

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

PRINTED: 06/20/2008
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 06/06/2008
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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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(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
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F 000	INITIAL COMMENTS	F 000		
F 282 SS=E	<p>Complaint #13561 was substantiated (all or in part) with a deficiency cited at F282.</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 #13561 was substantiated (all or in part) with these findings:</p> <p>Based on observation, interview and record review, the facility failed to ensure that large food portions were served and a plate guard was used consistently according to the resident's plan of care for 1 (Resident #1) of 1 case mix residents whose plan of care included large portion with meals and required the use of a plate guard. The failed practice had the potential to affect 6 residents with a diet order that included "large portions" and 3 residents that required the use of a plate guard according to the Diet List dated 6/4/08. The findings are:</p> <p>1. Resident #1 had diagnoses of Diabetes, Cerebrovascular Accident and Cortical Blindness. The quarterly Minimum Data Set (MDS) dated 5/9/08 documented the resident was modified independent in cognition skills for daily decision making and required setup help only with eating.</p> <p>a. A physician's order dated 9/7/07 documented for a regular, no added salt diet.</p>	F 282		

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 282	Continued From page 1 b. A Nutrition Progress Notes dated 3/3/08 documented, "Res uses a plate guard to assist in self feeding." c. On 6/4/08 at 8:35 a.m. and 10:50 a.m., the resident's tray ticket documented Large Portions and Plate Guard. d. On 6/4/08 at 9:23 a.m., the facility's policy that defined large portions documented, "Large portions will be considered [at] breakfast meat and eggs x 2 ... [at] lunch and supper meat x 2 and starch x 2." e. On 6/4/08 at 8:28 a.m., the resident was served a breakfast tray that consisted of 2 slices of bacon, 1 poached egg instead of 2, 1 slice of toast, jelly, 1 margarine, and oatmeal. There was no plate guard on the resident's plate. f. On 6/4/08 at 1:00 p.m., the resident was served a lunch tray that consisted of 1 serving cornbread, 1 margarine, 1 cranberry juice, 1 apple juice, 1 cup of tea, 1 regular serving ham instead of 2, 1 regular serving of blackeyed peas instead of 2 and 1 regular serving of turnip greens. 1). On 6/4/08 at 12:55 p.m., the Certified Dietary Manager was asked about another large portions tray that was being served to another resident with 2 slices ham approximately 5 ounces each. He stated that the resident "gets large portions." g. On 6/5/08 at 1:00 p.m., the resident was served a lunch tray that consisted of 1 regular serving of mashed potatoes, 1 regular serving of Brussels sprouts, 1 apple juice, 1 roll, 1 piece of	F 282			

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F 282	Continued From page 2 chicken instead of 2, 1 ice cream, and 1 can of Boost. Another resident sitting across from the resident had a tray card that documented he was to receive large portions. This resident received 2 pieces of chicken. This meal was served to the residents after the facility had been notified that Resident # 1 was not receiving large portions and he still did not receive large portions after they had been notified.	F 282			