



CMS Forbids Facility-Wide No CPR Policies in Nursing Facilities

Earlier this year, a senior living facility was attacked by the news media when its staff failed to provide cardiopulmonary resuscitation (“CPR”) to an elderly resident. Like many long-term care providers, the senior living facility had implemented a facility-wide no CPR policy which strictly prohibited its employees from conducting CPR on residents.

With [S&C Memo 14-01-NH](#), the Centers for Medicare & Medicaid Services (“CMS”) forbids these facility-wide no CPR policies in nursing facilities. Effective October 18, 2013, nursing facilities must provide basic life support to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident's advance directives or in the absence of advance directives or a do-not-resuscitate (“DNR”) order. CPR-certified staff must be available at all times, and must administer CPR prior to the arrival of emergency medical services (“EMS”).

In the S&C Memo, CMS also instructed surveyors to ensure that facility policies direct staff to initiate CPR when cardiac arrest occurs for residents who have requested CPR in their advance directives, who have not formulated an advance directive, who do not have a valid DNR order, or who do not show AHA signs of clinical death as defined in the [AHA Guidelines for CPR and Emergency Cardiovascular Care \(“ECC”\)](#). If surveyors discover a current facility-wide no CPR policy, the facility will be cited for failure to comply with the resident's right to formulate an advance directive under F155.

If you have questions regarding CMS' new requirements for nursing facility CPR policies, please contact Mary Malone (mmalone@hdjn.com), Jeannie Adams (jadams@hdjn.com), Emily Towey (etowey@hdjn.com), or Andrew Schutte (aschutte@hdjn.com). They are also available by phone at (866) 967-9604. Additional information about Hancock, Daniel, Johnson & Nagle, P.C. is available on the firm's website at www.hdjn.com.

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