Printed: 05/28/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/07/2022
NAME OF PROVIDER OR SUPPLIER Lebanon South Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 514 West Fremont Road Lebanon, MO 65536	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	physician orders and the resident's **NOTE- TERMS IN BRACKETS IN Based on interview and record reviperformance of cardiopulmonary recompressions often combined with in cardiac arrest) and use of an AE heart's rhythm and, if necessary, deffective rhythm.) according to prof The facility had a census of 57. Record review of the facility's policy -Determine unresponsiveness by ta -Call out for help; -Delegate a specific individual to che paramedics, attending physician, a as possible; -Do not start CPR if resident is breather individual to stay with the resident accondition and request further order -Determine pulselessness. Palpate brain) pulse gently to avoid compression of the parameter of the parameter of the resident is pulseless, make suresident is pulseless.	HAVE BEEN EDITED TO PROTECT Contents, the facility failed to ensure all staff esuscitation (CPR - an emergency product artificial ventilation to restore circulation. Do (automated external defibrillator - a reliver an electrical shock, or defibrillation fessional standards of practice when as a content of the product of	were properly trained in the edure consisting of chest in and breathing in a person who is medical device that can analyze the on, to help the heart re-establish an esisting one resident (Resident #1). R), undated, showed the following: shouting, Are you okay?; The CPR order. Have individual call guidelines and report back as soon bey oxygen and delegate a specific ding physician of the resident's neck that supplies blood to the board or floor;

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 265428

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/07/2022
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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Determine breathlessness by main -Look for chest rise and fall; -Listen for exhalation, -Feel for exhaled air; -If resident is breathless, perform reindex finger. If using disposable two and mouth to create an airtight sea -Deliver two full breaths, each lastin -Pause to inhale between breaths; -Observe the chest rise (adequate alongs per minute)); -Allow deflation between breaths; -Reassessment: Evaluate resident -If pulse is present, but resident has ventilations per minute; -If pulse and respirations are abserperiodically; -Ventilate twice, observe chest rise -Resume compression/ventilation of the compression of the facility information of the facil	escue breathing by gently pinching resionway valve CPR mask or facemask, pl; and one to one and one-half seconds; wentilation volume (a measurement of the by checking carotid pulse; as no respirations, continue rescue breath, continue cardiopulmonary resuscitation; eycles;	dent's nose shut with thumb and lace firmly over the resident's nose the amount of air that enters the thing at approximately 12 ion and evaluate resident nedics). rican Red Cross, showed the ac arrest, however, even after ult;

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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-If the pads may touch, place one pershoulder blades; -Plug the pad connector cable into -Prepare to let the AED analyze the a loud, commanding voice, and pust-After the AED delivers the shock, of compressions. Record review of the Nutritional Here [DATE], showed the following: -Automated external defibrillators (alives of people experiencing cardial emergency; -An Automated External Defibrillator rhythm and sends a shock to the here cardiac arrest; -Sticky pads with sensors, called elearrest; -The electrodes send information and -The computer analyzes the heart relectrodes deliver the shock; -Step by step instructions and voice -Check the person 's breathing and heartbeat, prepare to use the AED 1. Record review of Resident #1's person and the person is presented and the pe	the AED, if necessary; he heart's rhythm: make sure no one is to the Shock button to deliver the shock or if no shock is advised, immediately shart, Lung, and Blood Institute web-site AEDs) which are now found in many put chartest. Even untrained bystanders can or is a lightweight, battery-operated porteart to restore normal rhythm. The device of the chest of shout the person's heart rhythm to a contribution of the chest of shout the person's heart rhythm to a contribution of the chest of shout the person's heart rhythm to a contribution of the chest of shout the person's heart rhythm to a contribution of the chest of shout the person's heart rhythm to a contribution of the chest of shout the person's heart rhythm to a contribution.	ouching the person. Say CLEAR in k; start CPR, beginning with at the www.nhlbi.nih.gov, updated ablic spaces, are used to save the n use these devices in an table device that checks the heart's ice is used to help people having someone who is having cardiac in the AED; hock is needed. If it is needed, the to use the machine correctly; and has no pulse or has an irregular ATE], showed the following:
	-The resident was a Full Code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive included CPR). (continued on next page)		

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Lebanon South Nursing & Rehab		514 West Fremont Road Lebanon, MO 65536	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the resident's progress notes dated [DATE], at 7:02 A.M., showed Licensed Practical Nurse (LPN) A entered the resident's room to check the resident's blood sugar. The resident did not respond when the nurse said his/her name. The resident was cool to touch. The nurse attempted to arouse the patient by doing a sternum rub and saying his/her name. The resident did not respond. The resident's eyes were open and glassy. Certified Medication Technician (CMT) B said he/she checked the resident at 6:30 A.M. and the resident was sleeping and appeared to be okay. LPN A requested help from other nurses in the facility. Staff moved the resident from the bed to the floor, called 911 at 7:04 A.M., and applied the AED and started CPR at 7:08 A.M. Staff applied oxygen at this time. The resident was making gurgling sounds. EMS arrived at 7:16 A.M. and took over, stating the resident had a pulse at this time, but it was irregular. EMS transported the resident to the hospital at 7:20 A.M.		
	During interview on [DATE], at 12:0	00 P.M., LPN C said the following:	
	-About 7:00 A.M., while he/she was in the dining room doing the medication pass, LPN A came up and asked for him/her and said the resident was unresponsive;		
	-They checked the resident's code status;		
	-LPN C went to the resident's room and the resident lay on his/her back slightly turned to the wall;		
	-The resident was cold to touch, pupils were pinpoint, had agonal (not getting enough oxygen and gasping for air) breathing;		
	-LPN C checked the right carotid artery and there was a pulse;		
	-LPN A called EMS;		
	-The resident released his/her brea	ath and both eyes rolled back into his/he	er head;
	-LPN C began CPR, but did not rer	member to recheck the resident's pulse	then;
	-LPN C did one round of compressions on the bed and then a CNA and he/she took the resident to the floor LPN C did check for a pulse, did not find a pulse, and began chest compressions until staff brought the cract to the room with the AED on it;		
	-LPN C placed the pads on the res	ident's chest and waited for the AED to	analyze the resident;
	-The AED said to continue CPR and there was three staff who did compressions and put oxygen on at 10 liters with the mask;		
		pulse when put on the AED and follow e shock advisory, but did say, Push ha	
	-They did a couple rounds of mouth to mouth breathing until mask on and maintained the resident's airway;		
	(continued on next page)		

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F 0678	-They worked on the resident for 15	5 minutes until paramedics arrived;	
Level of Harm - Minimal harm or potential for actual harm	-LPN C said he/she did compression and said the resident had a pulse.	ons until paramedics came. The param Then they left with the resident;	edics checked the resident's pulse
Residents Affected - Few	-This was his/her first time to use the	ne AED. The AED never gave a shock	advisory or heart rhythm;
	-The AED would say Clear the pati Continue CPR. The AED never said	ent and the AED would analyze the res d Check pulse;	sident. AED would then say
	-LPN C did not check the resident's pulse after they hooked the resident up to the AED; -LPN C was told to follow what the AED said to do; -Normally, he/she would do four rounds of CPR and check the resident's pulse. They did approximately 10 rounds of chest compressions on the resident.		
	During interview on [DATE], at 1:00 P.M., LPN A said the following:		
	-On [DATE], about 7:00 A.M., he/she went to check the resident's blood sugar; -The resident did not respond to him/her, but that was normal for the resident;		
	-He/she pricked his/her finger and the resident did not move or growl at him/her like normal;		
	-LPN A said his/her name several t	imes and did a sternal (chest) rub;	
	-The resident's eyes were wide ope	en;	
	-LPN A checked the resident's card	otid pulse and upper wrist and there wa	as no pulse;
	-The resident was gurgling and the	re were long periods of time between e	each breath;
	-LPN A went to call 911 and asked LPN C and CMT B to assist. LPN A grabbed the crash cart and dialed 911;		
	-LPN C had assessed the resident and had began CPR when he/she returned with the crash cart;		
	-LPN C did one round of compressions on bed and then moved the resident to the floor;		
	-LPN A was not sure if the resident hard to see;	was still breathing when LPN C was d	loing compressions since it was
	-LPN C hooked up the AED and he/she does not remember if LPN C checked the resident's pulse between rounds of compressions;		
	-The AED continued to say Pulse detected and then Continue compressions after it analyzed the resident;		
	(continued on next page)		

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-LPN A said he/she was taught to compressions; -The resident was laying outside the breathing noises; -LPN C came into room, assessed sternal rub and the resident did not starting CPR; -The resident was on the bed and layer compressions; -They put the resident on the floor and the	do what the AED told you to do; with the resident. 5 P.M., Certified Nurse Aide (CNA) D so e covers with his eyes and mouth slight the resident, checked for a pulse, checked for a pulse, checked respond; carotid pulse and hollered for the crash LPN C did chest compressions, gave to and LPN C did chest compressions; e and AED said Resume chest compreschest compressions of 32 compression e if he/she did compressions, but it was ontinued with chest compressions; ent took deep breaths and struggled to whole time; he/she didn't believe you were to keep ear to analyze which took about ten se der. 0 P.M., CMT B said the following: esident's room about 6:30 A.M. to adm and appeared to be sleeping. He/she was	aid the following: attly open and could hear gurgling sked the resident's airway, did a cart, call 911, and then yelled wo breaths and another round of essions; is to two breaths and LPN C is a faint pulse and the resident was let the air back out. It was not doing chest compressions; conds, then AED said Resume inister medications to the as breathing and he/she knew the or LPN C. CMT locked cart and

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F 0678	-Within a few minutes, LPN C said	they needed to put the resident on the	floor to start CPR;	
Level of Harm - Minimal harm or potential for actual harm	-CMT B said he/she was moving the wheelchair and the bedside table and did not see if the resident had stopped breathing, but when the resident was on the floor, his/her eyes were open and it was like he/she raspy breaths or trying to catch his breath;			
Residents Affected - Few	staff checked the resident's pulse,	Il this on scrap paper while in the room but the AED machine kept saying Do C Breaths, but saw LPN C give breaths t	Compressions, Press Harder but	
	-They did put oxygen on the resident;			
	-Right before EMS arrived, the resi	dent began breathing on his/her own a	nd had a pulse;	
	-The EMT said the resident was breathing and had a pulse right before they took the resident to the hospital;			
	-If a resident gets a pulse, they were not to do chest compressions.			
	During interview on [DATE], at 5:41 P.M., CNA G said the following:			
	-There was an AED on the crash cart, but never had to use one;			
	-AED to use if resident had no pulse;			
	-Staff were not to use the AED if the resident had a pulse;			
	-If a resident was not responsive as breaths, until the nurse gets there;	nd had no pulse, yell for the nurse and	begin CPR with compressions and	
	-If the resident had a faint pulse an	d unresponsive, yell for the nurse and	start CPR.	
	During interview on [DATE], at 5:43	3 P.M., CNA H said the following:		
	-An AED was a defibrillator and to	use when CPR was unsuccessful;		
	-Staff to check the resident's pulse	s pulse first, and if no pulse, holler for the nurse and start CPR;		
	-If doing CPR for a few minutes and not successful, get the crash cart with the AED, but not sure about this because it depends on the nurse;			
	 -If the resident had a faint pulse, he/she would do a sternal rub and if no reaction, would start compress During interview on [DATE], at 1:30 P.M., LPN J said the following: -Before staff initiate CPR, staff were to check for a pulse and respirations. For every 32 chest compress staff give two breaths then check the pulse; 			
	(continued on next page)			

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NAME OF PROVIDER OR SUPPLIER Lebanon South Nursing & Rehab STREET ADDRESS, CITY, STATE, ZIP CODE 514 West Fremont Road Lebanon, MO 65536		i cobi	
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F 0678	-If someone had a pulse, they were	e not to do chest compressions becaus	e the heart was pumping;
Level of Harm - Minimal harm or	-Not sure off hand about the AED f	or checking the pulse;	
potential for actual harm	-They were to follow the AED instru	uctions.	
Residents Affected - Few	During interview on [DATE], at 3:42	2 P.M., LPN E night charge nurse said	the following:
	-He/she was CPR certified and fam	niliar with the AED, but not this AED at	the facility;
	-The AED was not to replace CPR;		
	-If the resident had a good steady pulse, they were to hold off on chest compressions;		
	-If the resident did not have a good pulse, they would continue with chest compressions.		
	During interview on [DATE], at 5:30 P.M., LPN F said the following:		
	-If a resident had no pulse or heartbeat, he/she would assess for;		
	-If the resident had a heart beat, and he/she felt any movement like breathing, they do not use the AED;		
	-If the resident had no pulse, they would initiate chest compressions and call 911;		
	-If the resident had a faint pulse, they would not initiate chest compressions.		
	During interview on [DATE], at 5:45	5 P.M., LPN A said the following:	
	-If staff don't get a pulse, start CPR). ''	
	-Can use the AED when a resident	does not have a pulse;	
	-When the resident has a heart bea	at, they can stop chest compressions;	
	-If the resident had a faint pulse an	d may not be breathing, bag them or d	o rescue breaths;
	-The AED machine never said Che	ck pulse only said Do Compressions.	
	During interview on [DATE], at 5:50	P.M., LPN I said the following:	
	-If you find someone unresponsive	, with no pulse, or breathing, know the	code status first;
	-Call 911, get crash cart and AED;		
	-Someone starts chest compressio	ns and someone can hook up AED to a	analyze;
	(continued on next page)		

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Evaluation on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SummARY STATEMENT OF DEFICIENCIES Each deficiency must be preceded by full regulatory or LSC identifying information		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few -If resident was not breathing well, do rescue breathing or give them oxygen. During interviews on [DATE], at 3:52 P.M. and 6:03 P.M., the Director of Nursing (DON) said the following: -If a resident was found unresponsive, check for a pulse and if no pulse, yell for someone to call 911; -Start CPR immediately; -Get crash cart; -Do chest compressions 30 compressions to two breaths for two rounds, then check for a pulse (carotid); -Hook up the AED and do chest compressions. Chest compressions get heart going; -Let AED read and it will tell you to continue compressions or if will give a shock; -Did not know if a shock was indicated for the resident; -The resident had a pulse when they left; -The AED will tell staff to stop, check pulse, and resume compressions; -If having trouble breathing, would continue with rescue breathing, but not compressions; -If staff felt a pulse, even a faint pulse, they were not to do chest compressions, but would continue with breathing; -Even with AED, they were to stop compressions if felt a pulse; -If there was a faint pulse, keep monitoring and maybe give rescue breaths. If not breathing, put on oxygen and check vital signs; -Does expect staff to use the AED with CPR. During interview on [DATE], at 2:24 P.M., the Administrator said the following: -Would expect staff to check for a pulse first, and if no pulse, call for help right away; -Staff were to get the resident on a hard flat surface, elevate their head and initiate CPR;	(X4) ID PREFIX TAG			ion)
(continued on next page)	Level of Harm - Minimal harm or potential for actual harm	-An AED is to shock a resident for a lift resident has a faint pulse, call 9 lift the resident was not breathing we do not be provided by the resident was found unresponsed. If a resident was found unresponsed. Start CPR immediately; -Get crash cart; -Do chest compressions 30 compressions 30 compressions 30 compressions 30 compressions and do chest contains a shock was indicated. The resident had a pulse when the staff to stop, check the resident had a pulse when the staff felt a pulse, even a faint pulbreathing; -Even with AED, they were to stop and check vital signs; -Does expect staff to use the AED during interview on [DATE], at 2:24 life would expect staff to check for a pulse.	the heart to beat. Chest compressions and and monitor the resident. Do not do well, do rescue breathing or give them of 22 P.M. and 6:03 P.M., the Director of live, check for a pulse and if no pulse, years on the continue compressions or if will give a material for the resident; but he pulse, and resume compressions; continue with rescue breathing, but no lise, they were not to do chest compressions if felt a pulse; white rescue breath with CPR. If P.M., the Administrator said the followouse first, and if no pulse, call for help pulse first, and if no pulse, call for help	are the standard thing to do; chest compressions; oxygen. Nursing (DON) said the following: yell for someone to call 911; then check for a pulse (carotid); neart going; shock; t compressions; ssions, but would continue with ms. If not breathing, put on oxygen wing: right away;

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not give chest compressions, but d -If the resident had irregular pulse,	they would stop chest compressions; re even though they have had one here	