

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

PRINTED: 11/09/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2006
NAME OF PROVIDER OR SUPPLIER STONE COUNTY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 OAK GROVE STREET MOUNTAIN VIEW, AR 72560		
(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	
F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>483.10(b)(11) NOTIFICATION OF CHANGES</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

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 157	<p>Continued From page 1</p> <p>by:</p> <p>Complaint #12082, substantiated (all or in part) in these findings.</p> <p>Based on record review and interview, the facility failed to ensure the physician was consulted for 1 of 1 case mix resident (Resident #1) who had a fall with injuries. This failed practice had the potential to affect 33 residents who were at risk for falls according to the MDS (Minimum Data Set) Coordinator on 11/2/06. The findings are:</p> <p>Resident #1 had diagnoses of Diabetes Mellitus, Seizures, Chronic Obstructive Pulmonary Disease and Dementia. The Quarterly Minimum Data Set (MDS) dated 9/25/06 documented the resident was moderately impaired in cognitive skills for daily decision making and independent with mobility, transfer, and ambulation.</p> <p>a. The Fall Risk Assessment dated 9/25/06 documented a score of 18. The rating key designated a score of 18 as being at moderate risk for falls.</p> <p>b. The Specific Incident Documentation form dated 10/15/06 at 9:05 p.m. documented, "Resident calling out for help. Resident found on floor. Noted (2) S.T. (skin tears) to L (left) hand areas cleaned and covered. Abrasions to outer L arm, R (right) knee, L great toe & (and) bruising. Blood sugar 276, SP O2 (oxygen saturation) 85%, O2 applied at 2 L (liters) per N/C (nasal cannula)." The incident report documented the physician was notified, but the time was blank. On the back of the form was a section titled "Interventions to Prevent Further Occurrences" that documented, "...Patient described incident as</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>'orthostatic hypotension' episode. Dizzy when he stood up & fell." The incident report documented the physician was notified, but the time was blank.</p> <p>c. Nurse's Notes dated 10/15/06 at 9:05 p.m. did not document the physician was consulted about the fall, dizziness, elevated blood sugar or low oxygen saturation.</p> <p>d. Nurse's Notes dated 10/15/06 at 10:00 p.m. documented the resident complained of "feels stiff and back pain." The resident was given 1 Flexeril and 1 Ultram.</p> <p>e. Nurse's Notes dated 10/16/06 at 8:45 a.m., documented, "Resident has been up in w/c (wheelchair) all a.m. c/o (complaining of) not being able to put wt. (weight) on L. leg and demand to go to ER (Emergency Room) for x-ray. [Physician] called and received orders to send to ER."</p> <p>f. The emergency room physician order dated 10/16/06 documented to apply a wet dressing to the left great toe, do not bend the right knee, give Darvocet 1 to 2 tables every 4 hours for pain and to be rechecked by orthopedics on Friday, 10/20/06.</p> <p>g. Nurses notes dated 10/16/06 at 11:30 p.m. documented the resident returned to the facility from the emergency room with a dressing to the left great toe and a shoe cast on the left foot and a leg brace to the right leg.</p> <p>h The Incident/Accident/Medication Error Report Procedure documented "5. Notify the attending physician, nursing office and/or the</p>	F 157			

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F 157	Continued From page 3 Administrator."	F 157			
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Complaint #12082, substantiated (all or in part) in these findings. Based on observation, record review and interview, the facility failed to ensure an assessment was completed for injuries after a fall, dizziness, an elevated blood sugar and low oxygen saturation for 1 of 1 case mix resident (Resident #1) who had a fall with injuries. This failed practice had the potential to affect 33 residents who were at risk for falls according to the MDS (Minimum Data Set) Coordinator on 11/2/06. The findings are: Resident #1 had diagnoses of Diabetes Mellitus, Seizures, Chronic Obstructive Pulmonary Disease and Dementia. The Quarterly Minimum Data Set (MDS) dated 9/25/06 documented the resident was moderately impaired in cognitive skills for daily decision making and independent with mobility, transfer, and ambulation. a. The Fall Risk Assessment dated 9/25/06 documented a score of 18. The rating key	F 309			

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F 309	<p>Continued From page 4</p> <p>designated a score of 18 as being at moderate risk for falls.</p> <p>b. The Specific Incident Documentation form dated 10/15/06 at 9:05 p.m. documented, "Resident calling out for help. Resident found on floor. Noted (2) S.T. (skin tears) to L (left) hand areas cleaned and covered. Abrasions to outer L arm, R (right) knee, L great toe & (and) bruising. Blood sugar 276, SP O2 (oxygen saturation) 85%, O2 applied at 2 L (liters) per N/C (nasal cannula)." The incident report documented the physician was notified, but the time was blank. On the back of the form was a section titled "Interventions to Prevent Further Occurrences" that documented, "...Patient described incident as 'orthostatic hypotension' episode. Dizzy when he stood up & fell." There was no documentation on the incident report of an assessment of the resident for range of motion, dizziness, elevated blood sugar or decreased oxygen saturation.</p> <p>c. Nurse's Notes dated 10/15/06 at 9:05 p.m. did not document the physician was consulted about the fall, dizziness, elevated blood sugar or low oxygen saturation. There was no documentation in the nurses notes that the resident was assessed after the fall for range of motion, dizziness, elevated blood sugar or low oxygen saturation.</p> <p>d. Nurse's Notes dated 10/15/06 at 10:00 p.m. documented the resident complained of "feels stiff and back pain." The resident was given 1 Flexeril and 1 Ultram. The was no documentation in the nurses notes the resident was assessed for the cause of the pain in relation to the recent fall.</p> <p>e. Nurses notes dated 10/15/06 at 9:05 p.m.</p>	F 309			

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F 309	<p>Continued From page 5</p> <p>through 10/16/06 at 8:45 a.m. did not document a nursing assessment was completed for range of motion, pain, elevated blood sugar or decreased oxygen saturation.</p> <p>f. Nurse's Notes dated 10/16/06 at 8:45 a.m., documented, "Resident has been up in w/c (wheelchair) all a.m. c/o (complaining of) not being able to put wt. (weight) on L. leg and demand to go to ER (Emergency Room) for x-ray. [Physician] called and received orders to send to ER."</p> <p>g. The emergency room physician order dated 10/16/06 documented to apply a wet dressing to the left great toe, do not bend the right knee, give Darvocet 1 to 2 tables every 4 hours for pain and to be rechecked by orthopedics on Friday, 10/20/06.</p> <p>h. Nurses notes dated 10/16/06 at 11:30 p.m. documented the resident returned to the facility from the emergency room with a dressing to the left great toe and a shoe cast on the left foot and a leg brace to the right leg.</p> <p>i. A physician order dated 10/31/06 documented, "Pt (patient) taken to [hospital] in a.m. 10/31/06. Pt to have surgery [right] knee."</p>	F 309			