

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

PRINTED: 04/19/2007
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 C 04/05/2007
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER - HEBER SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 1040 WEDDINGFORD RD HEBER SPRINGS, AR 72543	
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F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>Complaint #12469 was unsubstantiated.</p> <p>483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure physician's plans of care were implemented for 2 (Residents # 1 and # 8) of 6 Residents # 1 - # 6) case mix residents with physician's orders. This failed practice had the potential to affect 101 residents who had physician's orders as documented on a Resident Roster dated 4/4/07. The findings are:</p> <p>1. Resident # 1 had diagnoses of Congestive Heart Failure and Insulin Dependent Diabetes. A Minimum Data Set (MDS) dated 3/9/07 documented the resident had moderately impaired cognitive skills for daily decision making, was totally dependent on staff for bed mobility, transfers, dressing and personal hygiene.</p> <p>a. A physician's order dated 3/23/07 documented "Compression stockings".</p> <p>b. On 4/4/07 at 7:10 p.m., during a body audit with Certified Nursing Assistant (CNA) # 1 and on 4/5/07 at 9:30 a.m., in the presence of the treatment nurse, the resident was not wearing compression stockings.</p>	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 c. On 4/5/07 at 2:35 p.m., Licensed Practical Nurse (LPN) # 1 was asked if the resident had an order for compression stockings. Stated "Yes, but she has not worn them in a few days." d. On 4/5/07 at 2:40 p.m., the Director of Nursing (DON) stated "She [the resident] throws a fit if you try to put them on, we put them on if she will let us." 2. Resident # 8 had diagnoses of Depressive Disorder, Psychosis and Alzheimer Disease. A Physician's order dated 1/24/07 documented Seroquel 100 milligrams (mg) twice daily. a. A Consultant Pharmacist Communication dated March 13, 2007 documented a request to consider a gradual dose reduction of the Seroquel. On the same form the physician's response dated 3/21/07 documented "[Decrease] AM dose to 50 mg." b. The Physician's Orders sheet for March 2007 documented "3/30/07...Seroquel 50 mg Tab[let] Take 1 tablet po [by mouth] BID (twice daily)." c. On 4/5/07 at 3:25 p.m., the DON stated she did all the Pharmacist consultants reports and she had transcribed the physicians's order for Seroquel as 50 milligrams twice a day.	F 282			
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309			

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F 309	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure indwelling catheter tubing was maintained in a manner to prevent the potential for Urinary Tract Infections or injury to the Urinary Meatus for 1 (Resident #7) of 1 case mix residents with indwelling catheters. This failed practice had the potential to affect 11 facility residents who had indwelling catheters as documented on a list provided by the Director of Nursing at 7:05 p.m. on 4/5/07. The findings are: Resident #7 had diagnoses of Neurogenic Bladder and Insulin Dependent Diabetes Mellitus. A plan of care dated 3/7/07 documented a problem of "At risk for complications such as UTI [Urinary Tract Infections] due to use of indwelling catheter for neurogenic bladder. Has history of UTI's. Uses pads or briefs for occasional leakage." The care plan "Goal" documented "Will control risk factors for complications due to use of indwelling catheter." a. A Urine Culture and Sensitivity report dated 1/23/07 documented the presence of Proteus Mirabilis and Enterococcus. A physician's order hand written on the report documented "Macrochantin 100 mg [milligrams] 1 PO [by mouth] QID [4 times daily] x [times] 7 days and Rocephin 1 gm [gram] Q [every] day IM [intramuscularly] x [times] 3 days". b. On 4/4/07 at 6:20 p.m. the resident was observed propelling self via wheelchair from the dining room. The catheter tubing was touching the floor under the wheelchair and was dragged	F 309			

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F 309	Continued From page 3 along the floor as the wheelchair moved. c. On 4/5/07 at 12:10 p.m. the resident was sitting in a wheelchair in the dining room. The catheter tubing was lying on the floor under the wheelchair. At 1:05 p.m. the resident was observed leaving the dining room via the wheelchair. The catheter tubing was still on the floor and was dragged as the resident propelled the wheelchair. d. On 4/5/07 at 1:10 p.m. and 3:50 p.m. the resident was observed sitting in the front lobby. The catheter tubing was still lying on the floor under the wheelchair.	F 309			
F 312 SS=E	483.25(a)(3) ACTIVITIES OF DAILY LIVING 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure food was removed from the face, hands and clothing of 1 case mix resident (Resident #6) after a meal and failed to assist or feed 2 (Residents #8 #9) of 4 casemix residents (Residents #4 #6 #8 #9) who required encouragement and/or assistance with eating. This failed practice had the potential to affect 12 residents in the facility who required assistance with feeding as identified by the Director of Nursing on 4/6/07. The findings are: 1. Resident # 6 had diagnoses of Alzheimer	F 312			

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F 312	<p>Continued From page 4</p> <p>Disease, Neurotic Depression and Carcinoma of the Oral Cavity. A quarterly Minimum Data Set (MDS) dated 1/13/2007 documented the resident was moderately impaired in cognitive skills for daily decision making, was totally dependent on staff for dressing and personal hygiene and required extensive assistance with eating.</p> <p>a. On 4/05/07 at 8:40 a.m., after breakfast, the resident was sitting in a wheelchair near the nurses station. There was food on the resident's hands, face and clothing.</p> <p>b. On 4/6/07 at 10:43 a.m., the resident was sitting in their room in a wheelchair. There was still food on the resident's hands and face.</p> <p>2. Resident # 8 had diagnoses of Depressive Disorder, Psychosis and Alzheimer Disease. The MDS dated 2/12/07 documented the resident had moderately impaired cognitive skills for daily decision making, and was totally dependent on staff for eating.</p> <p>a. On 4/5/07 at 12:30 p.m., the resident was sitting at a feeder table with her lunch tray in front of her. The resident's husband, who was also a resident at the facility, stated he could not feed her. He stated "Sometimes they are slow about getting around to feed her". He kept patting her shoulder and looking around the dining room, telling the resident the staff would be there "in a minute" to feed her. The resident sat at the table and placed her hand in her food.</p> <p>b. On 4/5/07 at 12:55 p.m., a Certified Nursing Assistant (CNA) began feeding the resident. Her tray had been placed in front of her for 25 minutes before she was fed.</p>	F 312			

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F 312	Continued From page 5 3. Resident # 9 had diagnoses of Alzheimer Disease and Aplastic Anemia. The MDS dated 2/9/07 documented the resident had moderately impaired cognitive skills for daily decision making, and was totally dependent om staff for eating. a. On 4/4/07 at 5:20 p.m., a supper tray was placed in front of the resident who was seated at a feeder table. She was patting her food with a spoon but was not eating. At 6:10 p.m., a CNA was sitting at the feeder table feeding other residents. Occasionally she would tell her to drink her milk. The milk was out of the resident's reach. b. At 6:40 p.m., an LPN sat beside the resident and began queuing her to eat. She ate 50% of the meal but no milk or water. The LPN stated, "She feeds herself better if we leave her alone." The DON was in the dining room. She stated, "She can feed herself if someone is queuing her". c. On 4/5/07 at 12:30 p.m., the resident was served a lunch tray. She sat with a spoon in her hand, patting the food in the bowls but not feeding herself. No one was queuing or assisting her with her lunch until 1 p.m. when a CNA sat on a stool beside the resident and started to feed her. The resident then ate 75% of her meal.	F 312			
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	F 364			

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F 364	<p>Continued From page 6</p> <p>by:</p> <p>Based on observation, the facility failed to ensure food was maintained at an acceptable temperature prior to serving to 2 (Residents # 8 and #9) of 4 casemix residents (Residents #4 #6 #8 #9) who required encouragement and/or assistance with eating. This failed practice had the potential to affect 12 residents in the facility who required assistance with feeding as identified by the Director of Nursing on 4/6/07. The findings are:</p> <p>1. Resident # 8 had diagnoses of Depressive Disorder, Psychosis and Alzheimer Disease. A Minimum Data Set (MDS) dated 2/12/07 documented the resident was totally dependent on staff for eating.</p> <p>a. On 4/5/07 at 12:30 p.m. the resident was served a tray with pureed food and was not assisted to eat until 12:55 p.m.</p> <p>b. The temperatures of the foods at 12:55 p.m. were as follows: Chicken fried steak with gravy - 102 degrees Fahrenheit (F); potatoes - 93.5 degrees F; Broccoli - 103.9 degrees F; milk - 51 degrees F. The CNA who started to feed the resident was asked if she could get the resident another tray. She replied "I guess so".</p> <p>2. Resident # 9 had diagnoses Alzheimer Disease and Aplastic Anemia. The MDS dated 2/9/07 documented the resident was totally dependent on staff for eating.</p> <p>On 4/5/07, the resident was served a tray at 12:30 p.m. and was not assisted to eat until 1:00 p.m. The temperature of the foods on the residents tray were: Chicken fried steak - 104 degrees</p>	F 364			

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F 364	Continued From page 7 Fahrenheit (F); potatoes - 95 degrees F; and Soup - 131 degrees F.	F 364			