

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

PRINTED: 09/20/2005
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 09/09/2005
NAME OF PROVIDER OR SUPPLIER HERITAGE LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1175 MORNINGSIDE DRIVE CONWAY, AR 72032	
(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 000	INITIAL COMMENTS Complaint #10525, substantiated (all or in part) with no deficiency cited. Complaint #10592, substantiated (all or part) with a deficiency cited at F426.	F 000		
F 426 SS=D	483.60(a) PHARMACY SERVICES - PROCEDURES A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. This REQUIREMENT is not met as evidenced by: Complaint #10592, substantiated (all or part) in these findings. Based on observation, record review, and interview the facility failed to ensure pharmaceutical services provided accurate receiving and administration of drugs for 1 (Resident #6) of six residents in the facility with the medication Hydrocodone/Acetaminophen (APAP) in their drug regiment, as identified by the Director of Nursing (DON) on 9/8/05 at 12:30 p.m. The findings are: On 9/7/05 it was reported to the Office of Long Term Care that there was 31 tablets of Hydrocodone/APAP 7.5/500 mg (milligrams) were not in the facility.	F 426		

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 426	Continued From page 1 a. Resident #6 had a physician order dated 7/28/05 for Lorcet (Hydrocodone/APAP) 500/7.5 mg po (by mouth) q every 4 to 6 hours prn (as needed) for pain. c. The XXX pharmacy packing slip dated 9/2/05 documented that 31 Hydrocodone/APAP tablets 7.5/500 mg were delivered to the facility and checked off and signed for by Licensed Practical Nurse (LPN) #1. d. As of 9/7/05, LPN #1 had not signed in the 31 tablets of Hydrocodone/APAP 7.5/500 mg into the narcotic book. The standard of practice for narcotics is that all narcotics should be signed in immediately upon receipt.	F 426			