

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

PRINTED: 06/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/23/2008
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NAME OF PROVIDER OR SUPPLIER HERITAGE LIVING CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1175 MORNINGSIDE DRIVE CONWAY, AR 72034
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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 F 312 SS=D	<p>INITIAL COMMENTS</p> <p>Complaint #13537 was substantiated (all or in part) with deficiencies cited at F312 and F323.</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: Complaint #13537 was substantiated (all or in part) in these findings.</p> <p>Based on observation and record review, the facility failed to ensure all areas of the perineum were cleansed during incontinent care for 1 (Resident #5) of 6 (Residents #1 through #6) case mix residents who were incontinent. This failed practice had the potential to affect 63 residents in the facility who were incontinent and required assistance from staff for personal hygiene, according to the Director of Nursing on 5/23/08 at 12:20 p.m. The findings are:</p> <p>Resident #5 had diagnoses of Alzheimer's Disease and Constipation. The Quarterly Minimum Data Set (MDS) dated 3/12/08 documented the resident was moderately impaired in cognitive skills for daily decision-making, was incontinent of bowel and bladder and was totally dependent on staff for personal hygiene.</p> <p>a. On 5/22/08 at 10:25 a.m., Certified Nursing Assistant (CNA) #1 and CNA #2 were observed</p>	F 000 F 312		
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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 312	Continued From page 1 providing incontinent care for the resident. The resident's brief was observed to be wet. CNA #2 donned gloves, took a wipe and swiped the groin and pubis area 4 times. The labia was not separated or cleansed. The resident was then rolled to her left side and CNA #2 took a wipe and swiped the buttocks area twice. The anal area was not cleansed. CNA #2, with the same pair of gloves on, then took a pair of pants and put the pants on the resident. b. The facility's Perineal Care Policy and Procedure dated January 2003 documented, "Purpose: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent skin infections and/or irritation, and to observe the resident's skin condition. For a female resident: 1.) Separate labia and wash area downward from front to back... 2.) Continue to wash the perineum moving from inside outward to and including thighs, alternating from side to side, and using downward strokes... 4.) Wash the rectal area thoroughly.	F 312			
F 323 SS=D	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: Complaint #13537 was substantiated (all or in part) in these findings.	F 323			

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F 323	<p>Continued From page 2</p> <p>Based on observation, record review and interview, the facility failed to ensure planned interventions for safe transfers were implemented to decrease the potential for injury for 1 (Resident #6) of 5 (Residents #1, #3, #4, #5 and #6) case mix residents who required the use of a mechanical lift. This failed practice had the potential to affect 24 residents in the facility who required the use of a mechanical lift, according to the Director of Nursing (DON) on 5/23/08 at 12:20 p.m. The findings are:</p> <p>Resident #6 had diagnoses of Osteoporosis, Osteoarthritis, Degenerative Joint Disease and Lumbar Compression Fracture with Kyphoplasty. The Quarterly Minimum Data Set (MDS) dated 3/26/08 documented the resident was totally dependent on staff for transfers.</p> <p>a. The Plan of Care dated 4/6/08 documented, "Problem: At risk for spontaneous fractures related to brittle bones. Diagnosis of osteoporosis. Interventions: Transfer using Hoyer lift."</p> <p>b. On 5/22/08 at 9:54 a.m., Licensed Practical Nurse (LPN) #1 stated the resident required the use of a mechanical lift for transfers. A lift symbol was observed on the resident's name plate by the door, indicating the resident was to be transferred with a lift.</p> <p>c. On 5/22/08 at 1:27 p.m., Certified Nursing Assistant (CNA) #3 and CNA #4 were observed transferring the resident from a wheelchair to the bed. Both CNAs put their forearms in the resident's armpits and totally lifted the resident from the wheelchair to the bed.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>d. On 5/22/08 at 1:55 p.m., the DON was asked how the facility determined which residents required a mechanical lift for transfers. She stated, "It's a collaborative effort with Nursing, Therapy and Restorative." The DON was asked why the resident would require the use of a mechanical lift. She stated, "She would be unpredictable. She can't reliably bear weight. She's in a generalized weakened state with her standing. I wouldn't try to transfer her with pivoting."</p> <p>e. On 5/22/08 at 2:00 p.m., CNA #3 was asked why a lift wasn't used to transfer the resident from the wheelchair to the bed. She stated, "She didn't have a lift pad under her." She was asked who got the resident up in the wheelchair. She stated, "We laid her down after breakfast and got her back up." She was asked since there was no lift pad under the resident, did that mean a lift wasn't used to get the resident up to the wheelchair after breakfast. She stated, "That's right."</p> <p>f. The facility's Portable Lifting Machine Policy and Procedure documented, "Purpose: The purposes of this procedure are to help lift residents who are too heavy to lift manually and to promote comfort and to maintain good body alignment while the resident is being moved."</p>	F 323			