

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

PRINTED: 01/28/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2009
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - HEBER SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 1040 WEDDINGFORD RD HEBER SPRINGS, AR 72543	
(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 312 SS=D	<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, record review, and interview, the facility failed to ensure incontinent care was provided after an episode of incontinence for 1 (Resident #3) of 5 (Resident #2, #3, #5, #9, and #10) case mix residents who had urinary incontinence. This failed practice had the potential to affect 38 residents who had urinary incontinence as documented on the Resident Census and Conditions of Residents form dated 1/13/09. The findings are:</p> <p>Resident #3 had diagnoses of Alzheimer's Disease and Senile and Presenile Organic Psychotic Conditions. The Annual Minimum Data Set dated 12/9/08 documented the resident had modified independence in cognitive skills for daily decision making, required extensive assistance with personal hygiene and was incontinent of bladder.</p> <p>a. The Plan of Care dated 12/9/08 documented, "... At risk for UTI (urinary tract infection) and skin problems related to urinary incontinence. Due to cognitive impairment [Resident #3] cannot always tell when she needs to void. Uses adult briefs per her choice... Incontinent care after each episode with protective skin barrier applied as needed..."</p> <p>b. On 1/13/08 at 8:45 a.m., the resident was</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 taken to the her room to change her soiled clothing. Certified Nurse Assistant (CNA) #2 and #3 used a Stand Up Lift (Sara Lift) to raise the resident to a standing position. CNA #2 pulled the resident's pants down and removed the resident's incontinent brief. The brief was yellow with urine. The CNA disposed of the incontinent brief in a plastic bag and then put a clean incontinent brief on the resident. The CNA's did not provide incontinent care. CNA #2 was asked if the incontinent brief was wet. The CNA stated, "It was slightly damp".	F 312			
F 315 SS=D	483.25(d) URINARY INCONTINENCE Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure a back to front motion was not used during incontinent care and a clean area of the cloth was used during each wipe to prevent the potential for a urinary tract infection for 1 (Resident #10) of 5 case-mix residents (Resident #2, 3, 5, 9 and 10) who were incontinent. This failed practice has the potential to effect 42 incontinent who were incontinent according to the Administrator on 1/15/09 at 10:30 a.m. The findings are:	F 315			

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F 315	Continued From page 2 1. The facility's Policy and Procedure for Incontinent Care received from the facility on 1/15/09 documented, "...Purpose of incontinent care: To prevent infection... Procedure:... Wash all soiled skin areas, washing from front to back, rinse and dry very well, especially between skin folds..." 2. Resident #10 had a diagnosis of Urinary Incontinence. The Medicare 14 Day Minimum Data Set dated 12/22/08 documented the resident was moderately impaired in cognitive skills for daily decision making, incontinent of bowel and bladder, and required extensive assistance of staff for personal hygiene. a. A physician order dated 1/5/09 documented, Keflex 500 mg. T.I.D. (three times a day) for 10 days for a urinary tract infection. b. On 1/13/09 at 3:54 p.m., the resident was incontinent of bowel and bladder. CNA (Certified Nursing Assistant) #1 cleansed the resident's rectal area with a wet face cloth and no rinse peri-wash and then turned the resident onto her back. CNA #1 cleansed the resident's vaginal area by making repeated swipes with the face cloth from the rectal area to the vaginal area introducing feces that was on the face cloth, into the vaginal area. The face cloth was not turned to a clean area between swipes.	F 315			