

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

PRINTED: 04/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2006
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NAME OF PROVIDER OR SUPPLIER SHERWOOD NURSING & REHABILITATION CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 245 INDIAN BAY DRIVE SHERWOOD, AR 72120
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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 Complaint #11464 was substantiated (all or in part) with a deficiency cited at F246. Complaint #11510 was unsubstantiated.	F 000		
F 246 SS=D	483.15(e)(1) ACCOMODATION OF NEEDS A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Complaint #11464 was substantiated (all or in part) in these findings: Based on observation, record review and interview the facility failed to ensure that the call light was within reach for 1 (Resident #5) of 5 (Residents #1 and #3 thru #6) case-mix residents that required assistance with Activities of Daily Living. This failed practice had the potential to affect 36 residents, according to the Director of Nursing on 3/22/06 at 12:05 p.m. The findings are: Resident #5 had diagnoses of Cerebral Vascular Accident with Left Hemiparesis, Seizure Disorder, Glaucoma, Vitamin B-Complex Deficiency and Depression. The Quarterly Minimum Data Set dated 12/22/05 documented the resident had modified independence in cognitive skills for daily decision-making and required extensive assistance with transfers.	F 246		

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 246	Continued From page 1 a. On 3/21/06 at 9:00 a.m., the resident was sitting up in a wheelchair at the foot of the bed; the call light was draped across another chair toward the head of the bed, located behind the resident. The resident stated, "I have been sitting in my wheelchair since breakfast, around 8:00 a.m.; my leg hurts. I would like to lay down. I don't even know where my call light is." When asked how she would get anyone to help her if she needed them, the resident stated, "I would have to wait until someone comes in, that's always my worry." When asked if she was often left sitting up without her call light within reach, the resident stated, "If I ask for the call light, the staff will hand it to me, but if I forget and don't ask for the call light, the staff forgets too. That call light is a life line; I am so tired." b. On 3/21/06 at 9:45 a.m., the resident was up in a wheelchair, near the foot of her bed, with the call light lying on the floor on the left side of the wheelchair between the wheelchair and the bed. When asked if she knew where her call light was, the resident replied, "No." c. On 3/21/06 at 3:30 a.m., when asked if she could use the call light with her right (non-paralyzed) hand, the resident demonstrated her ability to use the call light.	F 246		