

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: 045376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2005
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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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F 272 SS=C	<p>483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to ensure that comprehensive assessments were completed for 9 (Residents #2, 3, 4, 6, 8, 9,</p>	F 272		8/19/05
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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 272	<p>Continued From page 1</p> <p>10, 15 and 16) of 13 (Resident #1 through 10 and #14 through 16) case mix residents. This failed practice had the potential to affect all 75. The findings are:</p> <p>1. Resident #9 had diagnoses of Hypertension, Glaucoma, Osteoarthritis, Cardiac Dysrhythmias and Depression. An Annual Minimum Data Sheet (MDS) dated 6/3/05 documented the resident was dependent on staff for all activities of daily living, had a trunk restraint, and a feeding tube.</p> <p>a. The RAPS (Resident Assessment Protocol Summary) signed by "Person Completing Care Planning Decision" on 6/10/05 under the section titled "Location and Date of RAP Assessment Documentation" documented, "See Further Assessment", but there were no dates or location where the information could be found.</p> <p>2. Resident #10 had diagnoses of Left Hip Replacement, Cerebral Vascular Accident, Hypertension, and Breast Cancer. An Initial MDS dated 7/30/05 documented the resident was dependent on staff for all activities of daily living except eating, had a antibiotic resistant infection, received IV (Intervenous) medications and was monitored for an acute condition.</p> <p>a. The RAPS signed by "Person Completing Care Planning Decision" on 7/17/05 under the section titled "Location and Date of RAP Assessment Documentation" documented, "See Care Plan", but there were no dates for the information.</p> <p>3. Resident #16 had diagnoses of Aggressive Disorder, Seizure Disorder, Cerebral Vascular Disorder, Anemia, Depression, Contracture Knee</p>	F 272			

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F 272	<p>Continued From page 2</p> <p>and Diabetes Mellitis. An Annual MDS dated 7/14/05 documented the resident was dependent on staff for all activities of daily living except eating and used a trunk restraint.</p> <p>a. The RAPS signed by "Person Completing Care Planning Decision" on 7/13/05 under the section titled "Location and date of RAP Assessment Documentation" documented, "See Further Assessment", but there were no dates or location where the information could be found.</p> <p>4. Resident #2 had diagnoses of Depression, Insulin Dependent Diabetes Mellitus and Constipation. An Annual MDS dated 12/2/04 documented the resident was totally dependent on staff for all Activities of Daily Living.</p> <p>a. The RAPS signed by "Person Completing Care Planning Decision" on 12/2/04 under the section titled , "Location and Date of RAP Assessment Documentation" documented, "see NN (nurses notes) and Social, ADL Flowsheet, Dietary Notes, but there were no dates for the information.</p> <p>5. Resident #6 had diagnoses of Hemiparesis, Osteoporosis, Depression and Anxiety Disorder. An Annual MDS dated 1/31/05 documented the resident was dependent on staff for assistance with Activities of Daily Living.</p> <p>a. The RAPS signed by "Person Completing Care Planning Decision" on 1/30/05 under the section titled "Location and Date of RAP Assessment Documentation" documented, "See Assessment and Further Assessment," there were no dates or location where the information could be found.</p>	F 272			

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F 272	Continued From page 3 6. Resident #15 had diagnoses of Cardiovascular Disease, Hyperplasia of Prostate and Anemia. An Annual MDS dated 12/16/04 documented the resident required minimum assistance with Activities of Daily Living. a. The RAPS dated 12/16/05 under the section titled, "Location and Date of RAP Assessment Documentation" documented, "See Further Assessment and Nursing Summary", but there were no dates or location where the information could be found. 7. Resident #3 had diagnoses of Dementia, Hypertension and Diabetes. The Significant Change MDS dated 1/31/05 documented the resident was moderately impaired in cognitive skills for daily decision-making. a. The RAPS signed by "Person Completing Care Planning Decision" on 7/29/05 under the section titled "Location and Date of RAP Assessment Documentation" documented, "See Further Assessment", but there were no dates or location where the information could be found. 8. Resident #4 had diagnoses of Depression, Dementia and Hypertension. The 30 day Medicare MDS dated 9/3/04 documented the resident was moderately impaired in cognitive skills for daily decision-making, required assistance with transfer and dressing, and was totally dependent for hygiene and bathing. a. The RAPS dated 8/15/04 under the section titled "Location and Date of RAP Assessment Documentation" documented, "See Further Assessment", but there were no dates or location	F 272			

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F 272	Continued From page 4 where the information could be found. 9. Resident #8 had diagnoses of Alzheimer Disease, Dementia, Hypertension and Osteoporosis. A Significant Change MDS dated 6/29/05 documented the resident required limited assistance of one person for Activities of Daily Living. a. The RAPS dated 6/22/05 under the section titled "Location and Date of RAP Assessment Documentation" documented for the triggered area visual function to see assessment and for ADL functional/rehabilitation potential to see ADL books, but there were no dates for the information. 10. The instructions on the form for completing the RAPS documented the following, "3. Indicate under the Location of RAP Assessment Documentation column where information related to the RAP assessment can be found."	F 272			
F 282 SS=D	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement a physician order for flushing a PICC (Peripherally Inserted Venous Central Catheter) line for 1 case mix resident (Resident #10) who had a PICC.	F 282		8/19/05	

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F 282	<p>Continued From page 5</p> <p>This failed practice had the potential to affect only this 1 resident according to the Resident Census and Conditions of Residents form dated 8/1/05. The findings are:</p> <p>Resident #10 had diagnoses of Left Hip Replacement, Cerebral Vascular Accident, Hypertension, and Breast Cancer. A Minimum Data Set dated 7/30/05 documented the resident had no memory problems, had modified independence in cognitive skills for daily decision making, had an antibiotic resistant infection, received IV (Intravenous) medications and was monitored for an acute condition.</p> <p>a. Physician Admission Orders dated 7/13/05 documented an order of PICC line flush with Heparin 10 cc (cubic centimeters)/1000 units every 8 hours.</p> <p>b. The August 2005 Medication Administration Record (MAR) documented an order of PICC line flush Heparin 10 cc every 8 hours. A line was drawn through the word Heparin and Normal Saline was written underneath.</p> <p>c. On 8/4/05 at 2:09 p.m., LPN (Licensed Practical Nurse) #1 came out of the medication room with 2 syringes. The LPN was asked what was in the syringes and she stated "Normal Saline." LPN #1 then walked down to the resident's room and proceeded to flush the residents PICC line.</p> <p>d. On 8/4/05 at 2:40 p.m., LPN #1 was asked who marked out the word Heparin on the MAR and wrote in Normal Saline. She stated, "He [Doctor] does not let us use Heparin so when I saw the order I thought it was a mistake." The LPN was</p>	F 282			

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F 282	Continued From page 6 asked when she changed the order and she stated, "When I first got it." e. As of 8/4/05, there was no documentation in the clinical record of a physician order to change the flush from Heparin to Normal Saline. f. The facility's Policy for Flushing Peripheral and Central Vascular Access Devices received from the facility's Nurse Consultant on 8/4/05 at 11:05 a.m. documented, "All vascular access devices used for intermittent medication administration will be flushed per physician order."	F 282		
F 326 SS=E	483.25(i)(2) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the correct therapeutic diet was served for 4 (Residents #3, 11, 12 and 13) of 10 case mix residents (Residents #1, 2, 3, 10 and 11-16) who received therapeutic diets. This failed practice had the potential to affect 43 residents who received therapeutic diets according to the Diet List dated 8/3/05. The findings are: 1. Resident #3 had diagnoses of Cerebrovascular Accident, Diabetes and Anemia. The Quarterly Minimum Data Set (MDS) with an Assessment Reference date of 7/29/05 documented the	F 326		8/19/05

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F 326	<p>Continued From page 7</p> <p>resident was moderately impaired in decision making skills, independent with supervision for eating and had swallowing problems.</p> <p>a. A physician order dated 5/27/05 documented mechanical soft, low concentrated sweet, honey thickened liquids diet.</p> <p>b. On 8/3/05 at 12:45 p.m., the resident was served thickened water, thickened milk, coffee with no thickener and water in cup with no thickener. A pitcher with water on the resident's night stand was not thickened.</p> <p>2. Resident #11 had diagnoses of Hypertension, Dementia and Diabetes. The Admission MDS dated 7/14/05 documented the resident had modified independence in cognitive skills.</p> <p>a. A physician order dated 6/30/05 documented low concentrated sweet diet.</p> <p>b. On 8/3/05 at 12:25 p.m., the resident was served regular bread pudding.</p> <p>c. On 8/3/05 at 12:55 p.m., Cook #2 was asked what kind of bread pudding was served on the resident's tray. She stated "that's the regular (indicating the regular bread pudding with sugar), the diet is up there" (on the shelf over the sneeze guard).</p> <p>3. Resident #12 had diagnoses of Hypertension, Diabetes and Cerebrovascular Accident. The Quarterly MDS with an Assessment Reference date of 7/21/05 documented the resident was moderately impaired in cognitive skills for daily decision making and independent with supervision for eating.</p>	F 326			

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F 326	Continued From page 8 a. A physician order dated 1/31/05 documented low concentrated sweet diet. b. On 8/3/05 at 12:29 p.m., the resident was served regular bread pudding made with sugar instead of diet bread pudding. 4. Resident #13 had diagnoses of Hypertension, Iron Deficiency Anemia and Diabetes Mellitus The annual MDS dated 5/2/05 documented the resident as modified independent in cognitive skills. a. A physician order dated 10/14/03 documented low concentrated sweet diet. b. On 8/3/05 at 12:29 p.m., the resident was served regular bread pudding instead of diet bread pudding. 5. The menu for the low concentrated sweet diets documented to serve dessert from the calorie controlled menu. The menu for dessert for calorie controlled diets documented diet bread pudding.	F 326			
F 333 SS=E	483.25(m)(2) MEDICATION ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to follow physicians orders to ensure that residents were free of significant medication errors for 1 (Resident #11) of 7 residents observed during the medication pass. A	F 333		8/19/05	

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F 333	Continued From page 9 significant medication error was made by 1 (LPN #1) of 2 nurses who administered medication. This failed practice had the potential to affect 45 residents who received medications from this nurse. The findings are. Resident #11 had a diagnosis of Chronic Obstructive Pulmonary Disease. a. The August 2005 Physician Order sheet documented an order dated 3/11/05 for Pulmicort updraft twice a day at 8:00 a.m. and 5:00 p.m. b. On 8/2/05 at 8:16 a.m., the Pulmicort updraft was not administered by LPN #1. c. The March 2005 Medication Administration Record (MAR) documented the Pulmicort updraft was stopped on 3/29/05. The May 2005 MAR documented the updraft was administered on 7 occasions. The April, June, July and August 2005 MAR did not document the updraft was administered. d. On 8/2/05 at 1:00 p.m., the Nurse Consultant stated there was no documentation in the clinical to discontinue this medication. e. On 8/2/05 at 1:45 p.m., the provider pharmacy stated that the only Pulmicort delivered to the facility was 30 vials on 3/11/05 which was a 15 day supply. f. This was significant due to the resident's condition and frequency of the error.	F 333			
F 368 SS=B	483.35(f) FREQUENCY OF MEALS Each resident receives and the facility provides at	F 368		8/19/05	

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F 368	<p>Continued From page 10</p> <p>least three meals daily, at regular times comparable to normal mealtimes in the community.</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that all residents were offered a snack at bedtime. This failed practice had the potential to affect 56 residents according to the Diet List dated 8/3/05. The findings are:</p> <ol style="list-style-type: none"> 1. On 8/2/05 at 3:00 p.m., in the Group Interview, 6 out of 6 residents stated they were no offered a snack at bedtime. 2. On 8/3/05 at 8:45 p.m., 7 snacks (2 ice cream, 1 Ensure, 2 health shakes, 2 skim milk) were on the counter at the nurse's station. <ol style="list-style-type: none"> a. On 8/3/05 at 8:48 p.m., Certified Nurse Assistant (CNA) #1 was asked who got snacks. She stated only residents whose name was on the snacks on the tray at the nurses station. 	F 368			

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F 368	<p>Continued From page 11</p> <p>When asked what if someone else wanted a snack, what would she do. She stated she would "knock on the door to the med room and ask the nurse if the resident can have one."</p> <p>b. On 8/3/05 at 8:49 p.m., Licensed Practical Nurse (LPN) #1 stated that she had snacks in the medication room. When asked to see them, the snacks consisted of 2 packs of saltines and 13 sealed individual cups of mixed fruit. LPN #1 stated, "We usually have more snacks back there." When asked what would she give residents on pureed diets for a snack, she had no answer.</p> <p>c. On 8/3/05 at 8:49 p.m., CNA #2 was asked who got snacks. She stated that she would ask the nurse if residents refused snacks, could she give them to someone who wanted a snack.</p> <p>3. On 8/3/05 at 9:03 p.m. and 9:05 p.m., the following residents were asked if they received a snack:</p> <p>a. Resident #19 stated, "No, I'm not diabetic. I don't get a snack. When asked if she were offered a snack, would she take it. She stated "yes, I'm real thin, I weigh 125 pounds."</p> <p>b. Resident #20 stated, "No, they never offered me a snack".</p>	F 368			