

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

PRINTED: 12/21/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2007
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 OLD MISSOURI RD FAYETTEVILLE, AR 72703	
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F 000	INITIAL COMMENTS	F 000		
F 312 SS=D	<p>Complaint #13079 was unsubstantiated. Complaint #13149 was unsubstantiated. Complaint #13159 was unsubstantiated.</p> <p>483.25(a)(3) ACTIVITIES OF DAILY LIVING</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure incontinent care was provided following an episode of urinary incontinence for 1 (Resident #3) of 5 (Resident #1, #2, #3, #4 and #5) case mix residents who were incontinent of urine. This failed practice had the potential to affect 61 residents who were incontinent of urine according to the Director of Nursing (DON) on 12/14/07. The findings:</p> <p>1. Resident #3 had diagnoses of Dementia with Behaviors. The Annual Minimum Data Set (MDS) dated 10/19/07 documented the resident was severely impaired in cognitive skills for daily decision making, incontinent of bowel and bladder and was totally dependent on 2 + persons for toilet use.</p> <p>a. The Care Plan reviewed on 10/19/07 documented, "Problems/Needs: Requires extensive to total assist with ADLs (Activities of Daily Living) R/T (related to) Dx (diagnosis) of Dementia ... Approaches: ... Incont (incontinent) of bowel/bladder, staff to check for incont [every]</p>	F 312		

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 312	Continued From page 1 2 hours & prn (as needed), providing incont care after each incont episode ..." b. On 12/12/07 at 5:26 a.m., prior to getting the resident up in a chair, Certified Nursing Assistant (CNA) #1 and #2 removed the resident's brief which was wet with urine. The linens on the bed were also wet at the level of the resident's buttock area. The CNA's placed a new brief on the resident without providing incontinent care. c. On 12/12/07 at 5:48 a.m., CNA #1 was asked what was wrong with the peri-care that had been provided to the resident. The CNA stated, "Didn't clean resident up at all. Just slipped my mind." d. On 12/12/07 at 5:50 a.m., CNA #2 was asked what was wrong with the peri-care that had been provided to the resident. The CNA stated, "Didn't do it. Didn't clean him." 2. The policy entitled "Perineal Care" documented, "... Residents who are incontinent of urine or feces should receive perineal care as needed. ..."	F 312			
F 323 SS=E	483.25(h) ACCIDENTS AND SUPERVISION 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 323			

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F 323	<p>Continued From page 2</p> <p>review, the facility failed to ensure manual non weight bearing transfers were provided in a manner to prevent possible injury for 2 (Resident #2 and #3) of 4 (Resident #1, #2, #3 and #4) case mix residents who required manual transfers. This failed practice had the potential to affect 16 residents who required manual 2 person non weight bearing/inconsistent weight bearing transfers according to the Director of Nursing (DON) on 12/14/07. The findings:</p> <p>1. Resident #3 had diagnoses of Dementia with Behaviors and Osteoporosis. The Annual Minimum Data Set (MDS) dated 10/19/07 documented the resident was severely impaired in cognitive skills for daily decision making and required extensive assistance of 2 + persons for transfers.</p> <p>a. The Care Plan reviewed on 10/19/07 documented, "... Transfers w/ (with) extensive assist of staff x (times) 2, does stand bearing minimal weight ... Does not walk. Transfers up to Broda chair ..." The Care Plan did not specify what type of transfer was required.</p> <p>b. The Nursing Assistant Information Listing dated 10/19/07 documented "... 2 person transfer ...Bears very minimal weight ... Transfers w/ [with] extensive assist of staff x 2, does stand bearing minimal weight ...". The Nursing Assistant Information Listing does not specify what type of transfer is required.</p> <p>c. On 12/12/07 at 5:26 a.m., Certified Nursing Assistant (CNA) #1 and #2 transferred the resident from bed to a Broda chair. The CNA's sat the resident on the edge of the bed and placed a gait belt around the resident's waist.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>The CNA's stood on each side of the resident, placed one of their forearms under the residents axillary area and held onto the gait belt with their other hand and then lifted the resident up off the bed. The resident kept his knees bent and and was not bearing weight. The resident's feet were skimming across the floor. The CNA's let go of the gait belt and pulled the resident's pants up from his knees to his waist. The CNA's took 5 steps and sat the resident on the edge of the Broda chair and then lifted the resident up and back in the Broda chair by lifting the resident under the axillary area with their forearms. The resident's weight was supported through the axillary area.</p> <p>d. On 12/12/07 at 5:48 a.m., CNA #1 was asked what happened with the transfer with the resident and the CNA stated, "Resident did not bear weight, we should have pulled pants up before transfer." The CNA was asked, "How do you know what kind of transfer was needed with [Resident # 3]?" The CNA stated, "Never worked E hall (hall on which Resident # 3 resided) before. As far as I know [Resident # 3] is a 2 person gait belt transfer." The CNA was asked, "Where can you find out what kind of transfer is required for this resident?" The CNA stated, "In ADL book."</p> <p>f. On 12/12/07 at 5:50 a.m., CNA #2 was asked, "How were you taught to do transfers?" The CNA stated, "With a gait belt, but I have never lifted a man up in the facility on E hall since I've been here. I usually work on A hall and they can help." The CNA was asked, "How do you know how much help a resident needs with transfers?" The CNA stated, "ADL book." The CNA was asked how much help was needed to transfer the resident and the CNA stated, "2 people because</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>he's really heavy."</p> <p>g. On 12/14/07 at 8:30 a.m., the transfer witnessed on 12/12/07 was described to the DON. The DON was asked if it was a safe transfer. The DON stated, "It was not a safe transfer ..."</p> <p>2. Resident #2 had diagnoses of Fractured Humerus and Senile Dementia. The Quarterly MDS dated 10/18/07 documented the resident was severely impaired in cognitive skills for daily decision making, was dependent on 2 + persons for transfers, had a limitation in range of movement on one side and a partial loss of voluntary movement in legs.</p> <p>a. The Care Plan dated as reviewed on 10/3/07 documented, "Dependent of transfers, staff to assist X 2, does not bear weight, does not ambulate at all ..." The Care Plan does not specify what type of transfer is required.</p> <p>b. The Nursing Assistant Information Listing dated 3/23/07 documented, "... Staff assist x 2, does not bear weight. Does not ambulate at all. ..." The Nursing Assistant Information Listing did not specify what type of transfer was required.</p> <p>d. On 12/12/07 at 11:40 a.m., CNA #3 and #4 transferred the resident from the bed to a Broda chair. The CNA's stood on each side of the resident and placed their forearms under the resident's axillary area. The CNA's lifted the resident off the bed. The resident's left foot was skimming the floor and the right foot was not on the floor. The resident's knees remained bent. CNA # 3 held onto the back of the resident's sweat pants that were pulled taut through the</p>	F 323			

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F 323	Continued From page 5 rectal area. The CNA's took approximately 3 steps to the Broda chair with the residents weight supported through the axillary and rectal areas. e. On 12/13/07 at 9:52 a.m., CNA #3 was asked, "How were you taught to do transfers?" The CNA stated, "Get 2 people, put on belt, hold by belt." The CNA was asked why a gait belt was not used with the transfer and the CNA stated, "Forgot about it." The CNA was asked if the resident was able to stand up and the CNA stated, "No, keeps legs bent." f. On 12/14/07 at 8:57 a.m., the transfer observed on 12/12/07 was described to the DON. The DON was asked if the transfer was a safe transfer. The DON stated, "I wasn't there but from what you describe its not a good transfer. No, they should have used a gait belt." The DON was asked if a gait belt transfer was safe if a resident can not help. The DON stated, "No." 3. On 12/13/07 at 2:00 p.m., the Physical Therapy Assistant (PTA) was asked if the Physical Therapy department was asked to help evaluate residents for type of assistance with transfers when the resident can bear weight or is inconsistent in bearing weight. The PTA stated "They're usually really good to refer residents if transfer ability is not good. If a resident is non weight bearing or inconsistent in weight bearing bilaterally I tell the RNAs/CNAs (Restorative Nurses Assistant/Certified Nurses Assistants) they should use a Hoyer lift." 4. The policy entitled "Two Person Left Transfer" documented, "Purpose: To transfer a resident from a bed to a chair, or a chair to a bed, when the resident is unable to assist with transfer.	F 323			

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F 323	Continued From page 6 Standard: Residents should be assisted to transfer as needed. Residents who are unable to assist with the transfer, should be moved from bed/chair by means of a two-person lift, or a mechanical lift device. This procedure should be used for residents whose body weight is minimal. Heavy residents should be moved with a mechanical lift. Process: ...Person # 1 supports the resident's head, neck and trunk and stands behind the chair ... Person # 1 reaches around the resident and takes the resident by the wrist close to the body and across the chest firmly. The knee closest to the bed should rest on the bed for support. ... Person # 2 stands along side the resident's legs and puts left hand under the resident's thigh. ... Lift the resident into the chair. ..."	F 323			