

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

PRINTED: 05/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2006
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK HEALTHCARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5720 WEST MARKHAM LITTLE ROCK, AR 72205
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F 000	INITIAL COMMENTS	F 000		
F 159 SS=B	<p>Complaint #11379 was substantiated (all or in part) with deficiencies cited at F309 and F159.</p> <p>483.10(c)(2)-(5) PROTECTION OF RESIDENT FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to</p>	F 159		3/3/06

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 159	<p>Continued From page 1</p> <p>the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #11379 was substantiated (all or in part) in these findings.</p> <p>Based on interview and record review, the facility failed to safeguard monies in the Resident Trust Fund thereby expensing funds without written authorization for 1 of 1 case mix resident (Resident #1) who had an active resident trust fund account. This failed practice had the potential to affect 86 residents who had resident trust fund accounts according to Administrator at 9:00 a.m., on 2/2/06. The findings are:</p> <p>1. Resident #1 had diagnoses of Bell's Palsy, The Minimum Data Set dated 10/29/05 documented the resident had independent cognitive skills for daily decision making.</p> <p>a. On (no date documented) the Resident Trust Fund Authorization for Resident #1 was signed by the husband of the POA (Power of Attorney) which documented the following: " I [Resident #1], delegate to [Facility] the responsibility for</p>	F 159			

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F 159	<p>Continued From page 2</p> <p>retaining and keeping records of transactions for certain of my personal funds which are deposited with the Facility for such handling. I understand that I may make deposits to, or withdrawals from, these funds upon my request during the hours provided for these transactions. I grant specific approval for the Facility to apply these funds to the payment for certain personal goods and services which I have approved and received from or through the Facility. It is my understanding that I shall receive an accounting of the financial transactions relating to these funds no less frequently than quarterly, or I may request to have the Facility send the quarterly accounting to [husband of the POA].</p> <p>b. On (no date documented) the facility's Beauty/Barber Shop Authorization delineating the services available and the charges for same was signed by the husband of the POA.</p> <p>c. On 7/7/05 the residents Trust Fund Register Report documented an opening balance of \$100.00. On 8/18/05 the Trust Fund Register documented that \$50.00 had been deposited to the account.</p> <p>d. On 7/28/05, 8/4/05, and on 9/6/05 the Trust Fund Register Report documented payments were made to the " beauty shop". On 8/18/05, 9/6/05, and on 10/4/05 the Trust Fund Register Report documented monies were received by the POA.</p> <p>e. On 8/18/05 the Trust Fund Register Report documented a payment to [Insurance Company] for the amount of \$19.96.</p> <p>f. On 2/1/06 at 11:53 a.m., the Assistant</p>	F 159			

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F 159	Continued From page 3 Administrator stated that monies were paid to the Insurance Company. She further stated that in December of 2005 when the POA received the Quarterly Report of Resident #1's Trust Fund, she (POA) vocalized a complaint to the Assistant Administrator regarding the payment which she felt was not authorized. g. As of 2/1/05 at 4:30 p.m., there was no documentation available for review of authorization empowering the facility to make the 8/18/05 payment of \$19.96 to the Insurance Company.	F 159			
F 309 SS=E	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Complaint #11379 is substantiated, all or in part, with these findings. Based on record review, and observations the facility failed to ensure catheter tubing and catheter care was provided in a manner to prevent the potential for Urinary Tract Infections and failed to ensure leg bands were in place to prevent the potential for trauma to the urinary meatus for 2 of 2 case mix residents (Residents #3 and #4) who had foley catheters. The failed practice had the potential to affect 9 residents who had catheters as documented on the Roster	F 309		3/3/06	

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F 309	Continued From page 4 Matrix dated 1/30/06. The findings are: Resident #3 had diagnoses of Urinary Tract Infection, Diabetes Mellitus and Renal Insufficiency. The Minimum Data Set (MDS) dated 1/2/06 documented the resident had an indwelling catheter and had a Urinary Tract Infection in the past 30 days. a. The Plan of Care updated 1/13/06 documented: "Problem- At risk for complications related to indwelling catheter. Interventions- encourage maximum fluid intake allowed, ensure that catheter tubing is secured and reposition resident carefully to prevent trauma of urinary meatus and dislodging and assess color, consistency and odor of urine. Record and report any significant change promptly to physician." b. On 3/22/05 the Physician Orders documented: "Foley Catheter care every shift and PRN (as Necessary)." c. Physician Telephone Orders dated 12/6/05 documented: "Keflex 500 mg [milligram] 1 po [by mouth] TID [three times daily] x [times] 7 days and UA C&S [Urinalysis with Culture and Sensitivity] on 12/7/05." d. On 12/8/05 the Urinalysis Report documented results that included: "WBC [White Blood Cells] TNTC [too numerous to count] RBC [Red Blood Cells] TNTC [too numerous to count] and Bacteria 4 + mixed." e. A Microbiology Report dated 12/10/05 documented: "colony count [final] >100,000 cfu/ml and culture result [final] multiple negative rods	F 309			

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F 309	Continued From page 5 present and gram positive flora, no further identification." f. A Microbiology Report dated 12/25/05 documented: "colony count [final] >100,000 cfu/ml and culture result [final] mixed positive flora and gram negative rods-no further identification". g. A Physician Telephone Order dated 1/23/06 documented: "Levaquin 500 mg qd [every day] x 5 days, Keflex 500 mg BID [twice daily] x 5 days and repeat UA C&S now." h. A Physician Telephone Order dated 1/26/06 documented: "Pyridium 200 mg TID x 5 days." i. Physician Progress Notes On (no date noted) documented: "UTI [Urinary Tract Infection] on Keflex, Levaquin-afebrile but may be in pain-RX [prescription] Pyridium-C&S pending [previous Pseudomonas]." j. Physician Telephone Orders dated 1/31/06 documented: "UA C&S." k. On 1/31/06 at 9:00 a.m., the catheter tubing did not have a leg band in place to prevent tension on the tubing. The color of the urine was bright orange. l. On 1/31/06 at 10:41 a.m., the catheter tubing did not have a leg band in place to prevent tension on the tubing. The catheter bag was lying on the floor. m. On 2/1/06 at 8:10 a.m., the urine was amber in color and had sediment. n. The January 2006 Treatment Record	F 309			

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F 309	<p>Continued From page 6</p> <p>documented: "Foley catheter care every shift and PRN [as necessary]." There was no documentation foley catheter care had been completed on the following dates/times in January 2005: the 15th, 17th, 19th, 25th and 26th on the 7-3 shift or on the 11th, 12th, 13th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th or 31st on the 11-7 shift.</p> <p>o. On 2/1/06 at 10:05 a.m., CNA (Certified Nursing Assistant) #1 and CNA #2 were transferring the resident from the wheelchair to the bed. The catheter connecting tubing was lying on the floor. CNA #1 proceeded to provide catheter care after the transfer with the assistance of CNA #2. LPN (Licensed Practical Nurse) #1 was in attendance. CNA #1 sprayed Perineal Spray on the external genitalia. She separated the labia and wiped up and down with a dry towel, repeated the up and down wiping motion of the internal genitalia with a different part of the same towel, repeated the up and down wiping motion of the internal genitalia with a different part of the same towel, repeated the up and down wiping motion of the internal genitalia with a different part of the same towel (for a total of 3 times), sprayed the connecting tubing with the Perineal Spray and cleansed it with the same used towel.</p> <p>p. On 2/1/06 at 10:21 a.m., LPN #1 stated that the errors of the procedure included: "used the same towel, only sprayed the exterior labia, and opened the interior labia and wiped with a dry towel."</p> <p>q. On 2/1/06 at 2:36 p.m., the Assistant Director of Nursing stated that the resident "had increased</p>	F 309			

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F 309	Continued From page 7 behavior problems in December." She stated that a Urinalysis had been done showing greater than 100,000 mixed positive flora on 12/7/05 and on 12/22/05. The physician ordered Keflex for 7 days on 12/6/05. She stated the resident's behaviors did not improve. The physician was contacted again in January, at which time he ordered a UA with C&S (Urinalysis with Culture and Sensitivity). She further stated, "He [physician] ordered Levaquin and Keflex prior to the results on 1/23/06. Then on 1/25/06 the physician added Pyridium. A UA was done on 1/30/06 and 1/31/06 and the results are pending. [Resident #3's] Plan of Care relative to indwelling catheters was last updated on "1/13/06." She then reviewed the January 2006 Treatment Record for catheter care. She stated, "It is not documented for numerous 11-7 shift entries." When asked if the observations of the catheter tubing without a mechanism to prevent tension on the tubing, catheter bag being on the floor, and catheter care provision as described by Surveyor and LPN #1 were within her expectations of catheter care provision, she stated, "the inadequacies are not." 2. Resident #4 had diagnoses of Anemia, Renal Failure, Gastritis and Dysphagia. The MDS dated 1/16/06 documented the resident was incontinent of bowel and an indwelling catheter and had not had a Urinary Tract Infection in the last 30 days. a. Physician Orders dated 5/31/05 documented: "Foley Catheter Care q [every] shift and PRN [as needed] with soap and water." b. The plan of care dated 1/30/06 documented: "at risk for complications related to indwelling catheter. Interventions- cleanse area with soap	F 309			

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F 309	<p>Continued From page 8</p> <p>and water every shift, ensure that catheter tubing is secured and reposition resident carefully to prevent trauma of urinary meatus and dislodging, assess color, consistency and odor of urine record and report any significant change promptly to physician."</p> <p>c. On 1/30/06 at 9:15 a.m., the drainage tube from the catheter bag was hanging freely and touching the floor. The urine in the catheter tubing was dark amber with sediment. The catheter tubing was not secured with a leg band to prevent tension on the urinary meatus and tubing.</p> <p>d. On 1/31/06 at 11:15 a.m., CNA #3 provided catheter care with LPN #1 in attendance. CNA #3 sprayed periwash on a wash cloth and washed the internal genitalia in a back and forth motion, cleansed the catheter tubing with the same cloth with the same back and forth motion.</p> <p>e. On 1/31/06 at 11:20 a.m., the LPN #1 stated that she observed CNA #3 "not cleansing the meatus, wiped back and forth instead of in direction of the catheter."</p> <p>f. On 1/31/06 at 1:00 p.m., the resident's urine was yellow with a large amount of sediment in it.</p> <p>g. The January 2006 Treatment Record documented: "Foley catheter care every shift and PRN with soap and water." There was no documentation that foley catheter care had been provided on date/time as follows: 21st, 22nd, 28th and 29th on the 3-11 shift and was not documented the 9th through the 31st on the 11-7 shift.</p>	F 309			

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F 309	Continued From page 9 h. On 2/1/06 at 2:36 p.m., the Assistant Director of Nursing stated, "[Resident #4] has not had a Urinary Tract Infection since she has had her foley." She then reviewed the January 2006 Treatment Record for catheter care. She stated "It is not documented." In discussing observations of the absence of any device to prevent tension on the catheter, the drainage tube from the foley bag touching the floor and the catheter care provided by CNA #3 she stated, "the inadequacies are not within our policy and procedure." When asked to describe the resident's urine she stated "golden amber with sediment." 3. The facility's "Catheter Care Procedure" documented: "...gently clean the perineal area with soap and water, or other appropriate bathing system during the daily bath. Remove any gross debris from the catheter. Always use a front to back cleaning technique, or movements are to be starting at and away from the urinary meatus. Vigorous routine catheter care and use of antiseptics may predispose the resident to infection."	F 309			