

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/19/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>BATESVILLE HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1975 WHITE DRIVE</b> <b>BATESVILLE, AR 72501</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 323 SS=E	<p>Complaint #13376 was substantiated (all or in part) with a deficiency cited at F323.</p> <p>483.25(h) ACCIDENTS AND SUPERVISION</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #13376 was substantiated (all or in part) with these findings.</p> <p>Based on observation, record review and interview, the facility failed to ensure wheelchairs were securely strapped into the van in accordance with the manufacturer's instructions to prevent rolling or tipping for 1 (Resident #1) of 5 case mix residents who required wheelchairs for mobility (Residents #1 through #5). The failed practice had the potential to affect 43 residents who required wheelchairs for mobility, as documented by the Administrator on 3/19/08 at 2:15 p.m. The findings are:</p> <p>1. Resident #1 had a diagnosis of Fractured Neck of Femur. The Quarterly Minimum Data Set (MDS) dated 1/18/08 documented the resident had no short or long term memory problems, had modified independence in cognitive skills for daily decision making, fell in the past 30 days and in the past 31 to 180 days and required extensive assistance of 2 or more persons for transfers.</p>	F 323		

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.

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F 323	<p>Continued From page 1</p> <p>a. A Physician's Progress Note dated 3/11/08 at 2:00 p.m. documented: "Van driver called to report accident. Res [resident] had bumped back of head [after] result of catch on strap around wheelchair broke and wheelchair tipped back."</p> <p>b. On 3/17/08 at 1:10 p.m., the resident was asked about the incident that occurred on 3/11/08. The resident stated, "The chair came loose. I guess the belt came loose and I fell back. It hurt when I hit my head."</p> <p>c. On 3/18/08 at 11:10 a.m., Certified Nursing Assistant (CNA) #1 (the CNA who was driving the van at the time of the incident on 3/11/08) stated after the resident fell backwards, "At least one strap was open. Don't remember if both were open. The straps that were used were quick-release straps."</p> <p>d. On 3/18/08 at 11:20 a.m., the Maintenance Supervisor stated, "Could have released the strap or not fastened it well when it was hooked up. Apparently, both sides were loose. It is easy to have the strap in the catch and appear closed and not be closed. The quick-release strap is what came with the van..."</p> <p>2. Resident #3 had diagnoses of End Stage Renal Disease and Amputee Below Knee. The Annual MDS dated 8/22/07 documented the resident was moderately impaired in cognitive skills for daily decision making.</p> <p>On 3/18/08 at 10:32 a.m., the resident was sitting in a wheelchair and stated, "They worked on the belts and now you go backwards. They said they fixed it, but I get scared. I don't like it."</p>	F 323			

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F 323	Continued From page 2  3. The manufacturer's instructions for application of the restraint belts in the van were provided by the Administrator on 3/18/08. Figure 1 of the instructions indicated the front tiedown straps should be applied to the L-shaped section of the wheelchair at the same height as the wheelchair seat. Figure 3 also indicated 2 straps attached to an L-shaped loop section of the front of the wheelchair at the level of the seat.  4. On 3/18/08 at 1:05 p.m., CNA #1 demonstrated the facility's current procedure for securing residents' wheelchairs in the van. The CNA attached two straps to a lower section of the wheelchair just above the front wheels. The CNA then pulled the wheelchair backward to tighten the straps and locked the wheelchair breaks. The back of the wheelchair was secured with a single retractable belt. After the chair was secured, the CNA was asked to pull back on the wheelchair handles. The front wheels of the wheelchair came up off of the van floor approximately 6 inches before being stopped by the straps. A diagram attached to the inside wall of the van indicated the front straps should have been attached to an L-shaped section of the wheelchair at the same height as the seat and the back of the wheelchair in the diagram was secured with 2 straps.	F 323			