

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

PRINTED: 11/18/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2008
NAME OF PROVIDER OR SUPPLIER MORRILTON HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 BROOKRIDGE LANE MORRILTON, AR 72110	
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F 221 SS=D	<p>483.13(a) PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure an assessment was completed to determine the least restrictive restraint or alternatives to restraint use and that restraint reductions were attempted for 1 (Resident #11) of 4 case mix residents (Resident #5, #8, #10 and #11) who used a restraint. This failed practice has the potential to effect 8 residents who used a restraint according to the Resident Census and Conditions of Residents form dated 11/4/08. The findings are:</p> <p>Resident #11 had diagnoses of Alzheimers Disease, Congestive Heart Failure and Depressive Disorder. The Quarterly Minimum Data Set (MDS) dated 9/5/08 documented the resident was severely impaired in cognitive skills for daily decision making, had periods of restlessness and disorganized speech, required extensive assistance with transfers and bed mobility and used a trunk restraint daily.</p> <p>a. A Physician Order dated 7/11/07 documented, "Lap tray in place when up in w/c (wheelchair)."</p> <p>b. The Physical Restraint Elimination Assessment dated 8/3/08 had no documentation in the spaces provided on the back of the form. The form did not document that attempts with less restrictive devices or alternative non-restraint approaches</p>	F 221		

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 221	Continued From page 1 were ineffective.	F 221			
F 366 SS=E	<p>c. On 11/03/08 at 4:55 p.m., 11/04/08 at 9:00 a.m., and 11/05/08 at 8:45 a.m., the resident was sitting in a wheelchair with a lap tray in place.</p> <p>d. On 11/6/08, the Director of Nursing stated she was unable to locate or provide any documentation of least restrictive devices used or that restraint reductions were attempted.</p> <p>483.35(d)(4) FOOD</p> <p>Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure substitutes were offered for 2 (Residents #9 and 22) of 22 case mix residents who received their meal trays from the kitchen. The failed practice had the potential to affect 99 residents who received their meals from the kitchen as identified on the Resident Census and Conditions of Residents form dated 11/3/08. The findings are:</p> <p>1. Resident #9 had diagnoses of Neuropathy In Diabetes, Diabetes Mellitus, Hypertension, Insomnia and Dementia without Behavior. The Quarterly Minimum Data Set (MDS) dated 10/1/08 documented the resident was moderately impaired in cognitives skills for daily decision making and required set up only for eating.</p> <p>a. A physician order dated 9/19/08 documented regular pureed low concentrated sweets diet.</p>	F 366			

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F 366	Continued From page 2 b. Lab result dated 10/1/08 documented Albumin 2.8 g/dl (normal level of 3.5 to 4.8 g/dl) and protein 5.5 g/dl (normal level 6.1 to 7.9 g/dl). c. The Change of Condition form dated 10/15/08 documented the resident had a Stage II ulcer on his sacrum 0.6 x 0.5 centimeters. d. On 11/3/08 at 12:52 p.m., the resident was served pureed chicken and dumpling, pureed scalloped tomatoes, pureed bread, an 8 oz (ounce) glass of punch and an 8 oz glass of milk. The resident ate 1/4 of the chicken and dumpling, half of the bread and left the tomatoes. The resident got up from his chair, took his walker and left the dining room. There was no attempt made by the staff to offer him substitutes in place of the food items not eaten off of his plates. The resident was not served any dessert. e. On 11/3/08 at 5:35 p.m., the resident was served pureed Hamburger meat, pureed refried beans, pureed stewed tomatoes, pureed bread and pureed pineapple. At 5:45 p.m., the resident left the dining room leaving, stewed tomatoes untouched, refried beans and bread. There were no substitutes provided to the resident. f. On 11/4/08 at 7:35 a.m., the resident was served a bowl of cornflakes, an 8 oz glass of orange juice, an 8 oz glass of water and an 8 oz cup of coffee. He ate his cereal, drank the juice and milk. At 7:44 a.m., when his main tray consisted of pureed eggs, pureed sausage, pureed bread, oat meal with jelly was served to him, the resident did not touch any of the food items. There were no substitutes offered to him to place the food items not eaten.	F 366			

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F 366	Continued From page 3 g. On 11/4/08 at 8:30 p.m., the Nursing Assistant #1 stated, "The resident leaves the dining room fast sometimes. We will go and get him back to eat, but we did not yesterday. I did not even know when he left. He would have eaten the chocolate cake if he had seen it. He only ate the cold cereal this morning. He did not touch his break fast." h. On 11/4/08 at 11:29 a.m., the resident stated, "I like two well over easy eggs and two pieces of bacon. I will be glad if I had that. I will eat oatmeal, but I don't really like it. I like white meat, I am not crazy about beans. I don't like tomatoes. I rather go to the cemetery than eat pureed potatoes or food." i. On 11/4/08 at 11:38 a.m., License Practical Nurse #1 stated, "The resident does not like pureed foods." 2. Resident #22 had diagnoses of Dementia without Behavior, Hypertension and Alzheimer's Disease. The Quarterly MDS dated 6/26/08 documented the resident was severely impaired in cognitive skills for daily decision making and required set up only for eating. a. A physician order dated 11/2/08 documented regular puree diet/nectar thickened liquids and mighty shake with meal. b. On 11/3/08 at 1:00 p.m., the resident was served a carton of magic cup, ground chicken and dumpling, scalloped tomatoes, a slice of bread, chocolate cake, 8 oz glass of nectar water. The resident ate less than 30 % of her meal. She ate the magic cup and drank the nectar water. There were no substitutes offered in place of the	F 366			

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F 366	Continued From page 4 food items not eaten on the resident's tray. c. On 11/3/08 at 5:55 p.m., the resident was served a bun with ground hamburger meat mixed with mayonnaise, refried beans, ground watery stewed tomatoes and an 8 oz glass of nectar water. The resident ate a little of the meat, apple sauce and drank the water. The resident ate less than 30 % of her meal. There were no substitutes offered. d. On 11/4/08 at 7:49 a.m., the resident was served super cereal, one toast with apple jelly on it, scrambled eggs, ground sausage with gravy, 4 oz thickened cranberry juice, 8 oz nectar thickened water and a carton of magic cup. The resident ate the magic cup, drank the juice and water, ate the supercereal and took two bites of the eggs. There were no substitutes offered in place of the food items not eaten on her tray.	F 366			
F 371 SS=F	483.35(i) SANITARY CONDITIONS The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the ice machine was free of debris, employees washed their hands between handling dirty equipment and food items and that	F 371			

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F 371	Continued From page 5 the kitchen was free of flies. The failed practice had the potential to affect 99 residents who received their meal trays from the kitchen as identified on the Resident Census and Conditions of Residents form dated 11/3/08. The findings are: 1. On 11/3/08 at 11:31 a.m., the following observations made were: a. The ice scoop holder hanging on the right side of the machine had black matter in the bottom. The ice scoop was resting directly on the substance. b. Dietary Employee #1 had two rings on her hand. She picked up a spatula, lifted up the lid to the milk machine, took out two cartons of milk and placed them on the counter. Without washing her hands, she picked up cakes and placed them in the mixer with her bare hand. c. Dietary Employee #1 had gloves on both hands, she picked up slices of bread and placed them on the plates to be served to the residents at the lunch meal. The employee removed the gloves on her hands, went to the dish room, lifted up the trash can lid and threw away the gloves. Without washing her hands, she picked up the saucers with the chocolate cake in them from the rack to be served to the residents at the lunch meal with her fingers on the cake. d. There were two flies on the wall above the food preparation area where the mixer was located. e. There were three flies on the chain attached to the glass board above the steam table where diet	F 371		

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F 371	Continued From page 6 order slips were hung. f. There was a fly crawling on a slice of bread in a pan that contained slices of bread to be served to the residents at the lunch meal that was located on the shelf above the steam table. The fly was pointed out to the Dietary Employee #2. Dietary Employee #3, who was on the tray line serving the lunch meal removed the slice of bread with a tong. Without changing tongs, she used the same tong to pick up slices of bread and placed them on the residents' plates to be served with their lunch meal. Dietary employee #3 stated she had to work on her handwashing. g. There was a fly on the leg of a table located in front of the steam table where plate covers were kept. h. There was a fly on the wall by the door leading to the kitchen. i. There was a fly on the vent hood. j. There was a fly on the ceiling above the coffee maker. k. There was a fly on the steam table bar. There was a fly on the cake in a plate on the rack to be served to a resident at the lunch meal. l. Dietary Employee #1 took two pans of chocolate cake to the 300 Hall. She walked back in the kitchen, without washing her hands, and started picking up plates with chocolate cakes in them with her fingers on the cake while placing them on a tray to be served to the residents. m. Dietary Employee #2 was on the line serving	F 371			

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F 371	Continued From page 7 the lunch meal and her blouse touched the food as she leaned forward to scoop out food items from the pans. 2. On 11/3/08 at 4:45 p.m., there was a fly crawling on the flour tortilla in a pan located on the shelf above the steam table to be served to the residents at the supper meal. 3. On 11/4/08 at 11:00 a.m., one of 5 residents attended the group meeting stated, "I'm bothered by flies especially during the meals."	F 371			