

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

PRINTED: 09/20/2007
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 09/06/2007
NAME OF PROVIDER OR SUPPLIER BEVERLY LIVINGCENTER - HOT SPRINGS			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 314 SS=G	<p>Complaint # 12847 substantiated (all or in part) with deficiencies cited at F314</p> <p>483.25(c) PRESSURE SORES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # 12847 was substantiated (all or in part) with these findings:</p> <p>Based on record review and interview the facility failed to ensure that the Physician was consulted, treatment orders obtained and treatment started in a timely manner for 1 case mix resident (Resident #1) of 5 case mix residents (Residents #1, 2, 3, 4 and 5) who had pressure sores. This deficient practice resulted in actual harm for Resident #1 who had a delay in treatment of 12 days resulting in an infection and a left above the knee amputation and had the potential to affect a total of 7 residents that had pressure ulcers as identified on a list provided be the Administrator on 9/6/07 at 10:00 a.m. The findings are:</p> <p>1. Resident # 1 had diagnoses of Dementia, Depressive Disorder and Parkinson Disease. The MDS (Minimum Data Set) dated 8/15/07 documented the resident had moderately</p>	F 314	Past noncompliance: no plan of correction required.	

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 314	Continued From page 1 impaired cognitive skills for daily decision making, required limited assistance with transfers, eating and personal hygiene and was occasionally incontinent of bladder. a. The admission assessment dated 1/24/07 documented skin on heels were intact and no skin treatment. b. The [Name of Clinic] foot care clinic Physical Examination form dated 5/11/07 documented, Vascular Exam (examination) DP (Dorsalis Pedis) and PT (Posterior Tibial) non-palpable b/l (bilateral) lower extremity. CFT (Capillary Fill Time) is delayed to digits 1 thru 5 b/l. ... Skin temperature from proximal to distal was cool to cold b/l. Derm Exam: The skin was thin and shiny b/l extremity. ... Podiatric Diagnosis: Onychomycosis x 10, Onychogryphosis x 10 PVD (Peripheral Vascular Disease) Painful nails." c. The Nurses notes dated 7/15/07 documented, "Resident returned to facility via Ambulance from [Hospital Name]. ... Noted left heel with red area present and potential for breakdown and lateral left foot with Stage 2 present. Area cleansed and dressing applied. " 1) As of 9/6/07 the clinical record from 7/15/07 thru 7/26/07, contained no documentation that the physician was consulted and treatment orders obtained. 2) The July 2007 Treatment Administration Record did not document a treatment to the left foot prior to 7/27/07. The Weekly skin reports for all residents receiving wound treatments dated for 7/24/07 did not include Resident # 1.	F 314			

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F 314	<p>Continued From page 2</p> <p>3) On 9/5/07 at 3:30 p.m., the Director of Nursing was asked if there was any further documentation for the resident in the clinical record concerning the initial assessment and care provided for the reddened area to the left heel and pressure ulcer that was identified on 7/15/07. The DON stated that she reviewed the chart and was unable to find any documentation that the Physician was consulted or a treatment was started on the pressure ulcer or the reddened area on the left heel prior to 7/27/07.</p> <p>d. The documentation on the Nurses Treatment Notes dated 7/27/07 at 1015 (10:15 a.m.) documented, "... area measuring 1 1/2 centimeters to Left 5th metatarsal with open area and serous drainage Stage II although has black firm area in the center area has swelling and redness to entire foot, the APN was notified orders for Aquacel dressing [and] Keflex TID (three times per day) X (times) 9 days. Will continue to monitor. "</p> <p>A Physician order dated 7/27/07 documented, "Keflex 500 mg TID (three times daily) [for] 9 days for cellulitis. ... cleanse left fifth metatarsal wound with NS (normal saline) apply Aquagel AG with Hydrofiber 1.2% DRE (dressing) (sliver) cover with 4x4s and secure with Kerlix daily until healed [every 3 days written out to side of the word Kerlix]. "</p> <p>e. The Nurses Treatment Notes dated 7/31/07 documented, " Left lateral 5th metatarsal wound 1.5x1.5 x 0.2 centimeters dressed with Aquacel and kerlix no drainage yellow sloughing. "</p> <p>f. The Weekly skin report for the resident dated 8/8/07 documented, " 4x2 x 0.1 centimeters to</p>	F 314			

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F 314	Continued From page 3 left 5th metatarsal with black area in the center moderate amount serous drainage." g. A Physician Telephone order dated 8/13/07 documented, " Refer resident to Wound Clinic for LLE (left lower extremities) wound ... wet to dry dressing change to left fifth metatarsal wound two times daily until resolved. " h. Physician orders dated for 8/17/07 documented, transfer to [Hospital] ER (emergency room) for evaluation of ischemic foot ulcer, via facility van. 1) The History and Physical for the Hospital Admission and Assessment and Plan dated 8/17/07 documented, " ... I think he was seen in consultation ... subsequently underwent an ORIF (Open Reduction and Internal Fixation) of the left hip fracture and was then sent to the nursing home on or about 7/15/07. Today, the nursing home tried to get him an appointment with ... Wound Care Clinic because of a significantly infected left foot, but there was no availability of appointments late today on Friday, so they had made an appointment for Monday, but because the foot was looking pretty bad, the nursing staff at the nursing home sent him to the emergency room for evaluation where [Physician ' s Name] evaluated him. His foot was indeed found to be significantly swollen and red and he had several ulcerated areas present. ... Assessment and Plan ... now presents with severe cellulitis of his left foot which is secondary to several ulcerated lesions which probably originated from pressure ulcers. He has osteomyelitis evident on x-ray. By examination, he has peripheral vascular disease, but I palpate no pedal pulse ... We will consult wound care because more than likely this patient	F 314			

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F 314	<p>Continued From page 4</p> <p>will need either orthopedic or general surgery at some point in the future to do major debridement and possible above or below-knee amputation as I see no good prospects for ever healing this degree of foot infection and osteomyelitis in a patient with PVD and bedridden state "</p> <p>2) The Discharge Summary from [Hospital Name] dated 8/26/07 documented, " Final discharge diagnosis 1. Sepsis with blood culture positive for two different kinds of E-Coli. 2. Left foot cellulitis with ulcer and osteomyelitis of 5th metatarsal with pathologic fracture and gangrene of the skin and soft tissue with peripheral vascular disease status post left above the knee amputation. ... Hospital Course ... a chief complaint of left foot infection and cellulitis for further evaluation and on initial work up he was found to have cellulitis with Osteomyelitis and patient was admitted He underwent an arterial doppler of left lower extremity which reported as above in the procedure [findings suggestive of some occlusive disease in the left lower extremity]. He was seen by surgery [Physician ' s Name] and he decided to operate on him with left above the knee amputation.</p> <p>i. On 9/20/07 at 8:35 a.m., the Director of Nursing (DON) stated per telephone interview that the facility did not have a treatment nurse between April 4 - July 15, 2007. The DON also stated that the new Treatment Nurse started on July 15, 2007 and treatments prior to this date were being done by the Licensed Practical Nurses for their assigned patients. The Treatment Nurse recieved and intiated treatment for the resident on 7/27/07.</p>	F 314			