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DQA Memo 13-022

**To:** [Nursing Homes](#)

NH 12

**From:** Juan Flores, Director  
Bureau of Nursing Home Resident Care

**Via:** Otis Woods, Administrator  
Division of Quality Assurance

**CMS Clarification on Nursing Home Cardiopulmonary Resuscitation Policies**

Per prior Department of Health Services (DHS) guidance, nursing homes in Wisconsin were allowed to have policies indicating that staff would not provide cardiopulmonary resuscitation (CPR) if a resident became pulseless and non-breathing; instead staff would call 911. Per CMS [S & C Memo 14-01](#), this is no longer acceptable. Similarly, Wisconsin nursing homes were allowed to have policies indicating that staff would provide CPR only if the arrest was witnessed. This is also no longer acceptable.

Per CMS S & C 14-01, nursing homes must have staff certified in CPR on duty every shift. These individuals must provide CPR for any resident who becomes pulseless and non-breathing unless:

- (1) the resident has a do not resuscitate (DNR) order;
- (2) the resident has obvious signs of clinical death (e.g., rigor mortis, dependent lividity [pooling of the blood that occurs after death and may look blue, purple or black and is similar to bruising], decapitation, transection, or decomposition) or
- (3) the initiation of CPR could cause injury or peril to the rescuer.

This direction from CMS means that nursing homes that have had no-CPR policies or policies that distinguished between witnessed and unwitnessed arrest will need to revise their policies. These nursing homes must also notify residents, guardians, etc. of the change in policy and determine if residents wish to make a change to the advance directives that they previously expressed.

All nursing homes must ensure that they have staff on duty every shift every day who are certified to provide cardiopulmonary resuscitation. CMS indicates that the effective date of memo CMS 14-01 is "Immediately." We recognize that revising policies and ensuring that some

staff are CPR-certified will take time. Therefore, facilities have 30 days from the date of this memo to implement updated policies.

Although it is not addressed in CMS S & C 14-01, all nursing homes should ensure that they have an effective system for quickly identifying residents who do not want resuscitation and those who do. Federal hearing decisions have consistently noted that nursing homes need to have a system where staff can quickly identify whether a resident is no-code or full-code. For example, in *Epsom Healthcare Center vs. CMS* (3/13/08, CR1749), the Administrative Law Judge upheld an immediate jeopardy citation in New Hampshire and noted,

“...Petitioner failed to have a coherent system in place designed to assure that the staff was aware of the intent of its individual residents. Time is of the essence when an individual goes into cardiopulmonary arrest. Such precious time can be wasted – and lives, potentially, lost – where a staff is not instantly aware of a resident’s expressed wish to be resuscitated.”

Questions regarding this memo can be directed to the Regional Field Operations Director for the region in which your facility is located. Regional contact information is located at:  
[http://www.dhs.wisconsin.gov/rl\\_DSL/Contacts/reglmap.htm](http://www.dhs.wisconsin.gov/rl_DSL/Contacts/reglmap.htm)