	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
						С
		045457	B. WING			8/24/2015
NAME OF PI	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP COD	E	
STAGECO	ACH NURSING AND RE	EHABILITATION CENTER		07 HIGHWAY 5 NORTH <mark>YANT, AR</mark> 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 000	INITIAL COMMENTS	5	F 000			
	is an official, legal do remain unchanged e correction, correction space. Any discrepa citation(s) will be rep Office (RO) for referr Inspector General (C information is inadve	7 (Statement of Deficiencies) boument. All information must xcept for entering the plan of n dates, and the signature ncy in the original deficiency orted to the Dallas Regional ral to the Office of the DIG) for possible fraud. If ertently changed by the e State Survey Agency (SA) imediately.				
F 225 SS=K	•	ORT	F 225			
	been found guilty of mistreating residents had a finding entered registry concerning a of residents or misag and report any know court of law against indicate unfitness for	employ individuals who have abusing, neglecting, or s by a court of law; or have d into the State nurse aide abuse, neglect, mistreatment opropriation of their property; ledge it has of actions by a an employee, which would service as a nurse aide or the State nurse aide registry es.				
	involving mistreatme including injuries of u	ure that all alleged violations nt, neglect, or abuse, unknown source and esident property are reported				

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		045457	B. WING _				C / <b>24/2015</b>
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
STAGECO	DACH NURSING AND RE	HABILITATION CENTER			907 HIGHWAY 5 NORTH 3RYANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 225	immediately to the ad to other officials in ac through established p State survey and cert The facility must have violations are thoroug prevent further potent investigation is in pro- The results of all inve to the administrator o representative and to with State law (includ certification agency) v incident, and if the all	Iministrator of the facility and cordance with State law procedures (including to the ification agency). e evidence that all alleged ghly investigated, and must tial abuse while the gress.	F 2	225			
	by: Complaint #20426 (A all or in part, in these Based on record revie failed to ensure an all abuse involving Certie #1 was immediately r Administrator/Designe was promptly initiated protected from the po (Resident #1) of 7 cas #s 1-7), who required and had reported an abuse. This failed pro- Jeopardy which cause serious harm, injury of	ew and interview, the facility legation of staff to resident fied Nursing Assistant (CNA) eported to the ee to assure an investigation					

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE COMP	
		045457	B. WING				
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	2-1/2010
				6	6907 HIGHWAY 5 NORTH		
STAGECO	OACH NURSING AND RE	HABILITATION CENTER		1	BRYANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 225	<ul> <li>skin tears to left arm a This failed practice ha than minimal harm to assistance with bed n according to a list pro on 8/24/15 at 11:36 a Immediate Jeopardy date. However, all th practices had not bee Administration was in Jeopardy removed or The findings are:</li> <li>1. Resident #1 had d and Rheumatoid Arth Minimum Data Set (M Reference Date (ARE the resident scored 12 moderately impaired) Mental Status (BIMS) of one person for bed incontinent, and had I both upper extremitie</li> <li>a. The nurse's notes and signed by Licens documented, "was I [resident] had wound entering res room res open area to I forearm CNA in the morning w the CNA grabbed her them together and be then called [LPN #2] 1 and we decided that r [emergency room] d/t bone in some places.</li> </ul>	and fracture of right arm. ad the potential cause more 70 residents who required nobility in the facility vided by the Administrator .m. The facility removed the prior to the survey entrance e underlying deficient en corrected. The facility formed of the Immediate to 8/21/15 at 4:05 p.m. iagnoses of Osteoarthrosis ritis. The Quarterly IDS) with an Assessment 0) of 7/10/15 documented 2 (8 - 12 indicates on the Brief Interview for , required limited assistance mobility, was occasionally imited range of motion of	F	225			

Facility ID: 0895

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES					FORM	): 09/02/2015 APPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		045457	B. WING			_	( /80	C 24/2015
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
STAGECO	ACH NURSING AND REI	ABILITATION CENTER		6	907 HIGHWAY 5 NORTH			
•				В	BRYANT, AR 72022			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 225	send her to ER attem doctor] and never reco stated at this time to o [DON] called back and CNAs go in res room anyone of them. The was [CNA #4] but res enough res stated that had normal hairTh looked res room over blood on her cup and bedside table and on her nails, on her chin still had fresh active b After res left this nur and he stated that it w get witness statement him know of findings w room and he asked if description and let he days that does and he clock-in in the morning	e stated to go ahead and oted to call on MD [medical eived call back. [DON] also call res. dtr. [daughter] d stated to have all black to see if she could identify only one that was close stated that she was not big t it was a big girl and she his nurse and [LPN #3] and res shirt had fresh baby powder bottle, on the opposite handrail and under and forehead and wound leeding noted at 10:35 p.m. rse notified [Administrator] vould be a reportable and to s and to call police and let when CNAs went to res anyone matched her r know that there is one on e stated not to let that CNA g until he gets here"	F	225				
	and signed by LPN #7 notified per CNAs [CN to res room that res h entering res room res [large] open area/skin stated that a black fer roll over and she was the CNA grabbed her then together and bea [approximately] 3.5 in wide open area/skin to enough that it looked	dated 8/17/15 at 12:07 a.m. I documented, "was IA #1 and CNA #2] to come ad wound to L arm. Upon was noted to have Lg tear to L forearm. Res nale CNA was helping her trying to help CNA roll and wrists and started hitting ating her up. Res had app. ch long and app. 2.5 inch ear to I forearm and deep like bone in some areas and arge amount of blood"						

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	ED: 09/02/2015 RM APPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		045457	B. WING		08	C B/24/2015
	ROVIDER OR SUPPLIER	HABILITATION CENTER	69	REET ADDRESS, CITY, STATE, ZIP CO 107 HIGHWAY 5 NORTH RYANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 225	documented, "The there was a staff men the bed in a vigorous were being pushed to occurred that way" d. The hospital x-ray documented, "The bo osteopenic, limiting a acute fracture. There impacted fracture of t metadisphysis. On th appearance of a non- distal metaphysis of t step-off volarly and s- obliquely. Vascular of Impression: Fracture and ulna. Ulnar fract emergency room phy examination." e. Staff interviews we 1) On 8/21/15 at 9:51 "[8/16/15] It was about down the 400 hall tow heard a yell from a ro go into [Room Numbot the other side of [Resident #1] w said, 'get her off me." This lady [Resident #1] bed. This is when I s hand, under her finge	arge summary dated 8/18/15 patient told her daughter that nber that was moving her in fashion and that her arms ogether, and that the fracture results dated 8/17/15 ones are severely ssessment for detection of e is a transverse minimally the distal right ulnar ne lateral view, there is displaced fracture of the he radius with cortical clerotic linear density calcifications are present. es of the distal right radius ure was noted by the sician at the time of	F 225			

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						IO. 0938-039
	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY
			A. BOILDING			С
		045457	B. WING			8/24/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		0/24/2015
				6907 HIGHWAY 5 NORTH		
STAGECO	OACH NURSING AND RE	HABILITATION CENTER		BRYANT, AR 72022		
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	PECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	COMPLETIO DATE
F 225	Continued From page	e 5	F 22	5		
		nurse[CNA #1] works with	1 220			
		time. [Resident #1] can turn				
		ipset with staff if she thinks				
		ce her. I didn't see anything,				
		nt to do anything. I think				
	[CNA #1] did it by acc	cident. I believe that's what				
	happened. I never th	hought the resident did this to				
		ed when she heard the				
	-	ncerned her enough to turn				
	-	to the room. CNA #2 was				
		I what the resident had said				
		ff me." CNA #2 stated, "No,				
		ee anything wrong with the				
		st walked into the room." was not until the last round				
		en we called the nurse into				
	the room when we sa					
	2) On 8/21/15 at 11:2	25 a.m., CNA #3 stated, "I				
		16/15]. I fed the resident that				
	evening between 5:3	0 and 6:00 p.m I know				
	there was nothing wr	ong with [Resident #1] at the				
	time I fed her, becaus	se I gave her a drink in one				
	-	in her other hand. I know				
		ecause she was reaching to				
	get the drink and can					
		ng." CNA #3 stated, "The				
		now right then if you touch				
		he will yell. That's her way of 't touch me or you're hurting				
		turn over, she will roll				
		e I can recall her yelling out				
		around the 8 o'clock [round]				
		yell, 'No, No stop, leave me				
		that I was in another				
		ught in my head, someone				
		CNA #3 stated, "She's				
	[Resident #1] not the	type of resident that would				
		s not physically possible.				

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	S FOR MEDICARE &					O. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	· · /	E SURVEY IPLETED
			A. BUILDING			С
		045457	B. WING			
	ROVIDER OR SUPPLIER	0+0+07		STREET ADDRESS, CITY, STATE, ZIP CODE		3/24/2015
NAME OF FI	ROVIDER OR SUFFLIER			6907 HIGHWAY 5 NORTH		
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		BRYANT, AR 72022		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETIO
F 225	Continued From page	e 6	F 22	5		
. 225		ve ability to cause a gash like	1 223			
		it. It was a bad opening."				
	3) On 8/21/15 at 12.5	50 p.m., LPN #1 stated, "I				
	was down the 400 ha	• •				
		8:30 - 8:45 p.m I did her				
	[Resident #1] meds.	I handed her her bottle of				
		to hold it. She asked me to				
	•	n." LPN #1 was asked about				
		documented the resident				
		30 - 8:45 p.m. to put cream				
	•	ause her right arm and wrist e a black CNA had twisted				
		ng her. LPN #1 was asked				
		egation? LPN #1 stated,				
		o my med. pass and get the				
		idn't see anything out of the				
	ordinary, no swelling	or bruising or anything like				
	that. I saw red speck	s on her top and next to her				
	-	t was from supper." LPN #1				
		evening, around 10:15 p.m.,				
	the CNAs hollered at					
		. Her [left] sleeve was				
		I saw the gaping wound on [LPN #2] what she thought				
		We both decided to send				
		ospital. We found smears of				
		owder bottle, the bedside				
		I. When they [CNAs] started				
		f of her right hand she				
		d I noticed a little scratch on				
	-	#1 stated she called the				
		preport the wound to the left				
		e DON instructed her to get				
		LPN #1 stated she did not				
		y injury to the right arm see issues with the right				
		อออ เออนออ พาแา แาย riyini				1
	arm I DN #1 was as	ked, "Did you have any idea				

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TATEMENT (	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	OMB NO. 093 (X3) DATE SURVE	Y
NU PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	COMPLETED	
		045457	B. WING		C 08/24/20	15
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIF		
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		6907 HIGHWAY 5 NORTH BRYANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COME O THE APPROPRIATE D	(X5) PLETION DATE
F 225	Continued From page	e 7	F 22	25		
		] might have caused those				
	-	ated, "No." LPN #1 was				
	-	ne witness statements that d, "No, I didn't because it				
		s trying to fill out the I/A				
	[Incident and Acciden police officer."	it] and I had to talk to the				
	4) On 8/21/15 at 1:55	p.m., LPN #2 stated, "at				
		was finishing my med.				
	pass. [LPN #1] was obring the treatment ca	on 400 hall called me to				
	-	and showed me the wound				
		ırm. It was awful. I asked				
		appened. [Resident #1]				
		colored girls twisted my 1] was her arm this way				
	-	not sure. I don't see how I				
		" LPN #2 was asked if she				
	believed the resident	when she made the one had twisted her arm?				
	•	believe her. You can't make				
	something like that up	p."				
	5) On 8/21/15 at 12:1	2 p.m., LPN #3 [11/7 shift],				
	stated, "I came in to r	elieve [LPN #1] on 400 hall				
	· ·	5]. As soon as I got here, o see the resident's arm. I				
		s] room and she told me				
	there were two nurse	s that grabbed her arm				
		to roll over. She said they				
	-	PN #3 stated there was no was consistent with her				
	doing that to herself.	LPN #3 was asked if				
		utine of yelling when staff #3 stated, "No, not at night."				
	f. The DMS (Division (Incident and Accider	of Medical Services) -7724				

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	OT OR MEDIOARE &	MEDICAID SERVICES				D. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	· · ·	E SURVEY PLETED
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING			
						С
		045457	B. WING		08	/24/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE	
STACECO		HABILITATION CENTER		6907 HIGHWAY 5 NORTH		
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		BRYANT, AR 72022		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	EAPPROPRIATE	COMPLETION DATE
F 225	Continued From page	e 8	F 22	5		
		. documented, "On the				
		6, 2015, LPN was called to				
		by CNAs. Upon entering				
		ent was noted to have a large				
		o the left forearm. When				
	-	ve happened. [Resident #1]				
		emale CNA was helping to				
		was trying to help CNA roll				
		d her wrists and started				
	hitting them together					
		esented with all African				
		ne 3-11 shift for possible				
		ent unable to identify any				
		ident #1] sent to [hospital]				
		and treatment. Investigation				
	continued at this time					
	1) The DMS-762 (Fa	cility Investigation) witness				
		7/15 at 11:45 a.m. and signed				
	-	ed, "This nurse had passed				
		around 8:30 - 8:45 p.m. on				
		res had reached for meds in				
	-	iys does and used hands				
		s. No blood or cuts or				
		to arms. Res did ask this				
		ght] arm with Voltren Cream				
		nees and legs because her R				
		rting because a black CNA				
		while she was changing her.				
		arm and did not notice any				
		either arm and res was using				
		now this nurse where to rub				
		to res that 7-3 shift wasn't				
		vould investigate what res				
		I. At this time this nurse did				
		s shirt was dirty and she had mouth on L side, but this				
						1
	-	from supper because they				

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		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 09/02/2015 RM APPROVED NO. 0938-0391
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		045457	B. WING			0	C 8/24/2015
NAME OF P	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
STAGECO	ACH NURSING AND RE	HABILITATION CENTER			907 HIGHWAY 5 NORTH RYANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 225	#1 and CNA #2] that i Upon entering res roo [large] open area to L have large amount of from wound bleeding, blanket that res cover nurse questioned res arm. Res stated it hat twisted her arm. This #2] to come to room a When [LPN #2] enter what had happened a black CNA was trying and res stated she wa and CNA grabbed he then together and beat this nurse then left roo to go to ER [emergen deep wound was and This nurse then called let her know what hap send res to ER and c 11/7 shift had arrived come to res room and asked res what happe black CNAs had beat watchedAlso whe cleaning res R [right] transport res was holl 2) The DMS-762 with at 10:20 p.m. and sig documented, "Was do helping [CNA #1] cha checked [Resident #1 [Resident #1's] bed to	5 p.m. was notified by [CNA res had wound to her arm. om this nurse noted Lg . [left] forearmRes. did blood on R sleeve of shirt . No blood was on bed or on red up with and when this about what happened to appened when the CNA a nurse then called for [LPN and bring treatment cart. ing she also asked nurse and res then stated that to roll her over this morning as trying to help her roll her r wrists and started hitting ating her up. [LPN #2] and om and decided res needed toy room] d/t [due to] how l possibly bone was visible. d [DON] at app. 10:30 p.m. opened. She then said to all dtr. first. [LPN #3] on and this nurse asked her to d when we entered [LPN #3] ened. Res then stated that 2 her up while white male had on [LPN #3] and CNA was arm up to get her ready for lering in severe pain" ess statement dated 8/16/15 ned by CNA #2 oing last round and was nge [Resident #1]. She I's roommate] and I went to o check her. Noticed blood [CNA #1] quickly to get LPN	F	225			

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	: 09/02/2015 APPROVED . 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE : COMPI	SURVEY LETED
		045457	B. WING			C 08/2	C 24/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	E, ZIP CODE		
STACECO	ACH NURSING AND REI			6907 HIGHWAY 5 NORTH			
STAGECO	ACH NURSING AND REI	ADILITATION CENTER		BRYANT, AR 72022			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIAT FICIENCY)		(X5) COMPLETION DATE
F 225	Continued From page [Resident #1] yell and [CNA #1] was about to her. She was upset b wasn't hurt in anyway this time." The 2nd D dated 8/19/15 and sig documented, "I need finding the skin tear a believed or thought for did this to herself." 3) The DMS-762 with at 10:20 p.m. and sig documented, "I, [CNA p.m. with the help of [ another aide to assist screaming she does. with her or her arm. A do the last round [CN 414 together and I we and [CNA #2] said con [Resident #1] have a a notified [LPN #1] of w down to the room." 4) The DMS-762 with at 10:20 p.m. and sign , "I was in [Resident # time to feed her there because I gave her ju candy bar in her right her shouting and fuss	e 10 I went into room, at this time to change her so I assisted but nothing to alarm me she . I didn't see any blood at MS-762 witness statement ined by CNA #2 to add to my report - when nd reporting I never or once that [Resident #1] ess statement dated 8/16/15 hed by CNA #1 \$#1] did my rounds at 7:45 CNA #2] as I always get	F 22	DE			
	that's when [CNA #1] assist her. At that tim	said [CNA #2] came in to e at 10:20 p.m. was when other CNAs attention that o her left arm."					

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		ID HUMAN SERVICES MEDICAID SERVICES			FO	ED: 09/02/2015 RM APPROVED NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		045457	B. WING _		a	C )8/24/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,		
				6907 HIGHWAY 5 NORTH		
STAGECO	OACH NURSING AND RE	HABILITATION CENTER		BRYANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 225	Continued From page	e 11	F 2	25		
	had a discussion in the regarding the incident the resident had beer #3 stated that CNA # resident had done that "I told [CNA #2] it doe #1] can't do that to he #2] that she's heard p just like I have and I tt [three days after incide don't go tell [Administ would." CNA #3 state it intentionally. But sh intentionally do it, dor stated, "Her [CNA #1] has a deep voice. I'v She was asked what to her right arm? CN the resident doing that capable of the moven to literally hold her arm night CNA #1 was sate herself. I told [CNA # trying to convince, but asked if she reported [8/16/15] to the Admint "No." CNA #3 was as She stated, "I accept [CNA #1] aggressive. she's mean." Did you told you [CNA #1] wa "No, they [Administra There's no way [Adm 2) On 8/21/15 at 12:2 was between 7:07 - 7	5 a.m., CNA #3 stated she he break room with CNA #2 t involving Resident #1 after in sent to the hospital. CNA 1 was trying to say that the at to herself. CNA #3 stated, as not add up. She [Resident erself. She can't. I told [CNA beople say [CNA #1's] mean told her I was just written up dent on 8/19/15] and if she trator] her suspicions then I ed, "I don't think [CNA #1] did he did it. Even if you didn't n't try to cover it up." CNA #3 ] tone is demanding. She e been told she's mean." about the resident's fracture A #3 stated, "I couldn't see at to herself either. She's not nent. Someone would have m." CNA #3 stated, "That ying that the resident did it to #1], I don't know who your it it's not me." CNA #3 was her suspicions that night nistration. CNA #3 stated, sked about her write up. that. I have heard she's I have heard residents say u report that residents had s mean? CNA #1 stated, "It "12 p.m. [8/16/15], I asked as wetAnytime you touch				

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ID FLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		C
		045457	B. WING		08/24/2015
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	DE
STAGECO	ACH NURSING AND REI	HABILITATION CENTER		6907 HIGHWAY 5 NORTH BRYANT, AR 72022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLET IE APPROPRIATE DATE
F 225	Continued From page	e 12 e yells. I told her to turn to	F 22	5	
	the right, she grabbed across the resident ar	d the side rail. I reached nd pulled on the draw sheet.			
	-	was pulling her over. into the room the resident ne.' [CNA #2] started			
	helping and the reside [CNA #2] said to the r	ent said, 'She's killing me.' esident, 'No, she's just I never had a problem with			
	[Resident #1]. There At 10:20 p.m., I was g	was nothing wrong with her. going to do my last round. I d to change her. We both			
	went into the room, [0 #1] and I was with [Ro	CNA #2] went to [Resident commate]. CNA #2 saw the			
	That's when we saw t	lled me over to resident. the blood. Her nails were PN #1]. I said it was a skin a it was that bad."			
	8/16/15 at 10:24 p.m.	0 p.m., the DON stated, "On , LPN #1 called me and all			
	room. She had a skir skin tear. She has a	y [CNAs] had gone into the n tear, well it's worse than a 3 inch gash on her arm. I it's deep. I can't get a hold			
	of the doctor. I told [L Call the daughter and	PN #1] to send her anyway. send her to the ER. [LPN s digging in it. DON stated			
	she told [LPN #1] that DON was asked if LP	t it probably hurts." The N #1 had reported to her e an allegation that a black			
	CNA had twisted her a "No." The DON state	arm? The DON stated, d it was not until mid day on came aware Resident #1			
		ure to the right arm, after the			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DAT	E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		· · ·	IPLETED
						С
		045457	B. WING	·····		8/24/2015
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CO	DE	
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		07 HIGHWAY 5 NORTH YANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 225	<ul> <li>3/11 shift on 8/16/15 Tuesday 8/18/15. He aware that CNA #2 at CNA #1 had caused to 8/19/15.</li> <li>2. Resident #6 had caused to 8/19/15.</li> <li>2. Resident #6 had caused to 13 (13 - 15 indicates and required limited a bed mobility.</li> <li>On 8/21/15 at 3:15 p. if CNA #1 had been to to her? Resident #6 been to me. But I've seen her grab a wom think that some peop some she can't. The room, Room [Room r that lady. She had bu She died. She's [CN. patient with a lot of the seen to me. But I've seen her grab a wom think that some peop some she can't. The room, Room [Room r that lady. She had bu She died. She's [CN. patient with a lot of the seen to me. But I've seen her grab a wom think that some peop some she can't. The room, Room [Room r that lady. She had bu She died. She's [CN. patient with a lot of the seen to the seen</li></ul>	e 13 and a full 3/11 shift on also stated that he was not nd CNA #3's had suspected the resident's injuries until liagnoses of Hypertension The Quarterly MDS with an mented the resident scored cognitively intact) on a BIMS assistance of one person for m., Resident #6 was asked nean, rude or inappropriate stated, "Yes, she is, never seen and heard. I have en's wrist. She's grouchy. I le, she can do that to and re was a woman in the next number]. I was a friend to ruises to her arms and chest. A #1] hateful. She's not too nem." Resident #6 was it was [CNA #1]? Resident	F 225			
	time her hair is balled most of time she's on working." 3. Resident #7 had of Diabetes Mellitus Typ with an ARD of 8/7/15 scored 11 (8 - 12 indi	liagnoses of Anemia and be II. The Quarterly MDS 5 documented the resident cates moderately impaired) red extensive assistance of				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		045457	B. WING			30	3/24/2015
NAME OF P	ROVIDER OR SUPPLIER			ę	STREET ADDRESS, CITY, STATE, ZIP CODE	-	
STAGECC	ACH NURSING AND RE	HABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 225	<ul> <li>anything to me, but sl ones. Just not real fr</li> <li>4. The facility remove and reduced the scop [prior to the initiation of following actions.</li> <li>1) At approximately 1 DON instructed nurse American CNAs to co- identification.</li> <li>a. No positive identified b. All direct care staff</li> <li>2) At 10:35 p.m. on A [ambulance service] t (remove resident from 3) Closest possible m held from starting shift interview with DON a</li> <li>a. Witness statement possible resembled C resident room.</li> <li>b. Witness statement of signs/symptoms of pa day shift.</li> <li>4) On Aug 17, 2015, a after review of witness Alert/Oriented resider</li> </ul>	er. She's never done he's not one of the nicest iendly." ed the Immediate Jeopardy be/severity to "H" on 8/19/15 of the survey] by taking the 0:24 p.m. Aug 16, 2015, e to have all African ome to room for possible cation given for current staff to write witness statements ug 16, 2015, notify o transport resident to ER in facility) norning shift employee was ft on Aug. 17, 2015, until nd Administrator. that was given reports that CNA was not assigned to given by CNA [CNA #5] y CNA to assist resident review, indicates no ain given by resident during at approximately 8:00 a.m.	F	225			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE		
		045457	B. WING				C 24/2015	
NAME OF PI	ROVIDER OR SUPPLIER	I	STREET ADDRESS, CITY, STATE, ZIP CODE					
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		6907 HIGHWAY 5 NORTH BRYANT, AR 72022				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE	
F 225	Continued From page	9 15	F	225	5			
	a. All residents stated	l no.						
		Aug. 17, 2015, at 8:00 a.m. cedure for the reporting and						
	6) Investigation of res bedroom conducted b approximately 8:30 a	•						
	a. Side rail found to h at base. b. Maintenance repai	ave missing plastic protector red plug shortly after						
		tements given by employee 9:00 am on Aug 17, 2015, no possible abuse from						
	8) On Aug 18, 2015, of suspected abuse, the resident to be transfe							
	a. family did not want time.	to move resident at that						
		at approximately 5:00 p.m. Admin and DON the feeling resident by [CNA #1]						
	a. [CNA #3] inservice of suspected abuse a	d on the immediate reporting t 5:30 p.m.						
	10) CNA #1 immediat leave on Aug 19, 201	ely put onto administrative 5, at 5:30 p.m.						
		orting of suspected abuse I LPN #1 also inserviced on						

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		ID HUMAN SERVICES MEDICAID SERVICES				FC	TED: 09/02/2015 DRM APPROVED NO. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>·</i>		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		045457	B. WING				C 08/24/2015	
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
STAGECO	ACH NURSING AND RE	HABILITATION CENTER			907 HIGHWAY 5 NORTH RYANT, AR 72022			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 225 F 226 SS=K	Aug 21, 2015. 5. On 8/21/15 at 3:50 the DON was asked h the effectiveness of th facility know if the sta information covered in reoccurrences. They monitoring system in 483.13(c) DEVELOP/ ABUSE/NEGLECT, E The facility must dever policies and procedur mistreatment, neglect and misappropriation This REQUIREMENT by: Complaint #20426 (A all or in part, in these Based on record revise	ng of suspected abuse on D p.m., the Administrator and how did the facility monitor hese inservices, how did the ff understood the in the inservices to prevent stated they did not have a place. IMPLMENT ETC POLICIES elop and implement written res that prohibit t, and abuse of residents of resident property. T is not met as evidenced AR 00018573) substantiated,		225				
	abuse policy and proof facility's failure to ensi- resident abuse involv Assistant (CNA) #1 w the Administrator/Desi- investigation was pro- were protected from t for 1 [Resident #1] of [Resident #s 1-7], wh bed mobility and had	cedure as evidenced by the sure an allegation of staff to ing Certified Nursing vas immediately reported to signee to assure an mptly initiated and residents he potential of further abuse						

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM APPROVED OMB NO. 0938-0391		
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED	
		045457	B. WING			0	C 8/24/2015	
NAME OF P	ROVIDER OR SUPPLIER		•					
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		6907 HIGHWAY 5 NORTH BRYANT, AR 72022				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 226	resulted in Immediate could have caused set to Resident #1, who a and who sustained set fracture of right arm. potential cause more residents who require mobility in the facility by the Administrator of facility removed the In the survey entrance of underlying deficient p corrected. The facility informed of the Imme 8/21/15 at 4:05 p.m. The findings are: 1. The facility's Abus Policy and Procedure documented, "All in suspected resident m abuse, including injur misappropriation of re reported immediately Administrative Design 2. Resident #1 had d and Rheumatoid Arth Minimum Data Set (M Reference Date (ARE the resident scored 1 moderately impaired) Mental Status (BIMS) of one person for bed incontinent, and had both upper extremitie	e Jeopardy which caused or erious harm, injury or death alleged CNA #1 beat her up sin tears to left arm and This failed practice had the than minimal harm to 70 ed assistance with bed according to a list provided on 8/24/15 at 11:36 a.m. The mmediate Jeopardy prior to late. However, all the ractices had not been y Administration was diate Jeopardy removed on e Investigation & Reporting (no effective date given) cidents of alleged or istreatment, neglect, or ies of unknown source, and esident property must be to the Administrator or the nee by a facility employee." liagnoses of Osteoarthrosis ritis. The Quarterly IDS) with an Assessment 0) of 7/10/15 documented 2 (8 - 12 indicates on the Brief Interview for , required limited assistance mobility, was occasionally limited range of motion of	F	226				

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TATEMENT C	F DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	O. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CON	IPLETED
		045457	B. WING			С
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		8/24/2015
				6907 HIGHWAY 5 NORTH	CODE	
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		BRYANT, AR 72022		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 226	Continued From page	e 18	F 22	6		
			1 22	0		
	and signed by Licensed Practical Nurse (LPN) #1 documented, "was notified per CNAs that res					
		to I [left] forearm upon				
		s was noted to have large				
	open area to I forearr	m. Res stated that black				
		was trying to roll res over and				
		r wrists and started hitting				
		eating her up. This nurse				
		to room to look at wound				
		res needed to go to ER				
		t [due to] being able to see				
		. This nurse then called rsing)] to let her know what				
		e stated to go ahead and				
		pted to call on MD [medical				
		ceived call back. [DON] also				
		call res. dtr. [daughter]				
		nd stated to have all black				
	CNAs go in res room	to see if she could identify				
		e only one that was close				
	was [CNA #4] but res	s stated that she was not big				
		at it was a big girl and she				
		his nurse and [LPN #3]				
		r and res shirt had fresh				
		I baby powder bottle, on the				
		opposite handrail and under and forehead and wound				
		bleeding noted at 10:35 p.m.				
		urse notified [Administrator]				
		would be a reportable and to				
		its and to call police and let				
	-	when CNAs went to res				
	-	f anyone matched her				
		er know that there is one on				
		e stated not to let that CNA ng until he gets here"				
	b. The nurse's notes	dated 8/17/15 at 12:07 a.m.				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		045457	B. WING _				_ 24/2015
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
STAGECO	ACH NURSING AND REI	HABILITATION CENTER			007 HIGHWAY 5 NORTH RYANT, AR 72022		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 226	notified per CNAs [CN to res room that res h entering res room res [large] open area/skin stated that a black fer roll over and she was the CNA grabbed her then together and bea [approximately] 3.5 in wide open area/skin t enough that it looked wound was bleeding l c. The hospital dischar documented, "The p there was a staff men the bed in a vigorous were being pushed to occurred that way" d. The hospital x-ray documented, "The bo osteopenic, limiting as acute fracture. There impacted fracture of th metadisphysis. On the appearance of a nonce distal metaphysis of the step-off volarly and sec obliquely. Vascular ca Impression: Fracture and ulna. Ulnar fracture emergency room physic examination." e. Staff interviews we 1) On 8/21/15 at 9:51	NA #1 and CNA #2] to come ad wound to L arm. Upon was noted to have Lg thear to L forearm. Res male CNA was helping her trying to help CNA roll and wrists and started hitting ating her up. Res had app. ch long and app. 2.5 inch ear to I forearm and deep like bone in some areas and arge amount of blood" arge summary dated 8/18/15 batient told her daughter that her that was moving her in fashion and that her arms gether, and that the fracture results dated 8/17/15 nes are severely seessment for detection of is a transverse minimally he distal right ulnar ie lateral view, there is displaced fracture of the her radius with cortical clerotic linear density alcifications are present. s of the distal right radius ure was noted by the sician at the time of	F 2	226			

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		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 09/02/2015 RM APPROVED NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
		045457	B. WING			C 08/24/2015	
	ROVIDER OR SUPPLIER	HABILITATION CENTER		690	EET ADDRESS, CITY, STATE, ZIP COD 7 HIGHWAY 5 NORTH YANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 226	heard a yell from a ro go into [Room Number the other side of [Res door. [Resident #1] w said, 'get her off me." This lady [Resident # see any blood, I wou p.m., during last roun change [Resident #1] bed. This is when I s hand, under her finge the nurse beat her up she calls everybody r [Resident #1] all the t herself, she will get u they are going to forc I don't think she mean [CNA #1] did it by acc happened. I never th herself. CNA #2 state resident yell out it cor around to go back int asked if she reported regarding, "get her of because she didn't se resident when she firs CNA #2 stated that it app. 10:20 p.m., whe the room when we sa 2) On 8/21/15 at 11:2 worked that night [8/1 evening between 5:30 there was nothing wr time I fed her, becaus hand and candy bar i	vard the nurse's station, I from, then I turned around to er] room. [CNA #1] was on sident #1's] bed facing the vas mad. [Resident #1] 'I just calmed her down. 1] can turn herself. I didn't the vas mad. [Resident #1] 'I just calmed her down. 1] can turn herself. I didn't the vas reported it. App. 10:20 d, [CNA #1] asked me to J. I went to [Resident #1's ] aw blood. It was all over her er nails. [Resident #1] said to and she grabbed me. But nurse[CNA #1] works with time. [Resident #1] can turn pset with staff if she thinks the her. I didn't see anything, int to do anything. I think cident. I believe that's what tought the resident did this to ed when she heard the neerned her enough to turn to the room. CNA #2 was what the resident had said ff me." CNA #2 stated, "No, ee anything wrong with the st walked into the room." was not until the last round in we called the nurse into the blood." 55 a.m., CNA #3 stated, "I I6/15]. I fed the resident that 0 and 6:00 p.m I know ong with [Resident #1] at the se I gave her a drink in one in her other hand. I know	F	226			

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		MEDICAID SERVICES				IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · ·	E SURVEY
	CONTRACTION		A. BUILDING			
		045457	D WINC			С
		045457	B. WING			8/24/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		6907 HIGHWAY 5 NORTH		
		-		BRYANT, AR 72022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 226	Continued From page	0.21	F 22	e		
F 220			F 22	6		
		ng." CNA #3 stated, "The				
		now right then if you touch				
		he will yell. That's her way of				
		't touch me or you're hurting				
	-	o turn over, she will roll				
		e I can recall her yelling out				
		around the 8 o'clock [round]				
		yell, 'No, No stop, leave me				
		that I was in another				
	-	ught in my head, someone				
		CNA #3 stated, "She's				
		type of resident that would				
		s not physically possible.				
		ve ability to cause a gash like				
	that in her arm. I saw	<i>it.</i> It was a bad opening."				
	3) On 8/21/15 at 12:5	50 p.m., LPN #1 stated, "I				
	was down the 400 ha	all passing meds.				
	[medications] around	8:30 - 8:45 p.m I did her				
	[Resident #1] meds.	I handed her her bottle of				
	water. She was able	to hold it. She asked me to				
	put cream on her arm	n." LPN #1 was asked about				
	her statement which	documented the resident				
	asked you at app. 8:3	30 - 8:45 p.m. to put cream				
	on her right arm beca	ause her right arm and wrist				
	were hurting because	e a black CNA had twisted				
		ng her. LPN #1 was asked				
		egation? LPN #1 stated,				
		o my med. pass and get the				
	treatments done. I d	idn't see anything out of the				
		or bruising or anything like				
	that. I saw red speck	s on her top and next to her				
		t was from supper." LPN #1				
	stated, "Later in the e	evening, around 10:15 p.m.,				
	the CNAs hollered at	me to come down to				
		. Her [left] sleeve was				
	saturated with blood.	I saw the gaping wound on				
		[LPN #2] what she thought				
		We both decided to send				

Facility ID: 0895

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		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 09/02/2015 RM APPROVED NO. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		DNSTRUCTION		TE SURVEY MPLETED	
		045457	B. WING			C 08/24/2015		
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6907 HIGHWAY 5 NORTH BRYANT, AR 72022				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 226	the resident to the ho blood on her baby po table and the side rail cleaning the blood off started screaming an the right wrist." LPN # DON at 10:25 p.m. to arm. At that time, the witness statements. L report to the DON any because she did not s arm. LPN #1 was as that night that the two #3], thought [CNA #1] injuries?" LPN #1 state was so late and I was [Incident and Acciden police officer." 4) On 8/21/15 at 1:55 10:00 p.m. [8/16/15] I pass. [LPN #1] was of bring the treatment ca [Resident #1's] room to the resident's left at the resident how it has stated, "one of those arm." I asked [LPN # earlier? She said I'm would've missed that, believed the resident allegation that someo LPN #2 stated, "I did something like that up 5) On 8/21/15 at 12:1	spital. We found smears of wder bottle, the bedside I. When they [CNAs] started of her right hand she d I noticed a little scratch on #1 stated she called the preport the wound to the left e DON instructed her to get PN #1 stated she did not y injury to the right arm see issues with the right ked, "Did you have any idea o CNAs [CNA #2 and CNA ] might have caused those ated, "No." LPN #1 was ne witness statements that d, "No, I didn't because it s trying to fill out the I/A tt] and I had to talk to the is p.m., LPN #2 stated, "at I was finishing my med. on 400 hall called me to art. She took me into and showed me the wound arm. It was awful. I asked appened. [Resident #1] colored girls twisted my f1] was her arm this way not sure. I don't see how I ." LPN #2 was asked if she when she made the one had twisted her arm? believe her. You can't make	F	226				

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 09/02/2015 FORM APPROVED OMB NO. 0938-0391		
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		045457	B. WING		C 08/24/2015		
	ROVIDER OR SUPPLIER	HABILITATION CENTER		)E			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION E APPROPRIATE DATE		
F 226	at 10:35 p.m. [8/16/19 [LPN #2] told me to g went to [Resident #1' there were two nurse when she was trying grabbed her arms." L way that it [the injury] doing that to herself. Resident #1 had a ro provided care. LPN # f. The DMS (Division (Incident and Accider 8/16/15 at 10:15 p.m. evening of August 16 [Resident #1's] room resident room, reside open area/skin tear to asked what might hav stated that 'a black fer roll her over and she and the CNA grabbed hitting them together [Resident #1] was pre American CNAs on the identification. Reside positive match. [Res for further evaluation continued at this time 1) The DMS-762 (Fac statement dated 8/17 by LPN #1 document bedtime meds. to res 8/16/15. At that time med cup as she alwa and arms to get drink scratches was noted	5]. As soon as I got here, o see the resident's arm. I s] room and she told me s that grabbed her arm to roll over. She said they _PN #3 stated there was no was consistent with her _PN #3 was asked if utine of yelling when staff #3 stated, "No, not at night." of Medical Services) -7724 at Reporting) form dated documented, "On the , 2015, LPN was called to by CNAs. Upon entering nt was noted to have a large of the left forearm. When ve happened. [Resident #1] male CNA was helping to was trying to help CNA roll d her wrists and started and beating her up.' esented with all African he 3-11 shift for possible ent unable to identify any ident #1] sent to [hospital] and treatment. Investigation	F 22	6			

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		MEDICAID SERVICES				<u>IO. 0938-03</u>		
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	(X3) DATE SURVEY COMPLETED		
			A. BUILDING	<u> </u>				
			D 14/110			С		
	045457		B. WING	· · · · · · · · · · · · · · · · · · ·		8/24/2015		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	=				
STAGECO	ACH NURSING AND RE	HABILITATION CENTER		6907 HIGHWAY 5 NORTH				
UIAGEOC				BRYANT, AR 72022				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE		
F 226	Continued From page	e 24	F 22	26				
			1 22					
		nees and legs because her R rting because a black CNA						
		while she was changing her.						
		arm and did not notice any						
		either arm and res was using						
		now this nurse where to rub						
	cream and explained	to res that 7-3 shift wasn't						
	here, but this nurse v	vould investigate what res						
		<ol> <li>At this time this nurse did</li> </ol>						
		s shirt was dirty and she had						
		mouth on L side, but this						
	-	from supper because they						
	had something red for							
		5 p.m. was notified by [CNA						
		res had wound to her arm.						
		om this nurse noted Lg _ [left] forearmRes. did						
		f blood on R sleeve of shirt						
		. No blood was on bed or on						
		red up with and when this						
		about what happened to						
		appened when the CNA						
	twisted her arm. This	s nurse then called for [LPN						
	#2] to come to room	and bring treatment cart.						
		ring she also asked nurse						
		and res then stated that						
		g to roll her over this morning						
		as trying to help her roll her						
	-	er wrists and started hitting						
	-	ating her up. [LPN #2] and						
		oom and decided res needed						
		ncy room] d/t [due to] how I possibly bone was visible.						
	· ·	d [DON] at app. 10:30 p.m.						
		ppened. She then said to						
		all dtr. first. [LPN #3] on						
		and this nurse asked her to						
		d when we entered [LPN #3]						

Facility ID: 0895

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	-	ID HUMAN SERVICES				FORM	D: 09/02/2015
STATEMENT C	CENTERS FOR MEDICARE & MEDICAID SERVICES           TATEMENT OF DEFICIENCIES           ND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED			
	045457		B. WING		_		C 24/2015
NAME OF PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
STAGECOACH NURSING AND REHABILITATION CENTER				907 HIGHWAY 5 NORTH BRYANT, AR 72022			
			<b>I</b>				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 226	Continued From page	25	F 226				
		her up while white male had					
		n [LPN #3] and CNA was					
	• • • •	arm up to get her ready for					
	transport res was holl	ering in severe pain"					
		ess statement dated 8/16/15					
	at 10:20 p.m. and sig						
		bing last round and was					
		nge [Resident #1]. She					
	checked [Resident #1	's roommate] and I went to					
		check her. Noticed blood					
		[CNA #1] quickly to get LPN					
	for 400 hall. [Earlier]	At 7:45 p.m. I neard I went into room, at this time					
		o change her so I assisted					
		but nothing to alarm me she					
	· ·	. I didn't see any blood at					
		MS-762 witness statement					
	dated 8/19/15 and sig						
		to add to my report - when					
	finding the skin tear a	or once that [Resident #1]					
	did this to herself."						
		ess statement dated 8/16/15					
	at 10:20 p.m. and sig						
		#1] did my rounds at 7:45					
		CNA #2] as I always get					
	another aide to assist	There was nothing wrong					
	•	At 10:20 we getting ready to					
		A #2] and I went into [Rm.]					
	-	ent to check on [roommate]					
	and [CNA #2] said co	me here and look at this,					
		skin tear on her arm. So, I					
		hat we saw. She came					
	down to the room."						
	4) The DMS-762 with	ess statement dated 8/16/15					

DEPARTMENT OF HEALTH AND CENTERS FOR MEDICARE & M						FORM	): 09/02/2015 // APPROVED ). 0938-0391
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
	045457	B. WING			C 08/24/2015		
NAME OF PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE	E, ZIP CODE		
STAGECOACH NURSING AND REH			6	6907 HIGHWAY 5 NORTH			
STAGECOACH NORSING AND REH	ABILITATION CENTER		E	BRYANT, AR 72022			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BI ED TO THE APPROPRIA ICIENCY)		(X5) COMPLETION DATE
<ul> <li>, "I was in [Resident #1 time to feed her there was because I gave her juit candy bar in her right I her shouting and fussin getting changed during that's when [CNA #1] is assist her. At that time she brought it to the ot she had a skin tear on</li> <li>g. Additional staff inter</li> <li>1) On 8/21/15 at 11:25 had a discussion in the regarding the incident the resident had been #3 stated that CNA #1 resident had done that "I told [CNA #2] it does #1] can't do that to her #2] that she's heard pe just like I have and I to [three days after incided don't go tell [Administra would." CNA #3 stated it intentionally. But she intentionally do it, don' stated, "Her [CNA #1] i has a deep voice. I've She was asked what a to her right arm? CNA the resident doing that capable of the movement to literally hold her arm night CNA #1 was say herself. I told [CNA #1</li> </ul>	ted by CNA #3 documented 1's] room around dinner were no tears on her arms, ce in her left hand and her head. The only time I recall ng was when she was g the 8pm rounds, and said [CNA #2] came in to e at 10:20 p.m. was when ther CNAs attention that her left arm."	F	226				

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		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 09/02/2015 RM APPROVED NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU		(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY MPLETED	
	045457		B. WING			C 08/24/2015		
	ROVIDER OR SUPPLIER	HABILITATION CENTER	I	6	TREET ADDRESS, CITY, STATE, ZIP CODE 907 HIGHWAY 5 NORTH	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	I IX	BRYANT, AR 72022 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 226	[8/16/15] to the Admir "No." CNA #3 was as She stated, "I accept [CNA #1] aggressive. she's mean." Did you told you [CNA #1] wa "No, they [Administra There's no way [Adm 2) On 8/21/15 at 12:2 was between 7:07 - 7 the resident if she wa her she screams, she the right, she grabbed across the resident a She yelled out when When [CNA #2] came said, 'You're hurting r helping and the resid [CNA #2] said to the trying to change you. [Resident #1]. There At 10:20 p.m., I was g told [CNA #2] we nee went into the room, [G #1] and I was with [R resident's arm and ca That's when we saw full of blood. I told [L] tear, but I had no idea 3) On 8/21/15 at 12:0 8/16/15 at 10:24 p.m. she said was that the room. She had a skin skin tear. She has a think I can see bone,	her suspicions that night histration. CNA #3 stated, sked about her write up. that. I have heard she's I have heard residents say a report that residents had s mean? CNA #3 stated, tion] know their employees. inistrator] hasn't heard that." 9 p.m., CNA #1 stated, "It 12 p.m. [8/16/15], I asked s wetAnytime you touch e yells. I told her to turn to d the side rail. I reached ind pulled on the draw sheet. I was pulling her over. e into the room the resident ne.' [CNA #2] started ent said, 'She's killing me.' resident, 'No, she's just 'I never had a problem with was nothing wrong with her. going to do my last round. I d to change her. We both CNA #2] went to [Resident bommate]. CNA #2 saw the illed me over to resident. the blood. Her nails were PN #1]. I said it was a skin	F	226				

Facility ID: 0895

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURV COMPLETED		
045457			B. WING			C 08/24/2015		
NAME OF P	ROVIDER OR SUPPLIER		1	ę	STREET ADDRESS, CITY, STATE, ZIP CODE	•		
STAGECO	DACH NURSING AND RE	HABILITATION CENTER			6907 HIGHWAY 5 NORTH BRYANT, AR 72022			
(X4) ID PREFIX TAG				x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE	
F 226	Call the daughter and #1] said the resident is she told [LPN #1] tha DON was asked if LP Resident #1 had mad CNA had twisted her "No." The DON state 8/17/15 when she bee had sustained a fractures resident had been se h. On 8/21/15 at 10; stated CNA #1 was a 3/11 shift on 8/16/15 at 10; stated CNA #1 was a 3/11 shift on 8/16/15 at Tuesday 8/18/15. He aware that CNA #2 at CNA #1 had caused t 8/19/15. 3. Resident #6 had d and Atrial Fibrillation. ARD of 7/31/15 docu 13 (13 - 15 indicates and required limited at bed mobility. On 8/21/15 at 3:15 p. if CNA #1 had been m to her? Resident #6 been to me. But I've seen her grab a wom think that some peoplisome she can't. The room, Room [Room r that lady. She had br She died. She's [CN. patient with a lot of th asked you're certain i	I send her to the ER. [LPN is digging in it. DON stated t it probably hurts." The N #1 had reported to her le an allegation that a black arm? The DON stated, rd it was not until mid day on came aware Resident #1 ure to the right arm, after the	F	226				

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	APPROVED 0. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 08/24/2015		
		045457	B. WING _					
NAME OF P	NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	1		
STAGECO	DACH NURSING AND RE	HABILITATION CENTER			107 HIGHWAY 5 NORTH RYANT, AR 72022			
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	LD BE COMPL			
F 226	time her hair is balled most of time she's on working." 4. Resident #7 had d Diabetes Mellitus Typ with an ARD of 8/7/15 scored 11 (8 - 12 indi on a BIMS and requir one person for bed m a. On 8/21/15 at 2:45 asked about staff trea She stated, "I know h anything to me, but st ones. Just not real fr 5. The facility remove and reduced the scop [prior to the initiation of following actions. 1) At approximately 1 DON instructed nurse American CNAs to co identification. a. No positive identifie b. All direct care staff 2) At 10:35 p.m. on A [ambulance service] to (remove resident from 3) Closest possible m held from starting shift interview with DON a	lup on top of her head and this end of the hall liagnoses of Anemia and re II. The Quarterly MDS o documented the resident cates moderately impaired) ed extensive assistance of robility. 5 p.m., Resident #7 was atment, specifically CNA #1. er. She's never done he's not one of the nicest iendly." ed the Immediate Jeopardy be/severity to "H" on 8/19/15 of the survey] by taking the 0:24 p.m. Aug 16, 2015, e to have all African ome to room for possible cation given for current staff to write witness statements ug 16, 2015, notify o transport resident to ER n facility) norning shift employee was ft on Aug. 17, 2015, until	F2	226				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
045457		B. WING			C 08/24/2015		
NAME OF P	ROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE		
STAGECO	OACH NURSING AND RE	HABILITATION CENTER			6907 HIGHWAY 5 NORTH BRYANT, AR 72022		
(X4) ID PREFIX TAG				х	(X5) COMPLETION DATE		
F 226	<ul> <li>possible resembled C resident room.</li> <li>b. Witness statement confirmed he was onl c. Further statement r signs/symptoms of pa day shift.</li> <li>4) On Aug 17, 2015, a after review of witnes Alert/Oriented resider any employee had be recent time.</li> <li>a. All residents stated</li> <li>5) Inservice began or on the policy and proop prevention of abuse.</li> <li>6) Investigation of resibedroom conducted to approximately 8:30 and</li> <li>a. Side rail found to h at base.</li> <li>b. Maintenance repain</li> <li>7) Due to witness statand and residents, as of 9 suspicious finding of perpendicular of perpendicular suspicious finding of perpendicular of perpendicular and residents, as of 9</li> <li>suspicious finding of perpendicular of perpendicular of perpendicular suspected abuse, the resident to be transfer</li> </ul>	CNA was not assigned to given by CNA [CNA #5] y CNA to assist resident review, indicates no ain given by resident during at approximately 8:00 a.m. s statements, all nts were interviewed as to if the abusive to them in the I no. n Aug. 17, 2015, at 8:00 a.m. cedure for the reporting and sident's surrounding in by Admin and DON at m ave missing plastic protector red plug shortly after tements given by employee 9:00 am on Aug 17, 2015, no possible abuse from due to family concern on e option was given for	F	226			

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/02/2015 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í				(X3) DATE COMP	SURVEY PLETED
		045457	B. WING			_		C 24/2015
NAME OF PF	NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	<u> </u>	
STAGECO	ACH NURSING AND REI	HABILITATION CENTER			907 HIGHWAY 5 NORTH RYANT, AR 72022			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 226	Continued From page	31	F	226				
	9) On Aug 19, 2015, at approximately 5:00 p.m. [CNA #3] reported to Admin and DON the feeling of possible abuse to resident by [CNA #1]							
	a. [CNA #3] inserviced of suspected abuse a	d on the immediate reporting t 5:30 p.m.						
	10) CNA #1 immediat leave on Aug 19, 201	ely put onto administrative 5, at 5:30 p.m.						
	via DHS, CNA #2 and	orting of suspected abuse I LPN #1 also inserviced on ng of suspected abuse on						
	the DON was asked h the effectiveness of th facility know if the sta information covered in	n the inservices to prevent stated they did not have a						

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