

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

PRINTED: 07/25/2007
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 07/12/2007
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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 324 SS=G	<p>Complaint #12706, substantiated (all or in part) with a deficiency cited at F324.</p> <p>483.25(h)(2) ACCIDENTS</p> <p>The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure supervision was provided during a shower for 1 (Client#1) of 11 case mix resident (Resident #1 - 11) who required extensive assistance with bathing. This failed practice resulted in past noncompliance and actual harm to Resident #1 who sustained a fracture to the right leg. The findings are:</p> <p>Resident #1 had diagnosis of Organic Depressive Psychotic Condition. The Quarterly Minimum Data Set dated 4/18/07 documented the resident was severely impaired in cognitive skills for daily decision making, totally dependent on staff for all activities of daily living, no history of falls and required the use of a trunk restraint.</p> <p>a. The Facility Investigation Report for Resident Abuse, Neglect, Misappropriation of Property & Exploitation of Residents in Long Term Care Facilities, DMS 762, was submitted to OLTC (Office of Long Term Care) on 6/6/07 at 10:30 a.m. The Witness Statement from CNA #7 documented, "I gave [Resident #1] a shower, I stepped into the adjoining room to put used towels into the laundry barrel. I heard a loud thump as I was turning to take her back to hear</p>	F 324	<p>Past noncompliance: no plan of correction required.</p>	

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 324	<p>Continued From page 1</p> <p>(sic) room. [Resident #1] was lying in her left side still locked into the shower chair...." Under Findings and Action Taken documented, "The Certified Nursing Assistant has been suspended without pay for 9 calendar days. After an extensive inservice to her and all other employees; she will return to the staffing matrix with a probationary period to include safety analysis and safety assessments."</p> <p>b. Nurses notes dated 6/5/07 at 7:30 a.m., documented, "Resident in shower on shower chair with belt attached. Resident leaned forward & chair tilted over on top of resident. CNA (Certified Nursing Assistant) in attendance. Resident on side - did not hit head. Small laceration noted on [right] great toe & abrasion noted to right leg. Resident gotten up off floor per staff and placed into w/c (wheelchair) and taken to bed. Is responsive by eyes. Areas on right foot & leg cleansed with wound cleaner and dry dressing applied to toes SR (side rails) up call bell in reach." Nurses notes at 8:30 a.m. documented, "[Physician] notified and orders given and family notified." There was a physician's order received to " X-ray left shoulder and right lower extremities to include foot (stat)."</p> <p>c. The x-ray report faxed to the facility on 6/5/07 at 12:35 p.m. documented, "There is a fracture involving distal tibia and proximal fibula with minimal displacement. The knee and ankle joints are intact in alignment. Osteoporosis is present." Hand written on the form was documented, "Phoned MD & 1240 (12:40 p.m.) orders to send to ER." The nurses notes documented the resident was transferred to the ER at 3:00 p.m. by ambulance and returned to the facility on 6/6/07 at 10:50 a.m., with a splint and ace wrap.</p>	F 324			

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F 324	Continued From page 2 d. Nurses notes dated 6/8/07 documented the resident was transferred for a orthopedic consult and returned with a cast to the left leg. e. The plan of care updated 6/12/07 did not document the use of a shower chair. f. On 7/9/07 at 1:30 p.m., the resident was in a wheelchair with a non-releasable belt and the resident was leaning forward. There was a blue cast present to the right leg., LPN (Licensed Practical Nurse) #1 stated the resident had fallen out of a shower chair and had a tibula-fibula fracture close to the ankle. She also stated that the resident was non-weight bearing before the incident occurred. g. On 7/10/07 at 9:00 a.m., the Director of Nursing was interviewed regarding this incident. She stated that she assisted the Administrator with the investigation. She stated that after talking with the CNA and observing the shower room, it was determined that the CNA did step away from the resident to place soiled towels in a barrel in the room adjoining the shower room, the shower chair rolled down to the drain area and most likely the resident leaned forward and the chair overturned.	F 324			