

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

PRINTED: 11/12/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045377</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>10/31/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEVELAND COUNTY NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 EAST MAGNOLIA RISON, AR 71665</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 226} SS=C	483.13(c) STAFF TREATMENT OF RESIDENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure failed to ensure Abuse and Neglect policy and procedure was implemented for criminal background checks on contract personnel. This failed practice had the potential to affect 56 residents in the facility, as identified on the roster matrix dated 10/27/08. The findings are:  1. On 10/30/08, 5 personnel records were reviewed; Employee #1, a physical therapy assistant, did not have a criminal background check available for review.  2. On 10/30/08 at 2:00 p.m., when asked the date of hire of Employee #1 and if a criminal background check had been completed for this employee, the Administrator stated "[they] don't have a date of hire." The Administrator stated that she did not realize she had to do everyone's files, "...just the new hires."	{F 226}		
{F 282} SS=E	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.	{F 282}		

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 282}	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the physician's plan of care was implemented for therapeutic diets and dietary supplements for 2 (Residents #4 and #8) of 9 (Residents #1 through #9 ) case mix residents who had physician orders for therapeutic diets. This failed practice had the potential to affect 9 residents with therapeutic diets, as identified on a list provided by Food Service Manager dated 10/28/08. The findings are:  1. Resident #4 had diagnoses of Dementia, Depressive Disorder, Atrial Fibrillation, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Hypertension. The Quarterly Minimum Data Set (MDS) dated 8/15/08 documented the resident was moderately impaired in cognitive skills for daily decision making and required one person assist for eating.  a. A physician order dated 8/21/08 documented the resident was to receive a Puree No Added Salt diet with fortified foods with meals. Extra protein on all meals.  b. On 10/27/08 at 1:27 p.m., the resident was served regular prepared mashed potatoes with pepper and a regular portion of pureed pork chop. There were no fortified food items or extra protein served to the resident with her meal, as per the physician order.  2. Resident #8 had diagnoses of Deafness, Gout and Cerebrovascular Accident. The MDS dated	{F 282}			

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{F 282}	Continued From page 2 9/17/08 documented the resident had modified independence in cognitive skills for daily decision making and required set up help for eating.  a. The physician order dated 6/27/08 documented the resident was to receive a regular diet with fortified foods/super cereal at breakfast/ensure plus with all meals.  The physician order dated 10/15/08 documented for the resident to have scrambled eggs with all meals due to refusing to eat lunch or/and supper.  b. On 10/27/08 at 6:00 p.m., the resident was served a can of regular ensure instead of a can of ensure plus, as per the physician order.  c. On 10/28/08 at 8:06 a.m., the resident was served a can of regular ensure, instead of a can of ensure plus, as per the order.  d. On 10/28/08 at 8:44 a.m., Dietary employee #1 stated, "We do not have ensure plus."	{F 282}			
{F 366} SS=E	483.35(d)(4) FOOD  Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure substitutes were offered for 2 (Residents #4 and #8) of 9 (Residents #1 through #9) case mix residents who received meal trays from the kitchen. This failed practice had the potential to affect 50 residents who received meal trays from the	{F 366}			

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{F 366}	<p>Continued From page 3</p> <p>kitchen, according to the diet list dated 10/20/08. The findings are:</p> <p>1. Resident #4 had diagnoses of Dementia, Depressive Disorder, Atrial Fibrillation, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Hypertension. The Quarterly Minimum Data Set (MDS) dated 8/15/08 documented the resident was moderately impaired in cognitive skills for daily decision making and required one person assist for eating.</p> <p>a. A Physician order dated 8/21/08 documented for the resident to receive a Puree No Added Salt diet with fortified foods with meals. Extra protein on all meals.</p> <p>b. On 10/28/08 at 8:10 a.m., the resident was served pureed doubled eggs, a bowl of super cereal, sausage, a carton of whole milk, a 4 ounce (oz) health shake, 4 oz orange juice and an 8 oz glass of water. The resident left the pureed eggs untouched, left the super cereal, took a bite of sausage and stated it was hot. There were no substitutes offered or any attempt made by Certified Nursing Assistant (CNA) #1 to replace the food items that the resident disliked. When asked if she liked egg, the resident stated, "Yes, I like fried eggs."</p> <p>c. On 10/28/08 at 8:20 a.m., CNA #1 stated, "I did not offer her something else to eat. She gets snacks at 10:00 a.m."</p> <p>2. Resident #8 had diagnoses of Deafness, Gout and Cerebrovascular Accident. The MDS dated 9/17/08 documented the resident had modified independence in cognitive skills for daily decision making and required set up help for eating.</p>	{F 366}			

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{F 366}	Continued From page 4  a. A Physician order 6/27/08 documented the resident was to receive a regular diet with fortified foods/super cereal at breakfast/ensure plus with all meals.  A Physician order dated 10/15/08 documented for the resident to have scrambled eggs with all meals due to refusing to eat lunch or/and supper.  b. On 10/27/08 at 1:23 p.m., the resident was served a carton of buttermilk, a carton of ice cream, a carton of sherbet, burnt scrambled eggs, two sausage patties, one roll, an 8 ounce (oz) glass of tea and a can of ensure plus.  At 1:33 p.m., the resident drank the ensure and the buttermilk, ate one sausage, took two bites of egg, left the sherbet, left half the roll and took a bite of ice cream. He wheeled himself out of the dining room.  There was no attempt made by the staff members to offer substitutes in place of the food items not eaten by the resident. At 1:40 p.m., CNA #1 stated, "The resident did not eat good today."  c. On 10/28/08 at 8:06 a.m., the resident was served scrambled eggs, toast, a bowl of super cereal, a carton of buttermilk, one sausage patty, a 4 oz glass of orange juice and a can of regular ensure. The resident left the super cereal, half of the scrambled eggs and the ensure.  There was no attempt made by staff members to offer substitutes in place of the food items not eaten. At 8:28 a.m., Certified Nursing Assistant #1 asked the resident if he liked eggs; the	{F 366}			

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{F 366}	Continued From page 5	{F 366}			
{F 425}	resident stated he liked eggs fried.				
SS=E	483.60(a),(b) PHARMACY SERVICES  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed ensure all drugs were administered to meet the needs of each resident for 2 (Residents #10 and #11) of 6 residents observed during the 4:00 p.m. medication pass on 10/27/08. This failed practice had the potential to affect 2 residents on Amaryl and 10 residents on Sliding Scale Insulin scheduled at 6:00 a.m., 11:00 a.m., 4:00 p.m. and meal time scheduled at 7:30 a.m., 12:30 p.m. and 5:30 p.m., as identified by the Director of Nursing (DON) on 10/27/08. The findings are:	{F 425}			

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{F 425}	Continued From page 6  1. Resident #11 had a physician order dated 12/19/07 for Amaryl (Glimepiride) 2 mg (milligrams) po (by mouth) bid (twice a day) Hold if accucheck less than 80 at 6:00 a.m. and 4:00 p.m. Diabetes Mellitus, Type II.  a. On 10/27/08 at 3:20 p.m., during the 4:00 p.m. medication pass, Licensed Practical Nurse (LPN) #1 did an accucheck and the reading was 142. The LPN administered the Amaryl 2 mg to the resident.  b. On 10/28/08 at 9:05 a.m., the DON stated the meal times were at 7:30 a.m., 12:30 p.m. and 5:30 p.m.  c. According to the Lexi-Comp's Drug Information Handbook for Nursing 2007 on page 584 and 585 documented: Administration Oral: Administer once daily with breakfast or first main meal of the day. Patients who are NPO (nothing by mouth) may need to have their dose held to avoid hypoglycemia.  2. Resident #10 had a physician order dated 4/29/08 that documented, Sliding Scale Regular Insulin 150 - 199 = 3 [units], 200 - 249 = 6 [units], 250 - 299 = 9 [units], 300 - 349 = 12 [units]... Fingerstick glucose monitoring ac (before meals) and HS (bedtime) [at] 0600 (6:00 a.m.), 1100 (11:00 a.m.), 1600 (4:00 p.m.), 2000 (8:00 p.m.)"  a. On 10/27/08 at 3:49 p.m., during the 4:00 p.m. medication pass, LPN #1 did a fingerstick glucose test. The resident's fingerstick blood sugar result was 238.  b. The resident received the Novolin R at 3:52	{F 425}			

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{F 425}	Continued From page 7 p.m. The resident did not receive the evening meal tray until 6:02 p.m.  c. On 10/28/08 at 9:05 a.m., the DON stated, "The nurse's in the facility are doing the sliding scale insulin first on the start of each medication pass and the meal times are at 7:30 a.m., 12:30 p.m. and 5:30 p.m."  d. According to the Lexi-Comp's Drug Information Handbook for Nursing 2007 on page 660 it documented: "Human regular insulin: Should be administered within 30 - 60 minutes before the meal."	{F 425}			