

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

PRINTED: 05/30/2008
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045411 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/20/2008 |
| NAME OF PROVIDER OR SUPPLIER SUMMIT HEALTH AND REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 506 NORTH LONG AVENUE TAYLOR, AR 71861 | |
| (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 282 SS=D | <p>Complaint # 13434 was unsubstantiated.</p> <p>483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a physician order was followed for thickened liquids for 1 (Resident #5) of 1 case mix resident who had physician orders for thickened liquids. The failed practice had the potential to affect 2 residents in the facility who had physician orders for thickened liquids according to a list provided by the Dietary Manager on 5/20/08. The findings are:</p> <p>Resident #5 had a diagnosis of Oropharyngeal Dysphagia. The Annual Minimum Data Set dated 3/31/08 documented the resident had moderately impaired cognitive skills for daily decision making, had a swallowing problem, and required total staff performance for eating.</p> <p>a. A physician's order dated 1/17/08 documented the resident was to receive nectar thickened liquids.</p> <p>b. On 5/20/08 at 11:05 a.m., the resident was being served regular consistency water with ice in a 360cc (cubic centimeter) cup by Dietary staff #1. At 11:10 a.m. the resident picked up the cup and drank the regular consistency water.</p> | F 282 | | |

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 282 | Continued From page 1 c. On 5/20/08 at 11:20 a.m. the DON removed the regular consistency water and gave the resident thickened water. d. On 5/20/08 at 11:25 a.m. a pitcher containing regular consistency water and ice, and a 120cc cup containing approximately 60cc of regular consistency water was sitting on the resident's over bed table bedside the resident's bed. e. On 5/20/08 at 11:30 a.m. CNA (Certified Nursing Assistant), #2 and #3 were interviewed and asked what kind of diet the resident received, and both CNAs stated "thickened liquids." f. On 5/20/08 at 11:33 a.m., CNA #1 was interviewed and asked if she passed out the water and ice for the resident, what kind of liquids was the resident supposed to receive, and if the resident was able to give himself a drink of the water. The CNA was also asked who gives the resident his Glucerna supplement. The CNA stated, " Thickened liquids, but we put regular ice and water out because his wife wants us to. If a cup is in reach he can give it to himself, but the pitcher is too heavy for him to pick up. We give him his supplement, but we stand and watch him so he won't choke." g. On 5/20/08 at 12:00 p.m., the Director of Nursing (DON) was interviewed and asked how does the staff know who gets thickened liquids, had there been any inservices given on residents receiving thickened liquids, and how are the residents who are on thickened liquids provided with ice water at the bed side. The DON stated that residents who receive thickened liquids should be on their [CNA] care plan and that no | F 282 | | | |

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| F 282 | Continued From page 2 inservices had been given for residents on thickened liquids. The DON also stated that residents who receive thickened liquid the water should come from the kitchen. The kitchen would mix it up [water], and mark the pitcher especially for the resident. h. On 5/20/08 at 12:15 p.m., the Dietary Manager was interviewed and asked if any thing special was done when preparing water pitchers for residents receiving thickened liquids: "We send out containers of thickened juices and water. There should be no water pitcher in the room." i. The Nursing Assistant Care Plan dated 5/20/08 documented, "Thickened liquids nectar." j. The Daily Assignments sheet dated 5/20/08 documented, "All shifts pass ice, snacks, [and] empty linen carts. No water to thickened liquids ..." | F 282 | | | |