

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

PRINTED: 01/02/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2006
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER - NORTH LITTLE ROCK			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 RICHARDS ROAD NO LITTLE ROCK, AR 72117	
(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 #12174 was unsubstantiated.	F 000		
F 324 SS=G	483.25(h)(2) ACCIDENTS The facility must ensure that 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 that staff were trained and knowledgeable in the use of the facility van restraint system in order to prevent accidents and injury for 1(Resident #2) of 5 (Resident # 1, 3 - 5) case-mix residents who required facility transportation for medical appointments. This failed practice resulted in past noncompliance at actual harm for Resident #2 who was injured while being transported in the facility van. This failed practice had the potential to affect 113 residents in the facility who could require transportation on the facility van according to a statement provided by the Director of Nursing Service on 12/15/06. The findings are: 1. Resident #2 had diagnoses of Right and Left above the knee amputations, Psychosis, Essential Hypertension, Anxiety, Lumbar Back Pain, Polyarthritis, Soft tissue Disorders, and Osteoporosis. The quarterly Minimum Data Set (MDS) dated 10/19/06 documented the resident had modified independent cognitive skills for daily decision-making, full loss of functional limitations	F 324	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 324	<p>Continued From page 1</p> <p>of both feet and had complaints of pain less than daily.</p> <p>a. The Clinical Record Change of Condition Report - Post Fall/Trauma dated 11/8/06 at 6:00 p.m. documented, " ... fell backwards in the facility van ... Injury ... head and neck pain ... physician notified, family notified, resident seen by physician, resident taken to hospital, the care plan was updated, equipment involved ... CNA secured w/c (wheelchair) to floor of van [with] floor restraints. When van put into forward gear w/c tilted backwards ... ID (Interdisciplinary Team) Review and Recommendations: " 1) Immediate check of van restraint system; 2) Retraining of all van drivers on use of van restraint system b video and return demonstration.; X-rays obtained, medicate as needed for pain".</p> <p>On 12/12/06 at 1:25 p.m., was interviewed regarding the above incident. She stated, " I had gone to the doctor and was coming back. The chair (wheelchair) went over backwards and I hit my head and neck. It was her fault (bus driver). It was an accident."</p> <p>b. Discharge Instructions from [hospital name] dated 11/08/06 timed at 21:29 (9:29 p.m.) documented, "Discharge Instructions - This information is about your diagnosis -Cervical Strain. Neck muscle strains."</p> <p>c. The Plan of Care dated 5/1/06 documented: "Problem Pain and pain related symptoms risks related to soft tissue pain" added on 11/13/06, "Continued neck pain ..." added on 11/15/06 with interventions: "Heating pad to neck per orders (d/c - discontinue 11/15), 1) Lortab 5/500 i po tid</p>	F 324			

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F 324	<p>Continued From page 2</p> <p>x 5 days (Lortab 5/500 1 by mouth three times daily for 5 days), and (Lortab 5/500 i po q 6 hrs prn pain (Lortab 5/500 1 every 6 hours as needed for pain)." 2) Have pt (physical therapy evaluate neck pain, hot moist (heat) pack to neck, 3) Neurontin 200 mg a.m. 400 mg @ hs (bedtime) ... "</p> <p>d. The Nurses Medication Notes for November 2006 documented complaints of head and neck pain on November 1st, 2nd, 3rd, 6th, 7th, 9th (pain scale 6), 13th (pain scale 9), 15th (pain scale 8), 16th (twice pain scale 9 and 10), 20th (three times pain scale 10, 9, and 6), 21st (twice pain scale 10 and 5)), 27th (pain scale 10), 28th (pain scale 4), 29th (twice pain scale 8 and 9) and 30th (five times pain scale 9, greater than 10, 9, 5 and 7).</p> <p>e. The Nurses Medication Notes for December 2006 documented complaints of head and neck pain on December 2nd(pain scale 9), 3rd (pain scale 8-9), 5th (pain scale 8), 7th, 8th (twice pain scale 10 and 7), 9th (pain scale 7), 10th (pain scale 8) and the 11th (pain scale 8)</p> <p>f. Physicians Orders dated 11/1/06, before the accident on 11/08/06, documented two pain medications: "Hydrocodone/APAP 5/500 was scheduled to be given every 6 hours. Also Acetaminophen 500 mg tablet was to be given as needed every 6 hours for fever or pain".</p> <p>Physicians Orders dated 11/15/06 documented additional pain medications: "Hydrocodone/APAP 5/500 to be given every 6 hours as needed for chronic pain". Physicians Orders dated 11/20/06 documented additional pain medications: "Tramadol HCL 50 mg tab 1 by mouth PRN (as</p>	F 324			

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F 324	<p>Continued From page 3</p> <p>needed) three times daily for chronic pain". Physicians Orders dated 11/30/06 documented additional pain medications: "Neurontin 100 mg 2 capsules daily due to neck pain".</p> <p>The Doctor's Order Sheet dated 11/15/06 documented, "Please have PT (Physical Therapy) eval (evaluate) [and] tx (treat) neck pain/neck strain following recent fall. Please change heat pad to hot moist packs. Please have PT administer this or other helpful modalities".</p> <p>g. The Physical Therapy Plan of Care for Rehabilitation dated 11/16/06 documented, "pt (patient) has minimal loss of AROM (active range of motion) due to c/o (complaint of) pain in neck, headache, and (L) shoulder; pain rated severe/10 tenderness to palpation. The Weekly Physical Therapy Progress Note dated 11/22/06 documented: "AROM minimum loss; tenderness to palpation at severe; pain 10/10." The Weekly Physical Therapy Progress Note dated 11/29/06 documented, "Minimal loss of AROM, moderate tenderness to palpation, and pain at 3/5 before treatment and at 2/5 after treatment".</p> <p>h. On 12/12/06 at (Need time) the resident was asked about her pain, she stated, "I'm taking Ultram and Lortab. Lortab makes you constipated. I have to put on a glove to get that out. Every other day. Lortab will do it overtime. It helps pain for a little while. Yesterday, the day before, and today my neck pain is really bad. I am in pain - neck, back shoulders".</p> <p>2. On 12/12/06 at 8:30 a.m., CNA/Van Driver #1 described an accident involving the resident that took place on the van that she had been driving on 11/8/06. She stated, "The chair (wheelchair</p>	F 324			

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F 324	<p>Continued From page 4</p> <p>tipped over backwards (all the way to the floor). The 2 front straps, were fully extended after the wreck. Afterwards the maintenance manager showed me how to tighten these straps in front". She then demonstrated by tuning a ratchet knob on the outside of the belt housing to crank it down tight. She was asked if he showed you this after the wreck? The CNA/Van Driver #1 stated, "Yes, after the wreck."</p> <p>On 12/12/06 at 2:45 p.m., the Administrator stated, "There are no inservice records for training before the accident".</p> <p>3. On 12/14/06 at 11:05 a.m., the Administrator stated, "The Maintenance Manager and I went through the (procedures) with her. We did the training on the 14th of November 2006". The Administrator provided documentation dated 11/14/06 that Training was done on, "Subjects: Proper placement on quad restraints for wheelchairs and seat belt use. And Associate understands importance of proper placement of quad restraints and placement of wheelchairs during transports". The document had signatures for both Van Driver/CNAs.</p> <p>4. On 12/14/06 at 11:05 a.m., the Maintenance Manager and Administrator were asked if there was documentation of routine maintenance on the restraint system. The Maintenance Manager stated, "We don't have a check sheet on that. Its not on the PM (preventive maintenance). We don't have a place to check PM (preventive maintenance)". The Administrator provided an e-mail dated 11/14/06 signed by the Maintenance Manager that he had, "inspected all safety belts and every belt is working properly and also inservice van driver on the proper use of the</p>	F 324			

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F 324	Continued From page 5 safety belts". 5. On 12/12/06 an instruction sheet for the "ORT Restraint System" was provided by the Administrator. The instructions documented: "step #1 - front and rear belts - insure belts are properly tensioned". A drawing followed that showed how to turn, "knobs to increase tension" (clockwise/tightens) and how to depress a " release lever" to release the wheelchair. 6. On 12/12/06 at 1:12 p.m. the Administrator provided a copy of the internal investigation report titled, Verification of Investigation. The Investigation report dated 11/14/06 documented the following: a. "Assessment of Resident/Describe Injury: Fell backwards in facility van, head and neck pain, injury site: Neck. Subjective or patient state: Headache; Discomfort in area of trauma. Objective/underlying illness/Dx: Hx of falls; Impaired safety awareness/judgement; Neuro checks. Physical assessment: Localized pain, Dehydration sign: None" b. The Resident Interview Summary documented, "She must not of locked my wheels down. When she took off my w/c (wheelchair) went backwards." c. Causal or Contributory Factors and Observations included the statement: "Wheels were secured by van driver but handles were not tightened enough to keep straps from loosening allowing hooks to come loose when van pulled forward".	F 324			

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F 324	Continued From page 6 d. The internal Investigation Report also documented, "Specify Recommendations/Interventions taken to prevent reoccurrence: 1) Res (Resident) sent for x-rays 11/10/06. 2) PRN (as needed) pain med as ordered on 11-10-06. 3) Van driver watched video and was given hands on demo and return demonstration 11/14/06. 4) Van restraint system inspected by SR. maintenance Supervisor 11/14/06 with no neg. finding. 5) Chg. (charge) nurse retrained on BE123 (internal form) MD and family notification of all accidents/falls. 6) ED retrained that any accident involving facility equipment (i.e. van) must have safety inspection on prior to being used and staff retrained retrained as needed (11/14/06) 7) All van drivers will be retrained before driving van. e. The internal Investigation Report documented the Care Plan was reviewed and revised, the Physician was contacted on 11/10/06 and the Resident Representative was notified on 11/10/06. f. The "Witness Interview Summary" section documented by the Bus Driver, CNA #1 documented, "I locked the wheels into place on the van but it came loose." and " I reported it to the Charge Nurse..."	F 324			