

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

PRINTED: 11/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04A145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2007
NAME OF PROVIDER OR SUPPLIER YELL COUNTY NURSING HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 502 WEST PENNINGTON OLA, AR 72853		
(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 225 SS=E	<p>Complaint #12994 was unsubstantiated.</p> <p>Complaint #13064 was unsubstantiated.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225			

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 225	Continued From page 1 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to thoroughly investigate an allegation of abuse and prevent the potential for further abuse for 1 (Resident #4) of 5 (Residents #1 through #5) case mix residents who were cognitively impaired. This failed practice had the potential to affect 48 residents in the facility who were cognitively impaired, according to initial rounds on 11/1/07. The findings are: 1. Resident #4 had diagnoses of Senile Dementia, Anxiety, Depression, Anemia, Atrial Fibrillation, Atherosclerotic Heart Disease, History of Alcoholism, Severe Osteoarthritis, Congestive Heart Disease, Partial Gastrectomy, Chronic Obstructive Pulmonary Disease, Coronary Artery Bypass with Graft and Jejunostomy Tube Placement. The Significant Change Minimum Data Set (MDS) dated 9/27/07 documented the resident had modified independence in cognitive skills for daily decision making and required total assistance with all activities of daily living. a. On 11/1/07 at 11:00 a.m., the records of the last 3 reportables were requested from the Assistant Director of Nursing (ADON). The ADON provided only one 7734 that was dated 2007; it was on Resident #4. When asked, Is this the complete reportable? The ADON stated, "Yes, the Administrator got a call from the OLTC (Office of Long Term Care) that a complaint had been called in regarding	F 225			

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F 225	<p>Continued From page 2</p> <p>[Resident #4,] so I completed the form." When asked, Is the 762 completed documenting your investigation? The ADON stated, "I'll have to check with the Administrator."</p> <p>1) The 7734 [not dated] documented, Summary of Incident - The office of Long Term Care notified the Administrator at about 2:00 p.m. on 10/8/07, that a complaint had been called in regarding [Resident #4], who was sent to the hospital early this morning around 2:00 a.m. The complaint was in regard to a black eye. No complaint had been made to the facility up until we received the call from Long Term Care. This resident is in the hospital at this time related to End Stage Congestive Heart Failure.</p> <p>Steps taken to prevent continued Abuse or Neglect during the investigation: This resident is in the hospital at this time. All residents in the building were assessed by the DON (Director of Nursing). No signs of any physical abuse present. ADON went to the hospital to look at the patients face. Usual Ecchymosis was noted. Patient gets this even from the oxygen cannula. Patient is on Coumadin and bruises easily, the left eye has ecchymosis, sclera is clear, the pupil shows no visible signs of trauma. Patients generalized ecchymosis has been a problem for months. In a recent complaint survey the surveyor from the OLTC, did a daily observation of this particular resident with an indepth focus on her skin problems. ADON called the Ombudsmen person when she returned from the hospital and she is going to do an investigation. Also, DON was with patient at the time she was transferred to the hospital.</p> <p>2) A Witness statement from Certified Nursing</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>Assistant (CNA) #1, [not dated], documented, I worked on 10/8/07 the morning [Resident #4] went to the hospital. The only unusual thing I noticed about [Resident #4] was her gurgly breathing.</p> <p>3) A Witness statement [undated] documented, "On 10/8/07 A.D.O.N. went to hospital to check on [Resident #4], alleged black eye. The patient had usual ecchymosis on her skin including left temple and eye. No redness of sclera, no signs of trauma, no signs of black eye. I asked the A.D.O.N. of the hospital to go to patients room and assess the eye also. Neither eye had any sign of trauma but the ecchymosis is on the left. Patient is on Coumadin and the ecchymosis and skin tears have been a long term problem which is improving. No sign of patient abuse or neglect. [Resident #4] condition including her skin has been deteriorating for months. [ADON signature] 10/11/07, Pt (Patient) was on non rebreather in amb (ambulance) & (and) in hosp. (hospital). Both sides of face have ecchymosis. [ADON signature]"</p> <p>b. On 11/5/07 at 11:00 a.m., The ADON was asked, What is the procedure to submit a reportable to OLTC? The ADON stated, "I complete the form. If someone reports something to us, then I fill out the form and the Administrator helps if I need it and he sends it in."</p> <p>When asked, Has an investigation regarding [Resident #4] been completed? The ADON stated, "Yes, this [7734] has been submitted." When asked if there had been a 762, follow up investigation submitted within 5 days, completing the investigation, the ADON stated, "I don't know. I'll have to check with [Administrator]." At 2:00</p>	F 225			

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F 225	<p>Continued From page 4</p> <p>p.m., the ADON reported, "[Administrator] is completing the rest of the reportable on [Resident #4] and will be submitting it to OLTC."</p> <p>c. On 11/5/07 at 1:30 p.m., the DON was asked, How do you determine a reportable should be submitted to OLTC? She stated, "We submit any type of abuse, complaint, anything concerning patient care, we take care of in house. It would have to be pretty important to report anything to OLTC, and we would report anything we needed to."</p> <p>When asked who completed the form, the DON stated, "Who ever gets the complaint starts it and reports to myself or the ADON." The DON was asked, What forms are submitted to OLTC? She stated, "It's really been only one time we submitted and it's been along time ago." When asked who was involved in the investigation process, the DON stated, "Myself, the ADON and Administrator."</p> <p>d. On 11/5/07 at 2:00 p.m., the ADON was asked, How do you determine a reportable should be submitted to OLTC? She stated ADON, "I really don't know, if it seems important enough or we've had a complaint."</p> <p>When asked who completes the form, the ADON stated, "I do, and [Administrator] helps." When asked what forms were submitted to OLTC, the ADON stated, "The usual forms." She was asked who was involved in the investigation process and stated, "Myself, Administrator and DON."</p> <p>e. The allegation of physical abuse, reported to the facility on 10/8/07 at 2:00 p.m., was not thoroughly investigated as evidenced by a lack of</p>	F 225			

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F 225	Continued From page 5 interviews with staff on duty or with alert and oriented residents. There were no interventions immediately implemented to protect the resident or other cognitively impaired residents in the facility.	F 225			
F 226 SS=E	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 the facility followed their policy and procedure for Abuse/Neglect as evidenced by not thoroughly investigating an allegation of abuse and not taking immediate steps to prevent to further potential abuse for 1 (Resident #5) of 5 (Resident # 1 through #5) case mix residents who were cognitively impaired. This failed practice had the potential to affect 48 residents in the facility who were cognitively impaired, according to initial rounds on 11/1/07. The findings are: 1. The Resident Behavior and Facility Practices Policy, received from the ADON on 11/1/07 at 11:00 a.m., documented: "...Coordination: It is the policy of this facility that the administrator will be responsible for coordinating the Abuse Prohibition Policy and Procedure. ...Investigation and Protection: The facility shall investigate all alleged violations involving mistreatment, neglect, and abuse and will protect the resident from further potential abuse while the investigation is in progress. Any employee suspected of abuse will be suspended for 3 days, without pay, during the	F 226			

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F 226	<p>Continued From page 6</p> <p>course of investigation pending termination. Response to results of investigation: The results of all investigations will be reported to the administrator and the State survey end certification within 5 (five) working days of the incident. If the violation is verified, appropriate corrective action will be taken."</p> <p>2. Resident #4 had diagnoses of Senile Dementia, Anxiety, Depression, Anemia, Atrial Fibrillation, Atherosclerotic Heart Disease, History of Alcoholism, Severe Osteoarthritis, Congestive Heart Disease, Partial Gastrectomy, Chronic Obstructive Pulmonary Disease, Coronary Artery Bypass with Graft and Jejunostomy Tube Placement. The Significant Change Minimum Data Set (MDS) dated 9/27/07 documented the resident had modified independence in cognitive skills for daily decision making and required total assistance with all activities of daily living.</p> <p>a. On 11/1/07 at 11:00 a.m., the records of the last 3 reportables were requested from the Assistant Director of Nursing (ADON). The ADON provided only one 7734 that was dated 2007; it was on Resident #4.</p> <p>When asked, Is this the complete reportable? The ADON stated, "Yes, the Administrator got a call from the OLTC (Office of Long Term Care) that a complaint had been called in regarding [Resident #4,] so I completed the form." When asked, Is the 762 completed documenting your investigation? The ADON stated, "I'll have to check with the Administrator."</p> <p>1) The 7734 [not dated] documented, Summary of Incident - The office of Long Term Care notified the Administrator at about 2:00 p.m. on</p>	F 226			

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F 226	<p>Continued From page 7</p> <p>10/8/07, that a complaint had been called in regarding [Resident #4], who was sent to the hospital early this morning around 2:00 a.m. The complaint was in regard to a black eye. No complaint had been made to the facility up until we received the call from Long Term Care. This resident is in the hospital at this time related to End Stage Congestive Heart Failure.</p> <p>Steps taken to prevent continued Abuse or Neglect during the investigation: This resident is in the hospital at this time. All residents in the building were assessed by the DON (Director of Nursing). No signs of any physical abuse present. ADON went to the hospital to look at the patients face. Usual Ecchymosis was noted. Patient gets this even from the oxygen cannula. Patient is on Coumadin and bruises easily, the left eye has ecchymosis, sclera is clear, the pupil shows no visible signs of trauma. Patients generalized ecchymosis has been a problem for months. In a recent complaint survey the surveyor from the OLTC, did a daily observation of this particular resident with an indepth focus on her skin problems. ADON called the Ombudsmen person when she returned from the hospital and she is going to do an investigation. Also, DON was with patient at the time she was transferred to the hospital.</p> <p>2) A Witness statement from Certified Nursing Assistant (CNA) #1, [not dated], documented, I worked on 10/8/07 the morning [Resident #4] went to the hospital. The only unusual thing I noticed about [Resident #4] was her gurgly breathing.</p> <p>3) A Witness statement [undated] documented, "On 10/8/07 A.D.O.N. went to hospital to check</p>	F 226			

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F 226	<p>Continued From page 8</p> <p>on [Resident #4], alleged black eye. The patient had usual ecchymosis on her skin including left temple and eye. No redness of sclera, no signs of trauma, no signs of black eye. I asked the A.D.O.N. of the hospital to go to patients room and assess the eye also. Neither eye had any sign of trauma but the ecchymosis is on the left. Patient is on Coumadin and the ecchymosis and skin tears have been a long term problem which is improving. No sign of patient abuse or neglect. [Resident #4] condition including her skin has been deteriorating for months. [ADON signature] 10/11/07, Pt (Patient) was on non rebreather in amb (ambulance) & (and) in hosp. (hospital). Both sides of face have ecchymosis. [ADON signature]"</p> <p>b. On 11/5/07 at 11:00 a.m., The ADON was asked, What is the procedure to submit a reportable to OLTC? The ADON stated, "I complete the form. If someone reports something to us, then I fill out the form and the Administrator helps if I need it and he sends it in."</p> <p>When asked, Has an investigation regarding [Resident #4] been completed? The ADON stated, "Yes, this [7734] has been submitted." When asked if there had been a 762, follow up investigation submitted within 5 days, completing the investigation, the ADON stated, "I don't know. I'll have to check with [Administrator]." At 2:00 p.m., the ADON reported, "[Administrator] is completing the rest of the reportable on [Resident #4] and will be submitting it to OLTC."</p> <p>c. On 11/5/07 at 1:30 p.m., the DON was asked, How do you determine a reportable should be submitted to OLTC? She stated, "We submit any type of abuse, complaint, anything concerning</p>	F 226			

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F 226	<p>Continued From page 9</p> <p>patient care, we take care of in house. It would have to be pretty important to report anything to OLTC, and we would report anything we needed to."</p> <p>When asked who completed the form, the DON stated, "Who ever gets the complaint starts it and reports to myself or the ADON. " The DON was asked what forms are submitted to OLTC? She stated, "It's really been only one time we submitted and it's been along time ago. " When asked who was involved in the investigation process, the DON stated, "Myself, the ADON and Administrator."</p> <p>d. On 11/5/07 at 2:00 p.m., the ADON was asked, How do you determine a reportable should be submitted to OLTC? She stated ADON, "I really don't know, if it seems important enough or we've had a complaint " .</p> <p>When asked who completes the form, the ADON stated, "I do, and [Administrator] helps. " When asked what forms had been submitted to OLTC, the ADON stated, "The usual forms. " She was asked who was involved in the investigation process and stated, "Myself, Administrator and DON."</p> <p>e. The allegation of physical abuse, reported to the facility on 10/8/07 at 2:00 p.m., was not thoroughly investigated as evidenced by a lack of interviews with staff on duty or with alert and oriented residents. There were no interventions immediately implemented to protect the resident or other cognitively impaired residents in the facility.</p>	F 226			