

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

PRINTED: 01/16/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - HEBER SPRINGS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1040 WEDDINGFORD RD</b> <b>HEBER SPRINGS, AR 72543</b>
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #13172 was substantiated (all or in part) with a deficiency cited at F364.</p> <p>Complaint #13191 was substantiated (all or in part) with deficiencies cited at F326, F364 and F371.</p>	F 000		
F 326 SS=E	<p>483.25(i)(2) NUTRITION</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #13191 was substantiated (all or in part) in these findings.</p> <p>Based on observation, record review and interview, the facility failed to ensure therapeutic diets were served as ordered by the physician for 3 (Residents #1, #2 and #4) of 4 (Residents #1, #2, #4 and #5) case mix residents with orders for therapeutic diets. This failed practice had the potential to affect 50 residents with physician orders for therapeutic diets, as documented on the facility Diet Orders dated 1/2/08 at 1:20 p.m. The findings are:</p> <p>1. Resident #1 had diagnoses of Alzheimer's Disease, Stomach Function Disease and Weight Loss. The Minimum Data Set (MDS) dated 11/30/07 documented the resident had severely impaired cognitive skills for daily decision-making, required physical extensive assistance of one person for eating, had a chewing problem, had a</p>	F 326		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 326	Continued From page 1 swallowing problem and had a weight loss of 5% or more in last 30 days or 10% or more in last 180 days.  a. The Physician order dated 8/21/07 documented, "Pureed diet." The Physician Order dated 10/11/07 documented, "House Supplement three times daily with meals."  b. The Laboratory Report dated 12/10/07 documented, Total Protein "5.5 G/DL (grams per deciliter)" with a reference range of "6.1-7.9 G/DL" and Serum Albumin of 3.2 G/DL" with a reference range of "3.5-4.8 G/DL."  c. On 1/2/08 at 5:50 p.m., the resident received a Pureed Diet for supper. The resident's Diet Card documented that the resident was to receive a Salmon Patty-1 Square, Dill Sauce 2-ounces, Macaroni and Tomato 1/4-cup, Pureed Cauliflower 1/4-cup, Pureed Peaches 1/3-cup, Ice Cream Cup 4-ounces, Pureed Chocolate Cookies-2, Fortified Milk 4-ounces, Sweetened Tea 8-ounces, Sugar/Salt/Pepper packets 1 each and 6-ounces of water. The House Supplement was not listed on the resident's Diet Card. The resident did not receive the Dill Sauce 2-ounces, ice cream cup 4-ounces, fortified milk 4-ounces (one carton of whole milk was served), Sweetened Tea 8-ounces or Sugar/Salt/Pepper packets 1 each. The resident did not receive a house supplement with his meal.  d. On 1/3/08 at 7:40 a.m., the resident received a Pureed Diet for breakfast. The Diet Card documented that the resident was to receive Fortified Apple Juice 4-ounces, Fortified Cream of Wheat 1/2-cup, Pureed Creamed Sausage 1/2-cup, Pureed Biscuit 1 each, Assorted Jelly	F 326			

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F 326	<p>Continued From page 2</p> <p>Packet, Paprika Sprinkles 1/8-teaspoon, Fortified Milk 8-ounces, Coffee 6-ounces, Sugar/Salt/Pepper packets 1 each and 6-ounces of Water. The resident's House Supplement was not listed on the Diet Card. The resident did not receive Fortified Apple Juice 4-ounces; nor was the resident served a jelly packet or a house supplement.</p> <p>e. On 1/3/08 at 7:50 a.m., the Dietary Manager stated "Our House Supplements are Mighty Shakes or Magic Cups."</p> <p>2. Resident #4 had diagnoses of Dysphagia, Dementia, Anemia, Senile Psychotic Condition, Depressive Disorder, Hypertension and Congestive Heart Failure. The Initial MDS dated 11/7/07 documented the resident had short-term memory problems, required extensive assistance with activities of daily living, had a swallowing problem and had nutritional approaches of a feeding tube and a mechanically altered diet.</p> <p>a. The resident's "Modified Barium Swallow Evaluation" dated 10/15/07 documented, "Deep penetration /c (with) thin liquids but no aspiration. Die to decreased coordination of epiglottic inversion and swallow initiation, cord closure, laryngeal elevation - recommend nectar liquids and mech. (mechanical) soft diet."</p> <p>b. The Physician Order dated 10/15/07 documented a diet order of, "Mechanical Soft, with Nectar thick liquids." The Physician order dated 10/24/07 documented, "Fibersource HN Liq (liquid) Nutritional Supplement give 250 cc (cubic centimeters) by gravity via Gastrostomy Tube daily at 6am."</p>	F 326			

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F 326	<p>Continued From page 3</p> <p>c. The Plan of Care dated 11/7/07 documented, "Problem; Potential for aspiration related to dysphagia." The "Interventions" documented, Item #4, "Provide diet as ordered" and Item #5, "Thicken liquids to nectar."</p> <p>d. On 1/2/08 at 5:30 p.m., the resident was observed during the supper meal. The diet tray card documented the resident's diet to be, ""No Restrictions - Regular." The resident was served a whole fried salmon pattie, 1/2-cup macaroni with tomatoes, 1/2-cup cauliflower, a 6-ounce glass of iced water without thickener, an 8-ounce carton of whole milk without thickener, an 8-ounce glass of iced unsweetened tea without thickener, 1/2-cup of fruit cocktail and 2 chocolate chip cookies. The menu for the mechanical diets and tray cards documented, "Grnd (ground) salmon pattie."</p> <p>e. On 1/3/08 at 7:20 a.m., the resident was observed during the breakfast meal. The diet tray card documented the resident's diet to be, ""No Restrictions - Mech (Mechanical) Soft, Nect (nectar) thick liquid." The resident was served grits, 2 whole biscuits with gravy, a whole sausage link, 8-ounces of thickened whole milk, 6-ounces of thickened water, 4-ounces of thickened apple juice, and 6-ounces of thickened coffee. The coffee was almost completely jelled and was of pudding consistency. The resident stated, "Oh well, I never drink coffee anyway."</p> <p>Licensed Practical Nurse (LPN) #1 entered the room and stated, "You are on thickened liquids until the doctor gets another swallow study. She [Resident #4] didn't realize she was to have thickened liquids. She wanted regular milk. I'll call the doctor today. She's always gotten thick</p>	F 326			

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F 326	<p>Continued From page 4</p> <p>liquids. Maybe he [the doctor] can explain it to her."</p> <p>f. On 1/3/08 at 7:23 a.m., the resident was interviewed about thickened liquids. The resident stated, "I was on them for awhile - I just can't stand them so I've been getting them without that stuff [thickener] for a while now." The resident then poured approximately 4-ounces of unthickened water with ice from her water pitcher and drank the unthickened water.</p> <p>g. On 1/3/08 at 10:17 a.m., a copy of a telephone order was received from LPN #1. The telephone order dated 1/3/08 at 10:00 a.m. documented, "Diet clarification - Mech Soft/Thin liquids."</p> <p>h. On 1/3/08 at 12:50 p.m., the resident was observed during the lunch meal. The meat served to the resident was a whole pork chop. The Speech Therapist was at the resident's bedside cutting up the resident's meat. The Speech Therapist stated, "I looked in on her. She stated the meat was tough. It was a whole pork chop. I began to cut it up. A CNA (Certified Nursing Assistant) came into the room with some pureed meat. Her diet is supposed to be mechanical soft with thin liquids as of today's lunch, as the order came in about 10:00 a.m. today."</p> <p>The resident's tray card documented, "**No Restrictions - Regular."</p> <p>The menu for the mechanical diets and tray cards documented, "Grnd (ground) pork chop."</p> <p>3. Resident #2 had diagnoses of Hypercholesterolemia, Nonorganic Psychosis, Alzheimer's and Myelocytic Leukemia. The MDS</p>	F 326			

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F 326	Continued From page 5 dated 12/26/07 documented that the resident was totally dependent on one person physical assist for eating.  a. The Physician order dated 12/17/03 documented, "Mechanical Soft" Diet."  b. On 1/2/08 at 5:46 p.m., the resident received a Mechanical Soft Diet for Supper. The Diet Card documented that the resident was to receive 1/2-cup Ground Salmon Pattie, Dill Sauce 2-ounces, Macaroni and Tomato 1/2-cup, Cauliflower 1/2-cup, Diced Peaches 1/2-cup, Chocolate Chip Cookies 1 each, Whole Milk 8-ounces, Sweetened Tea 8-ounces, Sugar/Salt/Pepper Packets 1 each and Water 6-ounces. The resident received a Salmon Pattie in chunks, not ground. The resident did not receive Dill Sauce 2-ounces, Chocolate Chip Cookies 1 each, Sweetened Tea 8-ounces or Sugar/Salt/Pepper Packets 1 each.	F 326		
F 364 SS=E	483.35(d)(1)-(2) FOOD  Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.  This REQUIREMENT is not met as evidenced by: Complaint #13172 was substantiated (all or in part) in these findings.  Complaint #13191 was substantiated (all or in part) in these findings.  Based on observation, record review and	F 364		

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F 364	Continued From page 6 interview, the facility failed to ensure food was well-seasoned for palatability and served at temperatures acceptable to the residents. This failed practice had the potential to effect 79 of 82 residents who received food from the kitchen, according to a diet list received from the Administrator on 1/2/08 at 2:04 p.m. The findings are:  1. On 1/2/08 at 11:45 a.m., Cook #1 stated that the Chicken Fried Steak had been pureed, with bread and water added.  2. On 1/2/08 at 12:28 p.m., the two end trays (samples) on 600 hall, one regular and one puree, were tested for temperature compliance by the Dietary Manager. The temperature of the biscuit on the regular tray was 112. The temperatures of the food on the Pureed Tray were: Minute Steak 113.8 degrees, Corn 108.7 degrees, Corn 100.7 degrees, Potatoes 112 degrees. A taste test was conducted of the Pureed food. The meal was tepid to cold in temperature. The Chicken Fried Steak tasted like greased, wet bread.  3. On 1/2/08 at 4:15 p.m., Cook #2 placed 5 cups of strained Macaroni and Tomatoes into the Robo Coupe, added 1 cup of hot water and pureed the mixture.  4. On 1/2/08 at 5:32 p.m., the two end trays (samples) on 600 hall, one regular and one puree, was tested for temperature compliance by the Dietary Manager. The food temperatures of the regular tray were: Cauliflower 110.2 degrees, Peaches 59.8 degrees and Milk 45.6 degrees. The temperature of the Pureed Cauliflower was 106.6 degrees. A taste test was conducted of the	F 364			

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F 364	<p>Continued From page 7</p> <p>Pureed food. The meal was palatably warm to cool in temperature. The pureed Macaroni and Tomatoes tasted like wet paste.</p> <p>5. On 1/3/08 at 9:30 a.m., a focused Group Interview was conducted with 9 cognitively alert and oriented residents, as selected by the facility's administration.</p> <p>a. The residents were asked if the food temperatures were acceptable; three residents responded:</p> <p>1) "It is improving a little. I'm at table 13 - we are served last. A lot of the time table 13's food is cold - also they run out of food before they get to us."</p> <p>2) "The hot foods aren't always hot and the cold foods aren't always cold."</p> <p>3) "Ours [hot foods] is usually cold - the cold food is all right."</p> <p>b. The residents were asked if there was enough help to pass out the meal trays</p> <p>1) "No, there's not enough help in the dining room. Usually there are 1 to 2 people serving out trays. Everybody else is with the feeders. We think that's why the food is cold when we finally get it. They should serve those of us that can feed ourselves first with everyone helping, then feed the feeders."</p> <p>2) "There's usually 1 to 2 passing trays. That's why the food is cold."</p> <p>Five other residents in the group interview agreed</p>	F 364			

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F 364	Continued From page 8 with these statements.  c. The residents were asked if there was a predominant supper meal. One resident stated, "For the last 2 months we've had soup and sandwiches most every supper. Almost everyday." Six other residents in the group agreed with this statement.  d. The residents were asked is they were served the correct diet and responded with the following statements:  1) "I have kidney problems. I have to have cranberry juice every meal. I sometimes don't get it."  2) "I like eggs over easy. They're usually so hard I can't cut them with a fork."  3) "I'm on coumadin. I can't eat greens. Most of the time they bring them anyway. I know not to eat them, but a confused person getting coumadin and greens might eat them anyway."  e. The residents were asked if the meals were palatable; five residents responded:  1) "There is no taste. Once in a while one of the cooks may flavor something. Usually everything is flat. No seasoning."  2) "Blah."  3) "Unseasoned."  4) "I season my own. There isn't much of a taste to it."	F 364			

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F 364	Continued From page 9 5) "I flavor my own because it has no taste."  f. When asked if there were other concerns with meals, residents made the following comments:  1) "Today the grits were like a rubber ball. One day recently the grits were floating in water."  2) "My dislikes aren't on the new tickets."  3) "I'm getting things I don't like - cabbage, greens, brussel sprouts."  4) "I don't know why they serve me stuff I don't like; it used to be on my card."  5) "I'm not supposed to have greens - it's not on my card."	F 364			
F 371 SS=F	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE  The facility must store, prepare, distribute, and serve food under sanitary conditions.  This REQUIREMENT is not met as evidenced by: Complaint #13191 was substantiated (all or in part) in these findings.  Based on observation, the facility failed to ensure hair was covered in the kitchen, kitchen walls were without holes, there were no gaps around doors to the outside, thermometers were used in all freezers and coolers, staff did not eat in the kitchen, food items and liquids were dated and sealed, leftovers were disposed of, handwashing	F 371			

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F 371	Continued From page 10 facilities were readily available for use and staff washed their hands and changed gloves when contaminated to prevent food borne illness. These failed practices had the potential to effect 79 residents in the facility who received food from the kitchen, according to the diet list received from the Administrator on 1/2/08 at 2:04 p.m. The findings are:  1. On 1/2/08 at 10:35 a.m., the Dietary Manager was in the kitchen without a protective hair net.  2. On 1/2/08, the following kitchen observations were made from 10:37 a.m. until 11:05 a.m.:  a. An 8-inch by 6-inch (approximate) exposed hole under the sink, into the wall separating the kitchen from the dining room,  b. A 6-inch by 1/2-inch hole in the corner above the stainless steel surface in the dishwashing area,  c. A 1/2-inch opening on approximately 2/3 of the threshold of the door leading to outside the facility,  d. No thermometer in the ice cream freezer,  e. No thermometer in the milk box,  f. Cook #1 eating in the kitchen,  g. 9 uncovered, undated glasses with juice, in the cooler,  h. 1/2 bag of lettuce and carrot mix, open and undated in the cooler,	F 371			

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - HEBER SPRINGS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1040 WEDDINGFORD RD</b> <b>HEBER SPRINGS, AR 72543</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 371	<p>Continued From page 11</p> <p>i. A large bag that was 3/4 full of opened, undated whipped cream in the cooler,</p> <p>j. 2 large bags of coconut dated 11/15/07 in the cooler,</p> <p>k. Cheese dated 12/10/07, open in the cooler,</p> <p>l. 4 boiled eggs dated 12/29/07 in a ziplock bag in the cooler,</p> <p>m. The employee bathroom in the kitchen did not have a handwashing sink; after bathroom use, a person would have had to transverse the kitchen for 14-feet to wash their hands in the kitchen sink. The Dietary Manager stated that the kitchen employees used to bathroom.</p> <p>n. A 5-pound bag of sugar on a shelf was open and undated,</p> <p>3. On 1/2/08 at 4:22 p.m., Dietary Aide #1 prepared 33 packets of cookies by placing 2 cookies into each sandwich bag with bare hands. The Dietary Aid was instructed to don gloves by the Dietary Manager. The Dietary Aide donned gloves and completed the task of preparing cookie packets.</p> <p>The Dietary Aide then stacked clean glasses, retrieved foam cups from the dry storage, wiped their hands on their apron, washed a dirty pan in the sink, got ice from the ice machine, placed ice in a pan, stacked clean dishes, leaned on a counter, got a cup of coffee for a resident, scooped ice from a container to individual glasses for resident service and then removed the gloves.</p>	F 371			