

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

PRINTED: 11/06/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2007</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEGACY HEALTH AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3310 NORTH 50 STREET</b> <b>FORT SMITH, AR 72904</b>
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F 000	INITIAL COMMENTS	F 000		
	Complaints #12995 and #13033 were unsubstantiated.			
F 241 SS=E	483.15(a) DIGNITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.	F 241		
	This REQUIREMENT is not met as evidenced by: Complaints #12998 and #12983 were substantiated (all or in part) with these findings.			
	Based on observation, record review and interview, the facility failed to ensure bathing assistance was provided in a manner to maintain the personal dignity of 4 (Residents #1, #6, #7 and #8) of 7 case mix residents who were bathed in the East Hall shower area (Residents #1 through #3 and #5 through #8). The failed practice had the potential to affect 41 residents who were bathed in the East Hall shower area, as documented on a list provided by the Director of Nursing (DON) on 10/24/07 at 4:12 p.m. The findings are:			
	1. Resident #8 had diagnoses of Mental Retardation and Dementia. The Minimum Data Set (MDS) dated 9/7/07 documented the resident had modified independence in cognitive skills for daily decision-making and required limited assistance of one person for bathing.			

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 241	Continued From page 1  2. Resident #6 had diagnoses of Traumatic Brain Injury with Short Term Memory Loss and Mental Retardation. The MDS dated 9/4/07 documented the resident had modified independence in cognitive skills for daily decision-making required set-up assistance only for bathing.  3. Resident #1 had a diagnosis of Cognitive Deficiency. The MDS dated 9/21/07 documented the resident was moderately impaired in cognitive skills for daily decision-making and required extensive assistance of one person for bathing.  4. Resident #7 had diagnoses of Bipolar Disorder with Psychotic Features, Depression, Anxiety and Paranoid Personality. The Minimum Data Set (MDS) dated 8/28/07 documented the resident was moderately impaired in cognitive skills for daily decision-making and required extensive assistance of one person for bathing. The Plan of Care documented: "...provide privacy - draw curtain, close door ..."  a. A Physician Progress Note dated 8/17/07 documented: "[Resident] is a very stoic, quiet, thoughtful individual. He doesn't carry on much of a conversation... probably doesn't have good verbal skills... He doesn't feel good... says he has unusual thoughts after he takes a shower..."  b. On 10/24/07 at 9:05 a.m., Resident #7 was nude in the East Shower room in a shower stall that did not have the privacy curtains closed between the stall and the corridor door or between the stall and other residents in the shower room. Residents #1 and #6 were also in the shower room, nude with no privacy curtains pulled between them and the other residents or	F 241			

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F 241	Continued From page 2 between them and the corridor door. Resident #8 was nude in the adjacent shower area with no privacy curtain closed between him and the other residents. All 4 of the residents were in full view of each other and visible to anyone in the corridor when the shower room door was opened. Certified Nursing Assistants (CNA's) #1 and #2 were in attendance in the room and made no effort to drape or cover the residents to protect their privacy and dignity.	F 241			
F 323 SS=D	c. On 10/24/07 at 12:50 p.m., Resident #7 stated, "I don't care how I get a shower, but when we do it together, it makes me really think about it." Resident #7 would not provide further details regarding his thoughts, but stated, "I don't like it when other people walk in when the aide says 'come in' and we don't have clothes on." 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: Based on observation, record review and interview, the facility failed to ensure a mechanical lift transfer was provided to 1 of 1 case mix resident with physician orders for non-weight-bearing status (Resident #3), to facilitate healing and prevent re-injury of a Right Hip Fracture. The failed practice had the potential to affect 24 residents who required	F 323			

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F 323	Continued From page 3 mechanical lift transfers, as documented on a list provided by the Director of Nursing (DON) on 10/24/07 at 4:15 p.m. The findings are:  Resident #3 had diagnoses of Cellulitis, Alzheimer's Disease, Squamous Cell Carcinoma of the Right Lower Extremity, Osteoporosis and Fracture of the Right Inferior Pubic Ramus. The Quarterly Minimum Data Set dated 8/20/07 documented the resident had short and long-term memory problems, was moderately impaired in cognitive skills for daily decision making, totally dependent on 2 or more staff for transfers and fell in the past 31-180 days.  a. Nurses' Notes dated 8/31/07 at 7:15 a.m. documented: "Found resident in floor ... Roommate [Resident #3's husband] stated his eyes were closed when he heard a noise and opened his eyes and wife was in floor."  b. Nurses' Notes dated 8/31/07 at 12:45 p.m. documented: "No deformities or bruising noted."  c. Physician's Telephone Orders dated 8/31/07 at 2:00 p.m. documented: "X-ray R [right] hip. Dx [diagnosis]: Pain/Rule out fracture."  d. A Radiology Report dated 8/31/07 documented results of the resident's right hip x-ray as: "Examination: Right Hip: The right hip joint is intact. No fracture or dislocation is seen. Right superior and inferior pubic rami fractures have early callus. Osteoporosis is present. Impression: Early healing of right superior and inferior pubic rami fractures."  e. Late entry Nurses' Notes dated 9/4/07 (not timed) documented: "[Resident's attending	F 323			

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F 323	Continued From page 4 physician] aware of new x-ray results. Recommends for resident to sit tid [three times daily] with no wt. [weight] bearing till seen by him on 9/12/07."  f. Physician's Telephone Orders dated 9/5/07 documented: "X-ray R [right] hip [with] pelvic region."  g. A Radiology Report dated 9/5/07 documented results of the resident's right hip and pelvic x-ray as: "There are fractures of the superior and inferior pubic rami on the right. No other fractures are demonstrated. No other abnormalities are present."  h. Physician's Progress Notes dated 9/20/07 documented: "...With the fracture having occurred only about a month ago, I think she is improving and tolerating this quite well. We will just continue things as they are with no change in plan at the present time."  i. Physician's Telephone Orders dated 9/24/07 at 2:00 p.m. documented: "DC [discontinue] merry walker effective 8/31/07 d/t [due to] non use [secondary to] order of bed rest."  j. Physician's Telephone Orders dated 9/28/07 at 12:00 p.m. documented: "Re x-ray pelvic region/superior/inferior pubic rami monitor healing of fx [fracture]."  k. A Radiology Report dated 10/4/07 documented results of the pelvic x-ray as: "Examination: Pelvis: There is old fracture involving right inferior pubic ramus with modest healing and no displacement. The sacroiliac joints and hip joints are intact. Bony ossification	F 323			

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F 323	Continued From page 5 pattern is normal. Osteoporosis is present." A handwritten note from the attending physician was also documented on the Radiology Report. The note documented: "Delay wt. [weight] bearing x [times] 1 mo [month]. On 11/4 [11/4/07] re x-ray."  l. The Physician's Progress Notes dated 10/4/07 documented: "[Resident] is a patient who fell and fractured her pelvis several months ago. She has been on non-weight bearing. We have just repeated the x-ray and there is only a minimal amount of calcium plaque and new bone formation. I think it would be appropriate to wait another month before we re-x-ray her. We will x-ray her before we start any ambulation."  m. As of 10/24/07 at 1:00 p.m., the Plan of Care documented: "6/29/07 - Merry walker to enable ambulation." Entries dated 5/2/07 documented: "Requires assistance of one for transfers. Pt [patient] can stand and pivot ... Requires mechanical lift with transfers N/A [not applicable]." The Plan of Care did not address the resident's current non-weight-bearing status or that the resident was to be lifted by a mechanical lift.  n. On 10/24/07 at 1:30 p.m., the Surveyor entered the room as Certified Nursing Assistants (CNA's) #5 and #6 were transferring the resident from a geri-chair to the bedside commode. CNA #5 stated to CNA #6, "She is able to stand and walk very slowly if she's not fighting you." The CNA's lifted the resident under her arms to a standing position. The resident walked with assistance approximately 3 feet from the geri-chair to the bedside commode. The CNA's pivoted the resident and assisted her to sit on the	F 323			

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F 323	Continued From page 6 bedside commode. At 1:40 p.m., the resident was lifted under her arms to a standing position and walked with assistance approximately 3 feet from the bedside commode to the bed.  o. On 10/24/07 at 3:20 p.m., the Director of Nursing (DON) was asked how Resident #3 sustained the fracture. The DON stated, "I don't know when the resident got the fracture. The Radiologist could not tell us how long ago the resident got the fracture. The doctor was here on 10/4/07. She was not to ambulate until re x-rayed. We're going to re-do the x-ray on 11/4/07 to see if she is completely healed and to get her on weight-bearing status. At this point, she is non-weight-bearing. After the fall and fracture, she was placed on bedrest. The doctor also took her out of the merry walker on 8/31/07 - she was non-weight-bearing. After the results of the x-ray were back, she was definitely non-weight-bearing. On 10/9/07, she was able to be up in a geri chair. We try to not extend that more than 30 minutes at a time. That's what we told the aides and the nurses. She is still non-weight-bearing." The DON was asked how the resident was to be transferred. The DON stated, "She should be a mechanical lift, non-weight-bearing, with 2 people in the room." The DON was asked if the facility utilized CNA Care Plans. The DON stated the facility did use CNA Care Plans. The MDS Coordinator was present and was placing a sheet of paper [Nursing Assistant Information Listing] back into a sheet protector and stated, "I just changed it. It had 1 person assist circled. I crossed that out and circled 'mechanical lift' and wrote 'due to fracture - non-weight-bearing'. It wasn't the CNA's fault - it was our fault for not changing it."	F 323			

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F 323	Continued From page 7 p. On 10/24/07 at 4:02 p.m., the MDS Coordinator provided a copy of the "Nursing Assistant Information Listing." The MDS Coordinator had documented the following on the form: "This care plan instructed CNA to use a 1 person assist to transfer until I changed it on 10/24/07 at 1600 [4:00 p.m.]."	F 323		