency contact was notified. Resident #1 was removed from the ventilator and passed away on 3/14/26.<br><br>The Administrator completed a root cause analysis on 3/13/26 to determine why basic life support was not provided in accordance with physician's orders for Resident #1 who had a tracheostomy requiring emergency care, including CPR. During the investigation, it was determined that staff didn't assess whether Resident #1's tracheostomy was plugged or dislodged prior to beginning CPR, due to a lack of knowledge regarding CPR procedure for residents with a tracheostomy. Nurse #1 was CPR certified per the American Heart Association, however upon review there was opportunity to strengthen staff education and competency validation related to tracheostomy care in emergency situations including delegation of bagging the resident over the tracheostomy instead of over the nose and mouth. It was identified during the interview with Nurse #1, she confirmed that direction was provided to assist with bagging the resident. However, specific instructions regarding placement over tracheostomy was not clearly communicated. Resident #1 had a Passy Muir Valve and the manufacturer's instructions indicate to remove the Passy Muir Valve if the patient exhibit signs of respiratory distress. Nurse #1 stated that she believed that the Passy Muir Valve was off during that time.<br><br>On 3/13/2026, the Director of Medical Records, under the supervision of the Assistant Director of Nursing (ADON) completed an audit of progress notes for all discharged residents over the last 30 days to identify any resident who received or required cardiopulmonary resuscitation (CPR) in the facility. The purpose of the audit is to validate that CPR was initiated per facility protocol to include but | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 13<br>not limited to 1. Activation of the crash cart/ automated external defibrillator (AED), 2. Announcing code blue, and 3. Performing CPR using the appropriate technique to include but not limited to when providing respiratory assistance for a tracheostomy resident. There were no additional concerns identified during the audit.<br><br>Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance:<br><br>On 3/13/2026, the Staff Development Coordinator (SDC) initiated an audit of all Licensed Nurses' cardiopulmonary resuscitation (CPR) certifications to ensure all current Licensed Nurses on all shifts were certified in CPR with a copy of the CPR card. The audit was completed by 3/14/2026. The Administrator set up a CPR class on 3/20/26 for any Licensed Nurse who could not provide proof of CPR certification, and a class was completed on 3/20/26. There were five nurses identified during the audit that were not able to provide proof of CPR certification. Four of the nurses identified completed CPR certification during the training on 3/20/26. On 3/27/26 the audit was expanded to include agency. There were no agency staff identified on 3/27/26 without having CPR certification. No nurse including agency will work after 3/27/2026 that does not have a validation of CPR certification. The Staff Development Coordinator will validate CPR certification for new nurses during orientation. Monthly audits will be conducted by the Director of Nursing to validate that CPR certifications are still in good standing and have not expired. Anyone identified will be removed from the schedule until CPR certification is renewed.<br><br>On 3/13/2026, the Director of Medical Records completed an audit with the oversight of the Assistant Director of Nursing (ADON) of all residents' code status to ensure current code status matches the physician's order, electronic medical record dashboard (displays the resident active code status order), advance directive documentation, and the resident's care plan. There were no concerns identified. The audit was completed by 3/14/26.<br><br>On 3/13/26, the Administrator set up emergency boxes for all residents with a tracheostomy. Tracheostomy boxes will include extra tracheostomies, inner cannulas, suction catheters, tracheostomy care kits, gloves and other miscellaneous items as appropriate. A resuscitation bag was placed in each room of a resident with a tracheostomy for easy access during emergencies. | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 14<br>Prior to admission of any newly admitted residents with a tracheostomy the Director of Nursing (DON) or Nurse Manager will validate that Tracheostomy boxes are present in the patient room and will include extra tracheostomies, inner cannulas, suction catheters, tracheostomy care kits, gloves and other miscellaneous items as appropriate. The Director of Nursing (DON) or Nurse Manager will also validate that a resuscitation bag is placed in the room of a resident with a tracheostomy for easy access during emergencies. On 3/27/26, the Administrator notified the DON and Nurse Manager of the responsibility of validation of ensuring resuscitation bags and tracheostomy boxes are placed in tracheostomy resident rooms prior to admission.<br><br>On 3/13/26 Licensed Nurses, to include Nurse #1, were educated in person by the Administrator on tracheostomy boxes, location, supplies and notification of the Director of Nursing when supplies are utilized and need replacement. On 3/27/26 education was expanded to include agency nurses. After 3/27/2026, any nurse to include agency that have not worked and received the in-service will complete the in-service on their next scheduled shift prior to working on the floor. All newly hired licensed nurses, including agency, will be educated during orientation by the SDC. The SDC will continue to monitor completion of nurse education, including agency.<br><br>On 3/13/26, the Administrator arranged on site Tracheostomy Training by an outside vendor for 3/27/26 with an emphasis on tracheostomy care and suctioning during emergency situations for all available Licensed Nurses. The Staff Development Coordinator (SDC) will monitor for completion of the education after 3/27/26. Any Licensed Nurse who did not attend the training will complete training via facility online educational software. Additionally, skills validation which includes validation of how to ventilate a resident with a tracheostomy, will be verified by the Director of Nursing (DON), Assistant Director of Nursing (ADON), or Staff Development Coordinator (SDC), at their next scheduled work shift prior to working on the floor. All newly hired nurses and agency will be in-serviced and skills validated which includes validation of how to ventilate a resident with a tracheostomy, by the SDC on tracheostomy care and suctioning during emergency situations.<br><br>On 3/13/26, the Staff Development Coordinator (SDC) initiated an in-service in person with all nursing staff to include Nurse #1, NA #1, and agency staff regarding cardiopulmonary resuscitation (CPR) | F0678 | | 04/16/2026 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345490 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 04/02/2026 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **Ayden Court Nursing and Rehabilitation Center** | **128 Snow Hill Road , Ayden, North Carolina, 28513** |

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| F0678 SS = SQC-J | Continued from page 15<br>with an emphasis on steps when finding a resident who has no pulse, blood pressure, respirations or who has insufficient respirations to include: 1. Procedure for alerting staff. 2. Checking resident code status 3. If a resident is a full code, then cardiopulmonary resuscitation (CPR) must be started immediately to include activating the crash cart/AED/911. 4. CPR should be administered by trained staff to include staff trained in CPR for residents with tracheostomy. 5. How to properly resuscitate a resident with a tracheostomy and 6. If a resident is a Do Not Resuscitate (DNR) then CPR must not be initiated. Education was reinitiated on 3/27/26 for all nursing staff, to include agency by the Staff Development Coordinator (SDC) with oversight by the Director on Nursing (DON). The in-services will be completed on 3/27/2026 for all staff that worked. After 3/27/2026, any staff that have not worked and received the in-service will complete the in-service on their next scheduled shift prior to working on the floor. The Administrator educated the Staff Development Coordinator on 3/27/26 of her responsibility on education being completed. All newly hired nursing staff, including agency will be educated during orientation by the SDC. The SDC will continue to monitor staff in-services, including agency.<br><br>On 3/13/26, the Staff Development Coordinator (SDC) initiated an in-person in-service with all Licensed Nurses regarding: 1. Procedure for cardiopulmonary resuscitation (CPR) with an emphasis on (a) procedure for providing compressions; (b) procedure for aiding with ventilation using a resuscitation bag to include but not limited to placement of resuscitation bag when the resident has a tracheostomy; (c) removing the tracheostomy speaking valve when indicated prior to attempting ventilation for residents with tracheostomy; (d) checking tracheostomy residents for potential blockage of tracheostomy by removing inner cannula or provide suctioning when indicated; (e) notification of the DON, Administrator, Medical Director and Resident Representative (RR) of any resident who receives CPR in the facility or requires transfer to the hospital; (f) documentation of events of the code (time initiated, participants, rounds of CPR, attempts to activate shock by automated external defibrillator (AED), vitals, required notifications, arrival of EMS and continued efforts by EMS and final disposition of the code); and 2. CPR Certification with an emphasis on the Licensed Nurses responsibility to maintain a current CPR certification. Education was reinitiated with all License nurses to include agency on 3/27/26 by the Staff Development Coordinator (SDC) with oversight | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 16<br>by the Director of Nursing (DON). The in-services will be completed on 3/27/2026 for all staff that worked. After 3/27/2026, any staff that have not worked and received the in-service will complete the in-service on their next scheduled shift prior to working on the floor. All newly hired staff, including agency will be educated during orientation by the SDC. The Administrator educated the Staff Development Coordinator on 3/27/26 of her responsibility on education being completed. The SDC will continue to monitor completion of staff in-services, including agency.<br><br>On 3/27/2026 in person quizzes were initiated with all nursing staff to include NA #1 and agency staff by the Director of Nursing (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) to ensure a successful understanding of education on basic Life Support including residents with tracheostomy. Any staff that does not pass the quiz after three attempts will not be allowed to work until they are reeducated and successfully passed. Quizzes will be completed on 3/27/26 for all staff that worked. After 3/27/2026, any staff that have not worked and received the quizzes will complete the quiz on their next scheduled shift, prior to working the floor. The Administrator educated the Staff Development Coordinator on 3/27/26 of her responsibility on quizzes being completed. The SDC will continue to monitor staff quizzes, including agency.<br><br>Corrective action will be completed: 3/28/26<br><br>The alleged date of immediate jeopardy removal: 3/28/2026<br><br>Onsite validation of the immediate jeopardy removal plan was conducted on 3/31/26 through staff interviews, observation of a resident with a tracheostomy, and record review of audits, in-service sign in sheets, documented evidence of skills validation and quiz completion. All the following was verified: The root cause analysis was completed on 3/13/26 in addition to the audit of progress notes for all discharged residents over the last 30 days to identify any resident who received or required cardiopulmonary resuscitation (CPR) in the facility. The audit of all licensed nurses' CPR certifications was started on 3/13/26 and expanded on 3/27/26 to include agency licensed nurses was completed. Ongoing monthly audits were to continue by the DON to validate that CPR certifications were still in good standing and had not expired. The 3/13/26 through 3/14/26 audit of all residents' code status to ensure current code status matched the | F0678 | | 04/16/2026 |

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| F0678 SS = SQC-J | Continued from page 17<br>physician's order, electronic medical record dashboard, advance directive documentation, and the residents' care plan was completed. On 3/13/26 emergency boxes were set up for all residents with a tracheostomy and education related to the emergency boxes was initiated for licensed nurses with the education expanded to agency licensed nurses on 3/27/26. On 3/27/26 the DON and Nurse Manager were notified by the Administrator of the ongoing responsibility of ensuring resuscitation bags and tracheostomy boxes were placed in tracheostomy resident rooms prior to the resident's admission. There was one resident with a tracheostomy in the facility during the validation. A resuscitation bag and tracheostomy box were present in his room. An outside vendor provided education on 3/27/26 with an emphasis on tracheostomy care and suctioning during emergency situations for all available licensed nurses. Any licensed nurse who did not attend the training was required to complete training via facility online educational software. Skills validation that included how to ventilate a resident with a tracheostomy and tracheostomy care and suctioning during emergencies was being completed prior to the licensed nurses working on the floor. The education for all licensed nurses in addition to the education for all nursing staff (licensed and unlicensed) was initiated on 3/13/26 as indicated in the removal plan with the education reinitiated on 3/27/26. On 3/27/26 in person quizzes were initiated with all nursing staff to ensure a successful understanding of education on basic life support including residents with tracheostomy. No nursing staff would work after 3/27/26 until all their required education, competency validation, and successful passing of the quiz were completed as indicated in the removal plan.<br><br>The immediate jeopardy removal date of 3/28/2026 was validated. | F0678 | | 04/16/2026 |