

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

PRINTED: 05/26/2006
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 05/23/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 506 NORTH LONG AVENUE P O BOX 247 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 156 SS=C	<p>Complaint #11737, substantiated (all or in part) with a deficiency cited at F156.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS AND SERVICES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered</p>	F 156			

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 156	<p>Continued From page 1 under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents</p>	F 156			

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F 156	<p>Continued From page 2</p> <p>concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #11737, substantiated (all or in part) in these findings.</p> <p>Based on observation and interview, the facility failed to ensure information was posted in the facility to contact the Office of Long Term Care. According to the facility's Roster/ Matrix dated 5/22/06, this failed practice had the potential to affect all 48 residents in the facility. The findings are:</p> <ol style="list-style-type: none"> 1. On 5/22/06 at 12:50 p.m., there was no information posted to indicate how to contact the Office of Long Term Care (State Agency). 2. On 5/22/06 at 1:22 p.m., the Administrator 	F 156			

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F 156	Continued From page 3 stated she had not posted OLTC (Office of Long Term Care) number yet. "...They're suppose to hang my bulletin board today."	F 156			
F 226 SS=C	483.13(c) STAFF TREATMENT OF RESIDENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure their abuse policy and procedure documented procedures for conducting Employee Clearance Registry (ERC) on incumbent employees for 2 of 5 employee files reviewed. This failed practice had the potential to affect all 48 residents. The findings are: 1. On 5/23/06, a review 5 employee files was conducted and the following was noted: a. Certified Nursing Assistant - Date of Hire (DOH): 1977 (employed 29 years). The Criminal Record Check was conducted on 9/2/04. There was no documentation that the ECR had been checked. b. Activity Director - DOH: 2/12/84 (employed 22 years). The Criminal Record Check was conducted on 4/28/04. There was no documentation that the ECR had been checked. 2. On 5/23/06 at 11:10 a.m., the Administrator, she stated, "...I didn't know we had to do the registry on all those who had been grandfathered	F 226			

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F 226	Continued From page 4 in." 3. The facility's "Abuse Prevention Program" revised 11/10/03 documented, "xxx [Provider] screens all prospective applicants prior to offering any position. All pertinent job references are checked by the department head of the department with the job opening. According to Law, the OLTC Employment Clearing Registry is contacted and the results of the contact documented..." 4. The Arkansas Department of Health and Human Rules and Regulations for Conducting Criminal Record Checked for Employees of Long Term Care Facilities revised 10/1/97 documented, "Section 202... Incumbent employees employed as of October 1, 1997, shall apply for criminal record checks in the same manner as new employment applicants either in conjunction with the employee's anniversary of employment, any time before that date or in any time frame to ensure a minimum of one-third of the facility's applicable workforce have criminal record checks conducted per year beginning October 1, 1997 and have completed all criminal record checks on incumbent employees by October 1, 2000... 3. Periodic criminal record checks shall be performed on all applicable employees on an ongoing basis. After October 1, 2000, each long term care facility shall implement a schedule to conduct criminal record checks on applicable employees so that no applicable employee exceeds five (5) years without a new criminal record check... Section 300 The same process as described in this section shall also be used when incumbent employee's names are submitted for criminal record checks as required by Section 202 of these regulations... At the time	F 226			

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F 226	Continued From page 5 the facility intends to make an offer of employment to an applicant and prior to submitting any forms for a criminal record check, the facility shall contact the ECR either by telephone or online.	F 226			