

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

PRINTED: 04/21/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2008
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - GOLF LINKS			STREET ADDRESS, CITY, STATE, ZIP CODE 552 GOLF LINKS ROAD HOT SPRINGS, AR 71901	
(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	F 000		
F 282 SS=D	<p>Complaint #13415, substantiated (all or in part) with deficiencies cited at F282, F314, F332, and F333.</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: Complaint #13415, substantiated (all or in part) in these findings.</p> <p>Based on observation, record review and interview, the facility failed to ensure a therapeutic diet was served for 1 (Resident #6) of 4 case mix residents (Resident #2, #4, #6 and #8) who received a therapeutic diet. this failed practice had the potential to affect 22 residents who had a physician order for a therapeutic diet according to the Administrator on 4/8/08 at 4:44 p.m. The findings are:</p> <p>Resident #6 had diagnoses of Dementia and Alzheimer's Disease. The Quarterly Minimum Data Set (MDS) dated 2/14/08 documented the resident was moderately impaired in cognitive skills for daily decision making and required limited to total assistance with activities of daily living (ADLs).</p> <p>a. A physician order dated 1/15/07 documented, "...Regular with Fortified Foods at all meals with melted margarine."</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 b. The Care Plan documented, "11/12/07 Parkinson - Risk for injury, decline in function, weight loss, difficulty swallowing, tremors, involuntary muscle movements d/t Parkinson's Disease" The care plan was updated, "2/11/08 - Continue Fortified Foods and supplements - ...Serve diet as ordered ...Set up meal tray and assist with meal as needed." c. The Interdisciplinary Progress Note dated 3/12/08 documented, "...RD (Registered Dietary) note: Resident is showing a weight loss trend for 30 days #98 (2/08) - PO intake > 25% nutritional interventions presently include F. (Fortified) Foods TID (three times a day), ice cream TID, 1 oz. (ounce) melted margarine..." d. On 4/8/08 at 12:55 p.m., the resident was sitting at the dining room table with her meal tray set up. CNA (Certified Nursing Assistant) #1 was sitting next to her and another resident, assisting and encouraging them to eat. The resident's dietary meal card was lying on the table next to her tray. The dietary card documented, "Noon - ...Fortified Milk 4 oz., ...water 6 oz. Nutr. (Nutrition) Enhanced..." The resident was served Rice Pilaf, baked fish with gravy, a roll, mixed vegetables, dessert, bread and butter, ice cream, 6 ounces of water and an 8 ounce glass of red juice. There was no fortified milk served. e. On 4/8/08 at 1:00 p.m., CNA #1 was asked, if the resident was suppose to receive the liquids listed on the dietary meal card. He stated, "I think so." He was asked why didn't she receive fortified milk. He stated, "I don't know." f. On 4/8/08 at 1:05 p.m., during an interview with	F 282			

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F 282	Continued From page 2 the facility's dietary consultant, the dietary manager entered the interview and stated, "If they're getting fortified milk they had a weight loss." As the surveyor gestured toward the resident's lunch tray he was told, "but she (Resident #6) didn't get fortified milk." He stated, "that may have slipped past us."	F 282		
F 314 SS=D	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Complaint #13415, substantiated (all or in part) in these findings. Based on observation, record review and interview, the facility failed to ensure Spinko boots were utilized for 1 (Resident #4) of 1 case mix resident who had physician orders for Spinko boots. This failed practice had the potential to affect 2 residents who had orders for Spinko boots according to the Administrator on 4/9/08 at 4:44 p.m. The findings are: Resident #4 had diagnoses of Paraplegia and Pressure Ulcers. The Quarterly Minimum Data Set (MDS) dated 3/14/08 documented the resident had modified independence in cognitive skills for daily decision-making, required	F 314		

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F 314	Continued From page 3 extensive assistance from staff for bed mobility and received preventative or protective foot care. a. A Physician Order dated 12/18/07 documented, "Spinko boot bilaterally to relieve pressure wound areas." b. The Plan of Care dated 3/25/08 documented in the intervention section, "12/18/07 - Spinko boots bilaterally to relieve pressure areas." c. On 4/8/08 at 11:47 a.m. and 12:47 p.m.; and 4/9/08 at 10:30 a.m.; the resident was in his wheelchair and did not have on Spinko boots. d. On 4/9/08 at 10:30 a.m., the resident had a Stage 2 pressure ulcer on the right heel approximately 1 cm (centimeter) x 1 cm with a small amount of serosanguinous drainage. e. On 4/9/08 at 3:00 p.m., the resident was asked if he refused the heel protecting boots when staff offered them. He stated, "No, not that I remember." He was asked if staff ever puts the protectors on him when he is up in his wheelchair. He stated, "No."	F 314		
F 332 SS=D	483.25(m)(1) MEDICATION ERRORS The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Complaint #13415, substantiated (all or in part) in these findings. Based on observation and record review of the	F 332		

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F 332	<p>Continued From page 4</p> <p>8:00 a.m. medication pass on 4/8/08, the facility failed to ensure the medication error rate was less than 5%. Errors were made by 1 Licensed Practical Nurse (LPN) of 3 observed during the medication pass. The medication error rate was 6.8% based on observation of 42 medications administered and 2 medications ordered but not administered with a total of 3 errors. This failed practice had the potential to affect 22 residents who received medications from LPN #1 according to the Administrator on 4/9/08 at 4:44 p.m. The findings are:</p> <p>1. Resident #7 had a physician order dated 3/13/08 for Mucinex 600 mg (milligrams) 2 twice daily.</p> <p>a. The March 2008 Medication Administration Record (MAR) documented the medication was administered as ordered, but the April 2008 MAR did not document Mucinex 600 mg.</p> <p>b. On 4/8/08 at 7:15 a.m., LPN #1 did not administer Mucinex. The resident stated, "Where's my Mucinex. The doctor said it never should've been taken off the MAR."</p> <p>2. Resident #1 had a physician order dated 9/13/07 for Formoterol Fumarate, 1 puff per inhalation two times daily.</p> <p>The April 2008 MAR documented the medication was administered at 8:00 a.m. and 8:00 p.m.</p> <p>On 4/8/08 at 7:30 a.m., LPN #1 did not administer the Formoterol Fumarate.</p> <p>3. Resident #1 had a physician order dated 9/13/07 for Combivent, 2 puffs per inhalation four</p>	F 332		

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F 332	Continued From page 5 times daily.	F 332			
F 333 SS=E	<p>On 4/8/08 at 7:30 a.m., LPN #1 handed the inhaler to the resident. The resident took one inhalation, waited 5 seconds and took the second dose. The nurse gave no instruction to the resident.</p> <p>483.25(m)(2) MEDICATION ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #13415, substantiated (all or part) in these findings.</p> <p>Based on observation of the 8:00 a.m. medication pass on 4/8/08, the facility failed to ensure residents were free from significant medication errors. Significant medication errors were made by 1 Licensed Practical Nurse (LPN) of 3 LPNs observed during the medication pass. This failed practice had the potential to affect 22 residents who received medications from this nurse according to the Administrator on 4/9/08 at 4:44 p.m. The findings are:</p> <p>Resident #7 had diagnoses of Asthma and Congestive Hear Failure.</p> <p>a. A physician order dated 3/13/08 for Mucinex 600 mg (milligrams) 2 twice daily.</p> <p>b. On 4/8/08 at 7:15 a.m., LPN #1 did not administer the Mucinex. The resident stated, "Where's my Mucinex. The doctor said it never should've been taken off the MAR."</p>	F 333			

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F 333	Continued From page 6 c. The March 2008 Medication Administration Record (MAR) documented the medication was administered as ordered, but the April 2008 MAR did not document Mucinex 600 mg. According to the April MAR, the resident did not receive 15 ordered doses of the Mucinex. d. This was a significant error due to the frequency of the error.	F 333			