STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. Complaint #20426 (AR 00018573) substantiated, all or in part, with deficiencies cited at F225 and F226.	F 000		
F 225 SS=K	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 1 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. 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 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #20426 (AR 00018573) substantiated, all or in part, in these findings. Based on record review and interview, the facility failed to ensure an allegation of staff to resident abuse involving Certified Nursing Assistant (CNA) #1 was immediately reported to the Administrator/Designee to assure an investigation was promptly initiated and residents were protected from the potential of further abuse for 1 (Resident #1) of 7 case mix residents (Resident #s 1-7), who required assistance with bed mobility and had reported an allegation of staff to resident abuse. This failed practice resulted in Immediate Jeopardy which caused or could have caused serious harm, injury or death to Resident #1, who alleged CNA #1 beat her up and who sustained	F 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 2	F 225		

skin tears to left arm and fracture of right arm.
This failed practice had the potential cause more than minimal harm to 70 residents who required assistance with bed mobility in the facility according to a list provided by the Administrator on 8/24/15 at 11:36 a.m. The facility removed the Immediate Jeopardy prior to the survey entrance date. However, all the underlying deficient practices had not been corrected. The facility Administration was informed of the Immediate Jeopardy removed on 8/21/15 at 4:05 p.m.

The findings are:

1. Resident #1 had diagnoses of Osteoarthrosis and Rheumatoid Arthritis. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/10/15 documented the resident scored 12 (8 - 12 indicates moderately impaired) on the Brief Interview for Mental Status (BIMS), required limited assistance of one person for bed mobility, was occasionally incontinent, and had limited range of motion of both upper extremities.

a. The nurse's notes dated 8/16/15 at 10:15 p.m. and signed by Licensed Practical Nurse (LPN) #1 documented, "...was notified per CNAs that res [resident] had wound to l [left] forearm upon entering res room res was noted to have large open area to l forearm. Res stated that black CNA in the morning was trying to roll res over and the CNA grabbed her wrists and started hitting them together and beating her up. This nurse then called [LPN #2] to room to look at wound and we decided that res needed to go to ER [emergency room] d/t [due to] being able to see bone in some places. This nurse then called [DON (Director of Nursing)] to let her know what

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 3	F 225		

was going on and she stated to go ahead and send her to ER attempted to call on MD [medical doctor] and never received call back. [DON] also stated at this time to call res. dtr. [daughter]. ... [DON] called back and stated to have all black CNAs go in res room to see if she could identify anyone of them. The only one that was close was [CNA #4] but res stated that she was not big enough res stated that it was a big girl and she had normal hair. ...This nurse and [LPN #3] looked res room over and res shirt had fresh blood on her cup and baby powder bottle, on the bedside table and on opposite handrail and under her nails, on her chin and forehead and wound still had fresh active bleeding noted at 10:35 p.m. ...After res left this nurse notified [Administrator] and he stated that it would be a reportable and to get witness statements and to call police and let him know of findings when CNAs went to res room and he asked if anyone matched her description and let her know that there is one on days that does and he stated not to let that CNA clock-in in the morning until he gets here..."

b. The nurse's notes dated 8/17/15 at 12:07 a.m. and signed by LPN #1 documented, "...was notified per CNAs [CNA #1 and CNA #2] to come to res room that res had wound to L arm. Upon entering res room res was noted to have Lg [large] open area/skin tear to L forearm. Res stated that a black female CNA was helping her roll over and she was trying to help CNA roll and the CNA grabbed her wrists and started hitting then together and beating her up. Res had app. [approximately] 3.5 inch long and app. 2.5 inch wide open area/skin tear to l forearm and deep enough that it looked like bone in some areas and wound was bleeding large amount of blood..."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 4	F 225		

c. The hospital discharge summary dated 8/18/15 documented, "...The patient told her daughter that there was a staff member that was moving her in the bed in a vigorous fashion and that her arms were being pushed together, and that the fracture occurred that way..."

d. The hospital x-ray results dated 8/17/15 documented, "The bones are severely osteopenic, limiting assessment for detection of acute fracture. There is a transverse minimally impacted fracture of the distal right ulnar metadisphysis. On the lateral view, there is appearance of a nondisplaced fracture of the distal metaphysis of the radius with cortical step-off volarly and sclerotic linear density obliquely. Vascular calcifications are present. Impression: Fractures of the distal right radius and ulna. Ulnar fracture was noted by the emergency room physician at the time of examination."

e. Staff interviews were conducted:

1) On 8/21/15 at 9:51 a.m., CNA #2 stated, "[8/16/15] It was about 7:08 p.m. I was walking down the 400 hall toward the nurse's station, I heard a yell from a room, then I turned around to go into [Room Number] room. [CNA #1] was on the other side of [Resident #1's] bed facing the door. [Resident #1] was mad. [Resident #1] said, 'get her off me." I just calmed her down. This lady [Resident #1] can turn herself. I didn't see any blood, I would've reported it. App. 10:20 p.m., during last round, [CNA #1] asked me to change [Resident #1]. I went to [Resident #1's] bed. This is when I saw blood. It was all over her hand, under her finger nails. [Resident #1] said the nurse beat her up and she grabbed me. But

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 5	F 225		

she calls everybody nurse. ...[CNA #1] works with [Resident #1] all the time. [Resident #1] can turn herself, she will get upset with staff if she thinks they are going to force her. I didn't see anything, I don't think she meant to do anything. I think [CNA #1] did it by accident. I believe that's what happened. I never thought the resident did this to herself. CNA #2 stated when she heard the resident yell out it concerned her enough to turn around to go back into the room. CNA #2 was asked if she reported what the resident had said regarding, "get her off me." CNA #2 stated, "No, because she didn't see anything wrong with the resident when she first walked into the room." CNA #2 stated that it was not until the last round app. 10:20 p.m., when we called the nurse into the room when we saw the blood."

2) On 8/21/15 at 11:25 a.m., CNA #3 stated, "I worked that night [8/16/15]. I fed the resident that evening between 5:30 and 6:00 p.m.. I know there was nothing wrong with [Resident #1] at the time I fed her, because I gave her a drink in one hand and candy bar in her other hand. I know nothing was wrong because she was reaching to get the drink and candy bar. She had no complaints of anything." CNA #3 stated, "The resident will let you know right then if you touch her to roll her over, she will yell. That's her way of letting you know don't touch me or you're hurting her. If you ask her to turn over, she will roll herself. The only time I can recall her yelling out that evening, it was around the 8 o'clock [round] window. I heard her yell, 'No, No stop, leave me alone.' When I heard that I was in another patient's room. I thought in my head, someone was changing her." CNA #3 stated, "She's [Resident #1] not the type of resident that would do that to herself. It's not physically possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 6	F 225		

Her hands do not have ability to cause a gash like that in her arm. I saw it. It was a bad opening."

3) On 8/21/15 at 12:50 p.m., LPN #1 stated, "I was down the 400 hall 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." LPN #1 was asked about her statement which documented the resident asked you at app. 8:30 - 8:45 p.m. to put cream on her right arm because her right arm and wrist were hurting because a black CNA had twisted her arm while changing her. LPN #1 was asked did you report the allegation? LPN #1 stated, "No, I was trying to do my med. pass and get the treatments done. I didn't see anything out of the ordinary, no swelling or bruising or anything like that. I saw red specks on her top and next to her mouth but I thought it was from supper." LPN #1 stated, "Later in the evening, around 10:15 p.m., the CNAs hollered at me to come down to [Resident #1's] room. Her [left] sleeve was saturated with blood. I saw the gaping wound on her left arm. I asked [LPN #2] what she thought we should do with it? We both decided to send the resident to the hospital. We found smears of blood on her baby powder bottle, the bedside table and the side rail. When they [CNAs] started cleaning the blood off of her right hand she started screaming and I noticed a little scratch on the right wrist." LPN #1 stated she called the DON at 10:25 p.m. to report the wound to the left arm. At that time, the DON instructed her to get witness statements. LPN #1 stated she did not report to the DON any injury to the right arm because she did not see issues with the right arm. LPN #1 was asked, "Did you have any idea that night that the two CNAs [CNA #2 and CNA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 7	F 225		

#3], thought [CNA #1] might have caused those injuries?" LPN #1 stated, "No." LPN #1 was asked did you read the witness statements that night? LPN #1 stated, "No, I didn't because it was so late and I was trying to fill out the I/A [Incident and Accident] and I had to talk to the police officer."

4) On 8/21/15 at 1:55 p.m., LPN #2 stated, "...at 10:00 p.m. [8/16/15] I was finishing my med. pass. [LPN #1] was on 400 hall called me to bring the treatment cart. She took me into [Resident #1's] room and showed me the wound to the resident's left arm. It was awful. I asked the resident how it happened. [Resident #1] stated, "one of those colored girls twisted my arm." I asked [LPN #1] was her arm this way earlier? She said I'm not sure. I don't see how I would've missed that." LPN #2 was asked if she believed the resident when she made the allegation that someone had twisted her arm? LPN #2 stated, "I did believe her. You can't make something like that up."

5) On 8/21/15 at 12:12 p.m., LPN #3 [11/7 shift], stated, "I came in to relieve [LPN #1] on 400 hall at 10:35 p.m. [8/16/15]. As soon as I got here, [LPN #2] told me to go see the resident's arm. I went to [Resident #1's] room and she told me there were two nurses that grabbed her arm when she was trying to roll over. She said they grabbed her arms." LPN #3 stated there was no way that it [the injury] was consistent with her doing that to herself. LPN #3 was asked if Resident #1 had a routine of yelling when staff provided care. LPN #3 stated, "No, not at night."

f. The DMS (Division of Medical Services) -7724 (Incident and Accident Reporting) form dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 8	F 225		

8/16/15 at 10:15 p.m. documented, "On the evening of August 16, 2015, LPN was called to [Resident #1's] room by CNAs. Upon entering resident room, resident was noted to have a large open area/skin tear to the left forearm. When asked what might have happened. [Resident #1] stated that 'a black female CNA was helping to roll her over and she was trying to help CNA roll and the CNA grabbed her wrists and started hitting them together and beating her up.' [Resident #1] was presented with all African American CNAs on the 3-11 shift for possible identification. Resident unable to identify any positive match. [Resident #1] sent to [hospital] for further evaluation and treatment. Investigation continued at this time."

1) The DMS-762 (Facility Investigation) witness statement dated 8/17/15 at 11:45 a.m. and signed by LPN #1 documented, "This nurse had passed bedtime meds. to res around 8:30 - 8:45 p.m. on 8/16/15. At that time res had reached for meds in med cup as she always does and used hands and arms to get drinks. No blood or cuts or scratches was noted to arms. Res did ask this nurse to rub her R [right] arm with Voltren Cream that is used on her knees and legs because her R arm and wrist are hurting because a black CNA had twisted her arm while she was changing her. [LPN #1] rubbed her arm and did not notice any scratches or cuts to either arm and res was using L arm and hand to show this nurse where to rub cream and explained to res that 7-3 shift wasn't here, but this nurse would investigate what res had stated happened. At this time this nurse did notice the front of res shirt was dirty and she had spot on corner of her mouth on L side, but this nurse thought it was from supper because they had something red for supper. At app.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 9	F 225		

[approximately] 10:15 p.m. was notified by [CNA #1 and CNA #2] that res had wound to her arm. Upon entering res room this nurse noted Lg [large] open area to L [left] forearm. ...Res. did have large amount of blood on R sleeve of shirt from wound bleeding. No blood was on bed or on blanket that res covered up with and when this nurse questioned res about what happened to arm. Res stated it happened when the CNA twisted her arm. This nurse then called for [LPN #2] to come to room and bring treatment cart. When [LPN #2] entering she also asked nurse what had happened and res then stated that black CNA was trying to roll her over this morning and res stated she was trying to help her roll her and CNA grabbed her wrists and started hitting then together and beating her up. [LPN #2] and this nurse then left room and decided res needed to go to ER [emergency room] d/t [due to] how deep wound was and possibly bone was visible. This nurse then called [DON] at app. 10:30 p.m. let her know what happened. She then said to send res to ER and call dtr. first. [LPN #3] on 11/7 shift had arrived and this nurse asked her to come to res room and when we entered [LPN #3] asked res what happened. Res then stated that 2 black CNAs had beat her up while white male had watched. ...Also when [LPN #3] and CNA was cleaning res R [right] arm up to get her ready for transport res was hollering in severe pain..."

2) The DMS-762 witness statement dated 8/16/15 at 10:20 p.m. and signed by CNA #2 documented, "Was doing last round and was helping [CNA #1] change [Resident #1]. She checked [Resident #1's roommate] and I went to [Resident #1's] bed to check her. Noticed blood on her shirt. Notified [CNA #1] quickly to get LPN for 400 hall. [Earlier] At 7:45 p.m. I heard

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 10	F 225		

[Resident #1] yell and went into room, at this time [CNA #1] was about to change her so I assisted her. She was upset but nothing to alarm me she wasn't hurt in anyway. I didn't see any blood at this time." The 2nd DMS-762 witness statement dated 8/19/15 and signed by CNA #2 documented, "I need to add to my report - when finding the skin tear and reporting I never believed or thought for once that [Resident #1] did this to herself."

3) The DMS-762 witness statement dated 8/16/15 at 10:20 p.m. and signed by CNA #1 documented, "I, [CNA #1] did my rounds at 7:45 p.m. with the help of [CNA #2] as I always get another aide to assist me because of the screaming she does. There was nothing wrong with her or her arm. At 10:20 we getting ready to do the last round [CNA #2] and I went into [Rm.] 414 together and I went to check on [roommate] and [CNA #2] said come here and look at this, [Resident #1] have a skin tear on her arm. So, I notified [LPN #1] of what we saw. She came down to the room."

4) The DMS-762 witness statement dated 8/16/15 at 10:20 p.m. and signed by CNA #3 documented , "I was in [Resident #1's] room around dinner time to feed her there were no tears on her arms, because I gave her juice in her left hand and her candy bar in her right head. The only time I recall her shouting and fussing was when she was getting changed during the 8pm rounds, and that's when [CNA #1] said [CNA #2] came in to assist her. At that time at 10:20 p.m. was when she brought it to the other CNAs attention that she had a skin tear on her left arm."

g. Additional staff interview information:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 11	F 225		

1) On 8/21/15 at 11:25 a.m., CNA #3 stated she had a discussion in the break room with CNA #2 regarding the incident involving Resident #1 after the resident had been sent to the hospital. CNA #3 stated that CNA #1 was trying to say that the resident had done that to herself. CNA #3 stated, "I told [CNA #2] it does not add up. She [Resident #1] can't do that to herself. She can't. I told [CNA #2] that she's heard people say [CNA #1's] mean just like I have and I told her I was just written up [three days after incident on 8/19/15] and if she don't go tell [Administrator] her suspicions then I would." CNA #3 stated, "I don't think [CNA #1] did it intentionally. But she did it. Even if you didn't intentionally do it, don't try to cover it up." CNA #3 stated, "Her [CNA #1] tone is demanding. She has a deep voice. I've been told she's mean." She was asked what about the resident's fracture to her right arm? CNA #3 stated, "I couldn't see the resident doing that to herself either. She's not capable of the movement. Someone would have to literally hold her arm." CNA #3 stated, "That night CNA #1 was saying that the resident did it to herself. I told [CNA #1], I don't know who your trying to convince, but it's not me." CNA #3 was asked if she reported her suspicions that night [8/16/15] to the Administration. CNA #3 stated, "No." CNA #3 was asked about her write up. She stated, "I accept that. I have heard she's [CNA #1] aggressive. I have heard residents say she's mean." Did you report that residents had told you [CNA #1] was mean? CNA #3 stated, "No, they [Administration] know their employees. There's no way [Administrator] hasn't heard that."

2) On 8/21/15 at 12:29 p.m., CNA #1 stated, "It was between 7:07 - 7:12 p.m. [8/16/15], I asked the resident if she was wet. ...Anytime you touch

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 12	F 225		

her she screams, she yells. I told her to turn to the right, she grabbed the side rail. I reached across the resident and pulled on the draw sheet. She yelled out when I was pulling her over. When [CNA #2] came into the room the resident said, 'You're hurting me.' [CNA #2] started helping and the resident said, 'She's killing me.' [CNA #2] said to the resident, 'No, she's just trying to change you.' I never had a problem with [Resident #1]. There was nothing wrong with her. At 10:20 p.m., I was going to do my last round. I told [CNA #2] we need to change her. We both went into the room, [CNA #2] went to [Resident #1] and I was with [Roommate]. CNA #2 saw the resident's arm and called me over to resident. That's when we saw the blood. Her nails were full of blood. I told [LPN #1]. I said it was a skin tear, but I had no idea it was that bad."

3) On 8/21/15 at 12:00 p.m., the DON stated, "On 8/16/15 at 10:24 p.m., LPN #1 called me and all she said was that they [CNAs] had gone into the room. She had a skin tear, well it's worse than a skin tear. She has a 3 inch gash on her arm. I think I can see bone, it's deep. I can't get a hold of the doctor. I told [LPN #1] to send her anyway. Call the daughter and send her to the ER. [LPN #1] said the resident is digging in it. DON stated she told [LPN #1] that it probably hurts." The DON was asked if LPN #1 had reported to her Resident #1 had made an allegation that a black CNA had twisted her arm? The DON stated, "No." The DON stated it was not until mid day on 8/17/15 when she became aware Resident #1 had sustained a fracture to the right arm, after the resident had been sent to the hospital.

h. On 8/21/15 at 10;15 a.m., the Administrator stated CNA #1 was allowed to work the entire

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 13	F 225		

3/11 shift on 8/16/15 and a full 3/11 shift on Tuesday 8/18/15. He also stated that he was not aware that CNA #2 and CNA #3's had suspected CNA #1 had caused the resident's injuries until 8/19/15.

2. Resident #6 had diagnoses of Hypertension and Atrial Fibrillation. The Quarterly MDS with an ARD of 7/31/15 documented the resident scored 13 (13 - 15 indicates cognitively intact) on a BIMS and required limited assistance of one person for bed mobility.

On 8/21/15 at 3:15 p.m., Resident #6 was asked if CNA #1 had been mean, rude or inappropriate to her? Resident #6 stated, "Yes, she is, never been to me. But I've seen and heard. I have seen her grab a women's wrist. She's grouchy. I think that some people, she can do that to and some she can't. There was a woman in the next room, Room [Room number]. I was a friend to that lady. She had bruises to her arms and chest. She died. She's [CNA #1] hateful. She's not too patient with a lot of them." Resident #6 was asked you're certain it was [CNA #1]? Resident #6 stated, "Yes, she's short, broad. Most of the time her hair is balled up on top of her head and most of time she's on this end of the hall working."

3. Resident #7 had diagnoses of Anemia and Diabetes Mellitus Type II. The Quarterly MDS with an ARD of 8/7/15 documented the resident scored 11 (8 - 12 indicates moderately impaired) on a BIMS and required extensive assistance of one person for bed mobility.

a. On 8/21/15 at 2:45 p.m., Resident #7 was asked about staff treatment, specifically CNA #1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 14	F 225		

She stated, "I know her. She's never done anything to me, but she's not one of the nicest ones. Just not real friendly."

4. The facility removed the Immediate Jeopardy and reduced the scope/severity to "H" on 8/19/15 [prior to the initiation of the survey] by taking the following actions.

1) At approximately 10:24 p.m. Aug 16, 2015, DON instructed nurse to have all African American CNAs to come to room for possible identification.

a. No positive identification given for current staff
b. All direct care staff to write witness statements

2) At 10:35 p.m. on Aug 16, 2015, notify [ambulance service] to transport resident to ER (remove resident from facility)

3) Closest possible morning shift employee was held from starting shift on Aug. 17, 2015, until interview with DON and Administrator.

a. Witness statement that was given reports that possible resembled CNA was not assigned to resident room.
b. Witness statement given by CNA [CNA #5] confirmed he was only CNA to assist resident
c. Further statement review, indicates no signs/symptoms of pain given by resident during day shift.

4) On Aug 17, 2015, at approximately 8:00 a.m. after review of witness statements, all Alert/Oriented residents were interviewed as to if any employee had been abusive to them in the recent time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 15 a. All residents stated no. 5) Inservice began on Aug. 17, 2015, at 8:00 a.m. on the policy and procedure for the reporting and prevention of abuse. 6) Investigation of resident's surrounding in bedroom conducted by Admin and DON at approximately 8:30 am a. Side rail found to have missing plastic protector at base. b. Maintenance repaired plug shortly after 7) Due to witness statements given by employee and residents, as of 9:00 am on Aug 17, 2015, no suspicious finding of possible abuse from employee. 8) On Aug 18, 2015, due to family concern on suspected abuse, the option was given for resident to be transferred to another hall. a. family did not want to move resident at that time. 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 on the immediate reporting of suspected abuse at 5:30 p.m. 10) CNA #1 immediately put onto administrative leave on Aug 19, 2015, at 5:30 p.m. 11) Due to further reporting of suspected abuse via DHS, CNA #2 and LPN #1 also inserviced on	F 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 225	Continued From page 16 the immediate reporting of suspected abuse on Aug 21, 2015. 5. On 8/21/15 at 3:50 p.m., the Administrator and the DON was asked how did the facility monitor the effectiveness of these inservices, how did the facility know if the staff understood the information covered in the inservices to prevent reoccurrences. They stated they did not have a monitoring system in place.	F 225		
F 226 SS=K	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 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: Complaint #20426 (AR 00018573) substantiated, all or in part, in these findings. Based on record review and interview, the facility failed to ensure staff implemented the facility's abuse policy and procedure as evidenced by the facility's failure to ensure an allegation of staff to resident abuse involving Certified Nursing Assistant (CNA) #1 was immediately reported to the Administrator/Designee to assure an investigation was promptly initiated and residents were protected from the potential of further abuse for 1 [Resident #1] of 7 case mix residents [Resident #s 1-7], who required assistance with bed mobility and had reported an allegation of staff to resident abuse. This failed practice	F 226		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 17	F 226		

resulted in Immediate Jeopardy which caused or could have caused serious harm, injury or death to Resident #1, who alleged CNA #1 beat her up and who sustained skin tears to left arm and fracture of right arm. This failed practice had the potential cause more than minimal harm to 70 residents who required assistance with bed mobility in the facility according to a list provided by the Administrator on 8/24/15 at 11:36 a.m. The facility removed the Immediate Jeopardy prior to the survey entrance date. However, all the underlying deficient practices had not been corrected. The facility Administration was informed of the Immediate Jeopardy removed on 8/21/15 at 4:05 p.m.

The findings are:

1. The facility's Abuse Investigation & Reporting Policy and Procedure (no effective date given) documented, "...All incidents of alleged or suspected resident mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property must be reported immediately to the Administrator or the Administrative Designee by a facility employee."

2. Resident #1 had diagnoses of Osteoarthrosis and Rheumatoid Arthritis. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/10/15 documented the resident scored 12 (8 - 12 indicates moderately impaired) on the Brief Interview for Mental Status (BIMS), required limited assistance of one person for bed mobility, was occasionally incontinent, and had limited range of motion of both upper extremities.

a. The nurse's notes dated 8/16/15 at 10:15 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 18	F 226		

and signed by Licensed Practical Nurse (LPN) #1 documented, "...was notified per CNAs that res [resident] had wound to l [left] forearm upon entering res room res was noted to have large open area to l forearm. Res stated that black CNA in the morning was trying to roll res over and the CNA grabbed her wrists and started hitting them together and beating her up. This nurse then called [LPN #2] to room to look at wound and we decided that res needed to go to ER [emergency room] d/t [due to] being able to see bone in some places. This nurse then called [DON (Director of Nursing)] to let her know what was going on and she stated to go ahead and send her to ER attempted to call on MD [medical doctor] and never received call back. [DON] also stated at this time to call res. dtr. [daughter]. ... [DON] called back and stated to have all black CNAs go in res room to see if she could identify anyone of them. The only one that was close was [CNA #4] but res stated that she was not big enough res stated that it was a big girl and she had normal hair. ...This nurse and [LPN #3] looked res room over and res shirt had fresh blood on her cup and baby powder bottle, on the bedside table and on opposite handrail and under her nails, on her chin and forehead and wound still had fresh active bleeding noted at 10:35 p.m. ...After res left this nurse notified [Administrator] and he stated that it would be a reportable and to get witness statements and to call police and let him know of findings when CNAs went to res room and he asked if anyone matched her description and let her know that there is one on days that does and he stated not to let that CNA clock-in in the morning until he gets here..."

b. The nurse's notes dated 8/17/15 at 12:07 a.m. and signed by LPN #1 documented, "...was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 19	F 226		

notified per CNAs [CNA #1 and CNA #2] to come to res room that res had wound to L arm. Upon entering res room res was noted to have Lg [large] open area/skin tear to L forearm. Res stated that a black female CNA was helping her roll over and she was trying to help CNA roll and the CNA grabbed her wrists and started hitting then together and beating her up. Res had app. [approximately] 3.5 inch long and app. 2.5 inch wide open area/skin tear to l forearm and deep enough that it looked like bone in some areas and wound was bleeding large amount of blood..."

c. The hospital discharge summary dated 8/18/15 documented, "...The patient told her daughter that there was a staff member that was moving her in the bed in a vigorous fashion and that her arms were being pushed together, and that the fracture occurred that way..."

d. The hospital x-ray results dated 8/17/15 documented, "The bones are severely osteopenic, limiting assessment for detection of acute fracture. There is a transverse minimally impacted fracture of the distal right ulnar metadisphysis. On the lateral view, there is appearance of a nondisplaced fracture of the distal metaphysis of the radius with cortical step-off volarly and sclerotic linear density obliquely. Vascular calcifications are present. Impression: Fractures of the distal right radius and ulna. Ulnar fracture was noted by the emergency room physician at the time of examination."

e. Staff interviews were conducted:

1) On 8/21/15 at 9:51 a.m., CNA #2 stated, "[8/16/15] It was about 7:08 p.m. I was walking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 20	F 226		

down the 400 hall toward the nurse's station, I heard a yell from a room, then I turned around to go into [Room Number] room. [CNA #1] was on the other side of [Resident #1's] bed facing the door. [Resident #1] was mad. [Resident #1] said, 'get her off me." I just calmed her down. This lady [Resident #1] can turn herself. I didn't see any blood, I would've reported it. App. 10:20 p.m., during last round, [CNA #1] asked me to change [Resident #1]. I went to [Resident #1's] bed. This is when I saw blood. It was all over her hand, under her finger nails. [Resident #1] said the nurse beat her up and she grabbed me. But she calls everybody nurse. ...[CNA #1] works with [Resident #1] all the time. [Resident #1] can turn herself, she will get upset with staff if she thinks they are going to force her. I didn't see anything, I don't think she meant to do anything. I think [CNA #1] did it by accident. I believe that's what happened. I never thought the resident did this to herself. CNA #2 stated when she heard the resident yell out it concerned her enough to turn around to go back into the room. CNA #2 was asked if she reported what the resident had said regarding, "get her off me." CNA #2 stated, "No, because she didn't see anything wrong with the resident when she first walked into the room." CNA #2 stated that it was not until the last round app. 10:20 p.m., when we called the nurse into the room when we saw the blood."

2) On 8/21/15 at 11:25 a.m., CNA #3 stated, "I worked that night [8/16/15]. I fed the resident that evening between 5:30 and 6:00 p.m.. I know there was nothing wrong with [Resident #1] at the time I fed her, because I gave her a drink in one hand and candy bar in her other hand. I know nothing was wrong because she was reaching to get the drink and candy bar. She had no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 21	F 226		

complaints of anything." CNA #3 stated, "The resident will let you know right then if you touch her to roll her over, she will yell. That's her way of letting you know don't touch me or you're hurting her. If you ask her to turn over, she will roll herself. The only time I can recall her yelling out that evening, it was around the 8 o'clock [round] window. I heard her yell, 'No, No stop, leave me alone.' When I heard that I was in another patient's room. I thought in my head, someone was changing her." CNA #3 stated, "She's [Resident #1] not the type of resident that would do that to herself. It's not physically possible. Her hands do not have ability to cause a gash like that in her arm. I saw it. It was a bad opening."

3) On 8/21/15 at 12:50 p.m., LPN #1 stated, "I was down the 400 hall 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." LPN #1 was asked about her statement which documented the resident asked you at app. 8:30 - 8:45 p.m. to put cream on her right arm because her right arm and wrist were hurting because a black CNA had twisted her arm while changing her. LPN #1 was asked did you report the allegation? LPN #1 stated, "No, I was trying to do my med. pass and get the treatments done. I didn't see anything out of the ordinary, no swelling or bruising or anything like that. I saw red specks on her top and next to her mouth but I thought it was from supper." LPN #1 stated, "Later in the evening, around 10:15 p.m., the CNAs hollered at me to come down to [Resident #1's] room. Her [left] sleeve was saturated with blood. I saw the gaping wound on her left arm. I asked [LPN #2] what she thought we should do with it? We both decided to send

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 22	F 226		

the resident to the hospital. We found smears of blood on her baby powder bottle, the bedside table and the side rail. When they [CNAs] started cleaning the blood off of her right hand she started screaming and I noticed a little scratch on the right wrist." LPN #1 stated she called the DON at 10:25 p.m. to report the wound to the left arm. At that time, the DON instructed her to get witness statements. LPN #1 stated she did not report to the DON any injury to the right arm because she did not see issues with the right arm. LPN #1 was asked, "Did you have any idea that night that the two CNAs [CNA #2 and CNA #3], thought [CNA #1] might have caused those injuries?" LPN #1 stated, "No." LPN #1 was asked did you read the witness statements that night? LPN #1 stated, "No, I didn't because it was so late and I was trying to fill out the I/A [Incident and Accident] and I had to talk to the police officer."

4) On 8/21/15 at 1:55 p.m., LPN #2 stated, "...at 10:00 p.m. [8/16/15] I was finishing my med. pass. [LPN #1] was on 400 hall called me to bring the treatment cart. She took me into [Resident #1's] room and showed me the wound to the resident's left arm. It was awful. I asked the resident how it happened. [Resident #1] stated, "one of those colored girls twisted my arm." I asked [LPN #1] was her arm this way earlier? She said I'm not sure. I don't see how I would've missed that." LPN #2 was asked if she believed the resident when she made the allegation that someone had twisted her arm? LPN #2 stated, "I did believe her. You can't make something like that up."

5) On 8/21/15 at 12:12 p.m., LPN #3 [11/7 shift], stated, "I came in to relieve [LPN #1] on 400 hall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 23	F 226		

at 10:35 p.m. [8/16/15]. As soon as I got here, [LPN #2] told me to go see the resident's arm. I went to [Resident #1's] room and she told me there were two nurses that grabbed her arm when she was trying to roll over. She said they grabbed her arms." LPN #3 stated there was no way that it [the injury] was consistent with her doing that to herself. LPN #3 was asked if Resident #1 had a routine of yelling when staff provided care. LPN #3 stated, "No, not at night."

f. The DMS (Division of Medical Services) -7724 (Incident and Accident Reporting) form dated 8/16/15 at 10:15 p.m. documented, "On the evening of August 16, 2015, LPN was called to [Resident #1's] room by CNAs. Upon entering resident room, resident was noted to have a large open area/skin tear to the left forearm. When asked what might have happened. [Resident #1] stated that 'a black female CNA was helping to roll her over and she was trying to help CNA roll and the CNA grabbed her wrists and started hitting them together and beating her up.' [Resident #1] was presented with all African American CNAs on the 3-11 shift for possible identification. Resident unable to identify any positive match. [Resident #1] sent to [hospital] for further evaluation and treatment. Investigation continued at this time."

1) The DMS-762 (Facility Investigation) witness statement dated 8/17/15 at 11:45 a.m. and signed by LPN #1 documented, "This nurse had passed bedtime meds. to res around 8:30 - 8:45 p.m. on 8/16/15. At that time res had reached for meds in med cup as she always does and used hands and arms to get drinks. No blood or cuts or scratches was noted to arms. Res did ask this nurse to rub her R [right] arm with Voltren Cream

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 24	F 226		

that is used on her knees and legs because her R arm and wrist are hurting because a black CNA had twisted her arm while she was changing her. [LPN #1] rubbed her arm and did not notice any scratches or cuts to either arm and res was using L arm and hand to show this nurse where to rub cream and explained to res that 7-3 shift wasn't here, but this nurse would investigate what res had stated happened. At this time this nurse did notice the front of res shirt was dirty and she had spot on corner of her mouth on L side, but this nurse thought it was from supper because they had something red for supper. At app. [approximately] 10:15 p.m. was notified by [CNA #1 and CNA #2] that res had wound to her arm. Upon entering res room this nurse noted Lg [large] open area to L [left] forearm. ...Res. did have large amount of blood on R sleeve of shirt from wound bleeding. No blood was on bed or on blanket that res covered up with and when this nurse questioned res about what happened to arm. Res stated it happened when the CNA twisted her arm. This nurse then called for [LPN #2] to come to room and bring treatment cart. When [LPN #2] entering she also asked nurse what had happened and res then stated that black CNA was trying to roll her over this morning and res stated she was trying to help her roll her and CNA grabbed her wrists and started hitting then together and beating her up. [LPN #2] and this nurse then left room and decided res needed to go to ER [emergency room] d/t [due to] how deep wound was and possibly bone was visible. This nurse then called [DON] at app. 10:30 p.m. let her know what happened. She then said to send res to ER and call dtr. first. [LPN #3] on 11/7 shift had arrived and this nurse asked her to come to res room and when we entered [LPN #3] asked res what happened. Res then stated that 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 25	F 226		

black CNAs had beat her up while white male had watched. ...Also when [LPN #3] and CNA was cleaning res R [right] arm up to get her ready for transport res was hollering in severe pain..."

2) The DMS-762 witness statement dated 8/16/15 at 10:20 p.m. and signed by CNA #2 documented, "Was doing last round and was helping [CNA #1] change [Resident #1]. She checked [Resident #1's roommate] and I went to [Resident #1's] bed to check her. Noticed blood on her shirt. Notified [CNA #1] quickly to get LPN for 400 hall. [Earlier] At 7:45 p.m. I heard [Resident #1] yell and went into room, at this time [CNA #1] was about to change her so I assisted her. She was upset but nothing to alarm me she wasn't hurt in anyway. I didn't see any blood at this time." The 2nd DMS-762 witness statement dated 8/19/15 and signed by CNA #2 documented, "I need to add to my report - when finding the skin tear and reporting I never believed or thought for once that [Resident #1] did this to herself."

3) The DMS-762 witness statement dated 8/16/15 at 10:20 p.m. and signed by CNA #1 documented, "I, [CNA #1] did my rounds at 7:45 p.m. with the help of [CNA #2] as I always get another aide to assist me because of the screaming she does. There was nothing wrong with her or her arm. At 10:20 we getting ready to do the last round [CNA #2] and I went into [Rm.] 414 together and I went to check on [roommate] and [CNA #2] said come here and look at this, [Resident #1] have a skin tear on her arm. So, I notified [LPN #1] of what we saw. She came down to the room."

4) The DMS-762 witness statement dated 8/16/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 26	F 226		

at 10:20 p.m. and signed by CNA #3 documented , "I was in [Resident #1's] room around dinner time to feed her there were no tears on her arms, because I gave her juice in her left hand and her candy bar in her right head. The only time I recall her shouting and fussing was when she was getting changed during the 8pm rounds, and that's when [CNA #1] said [CNA #2] came in to assist her. At that time at 10:20 p.m. was when she brought it to the other CNAs attention that she had a skin tear on her left arm."

g. Additional staff interview information:

1) On 8/21/15 at 11:25 a.m., CNA #3 stated she had a discussion in the break room with CNA #2 regarding the incident involving Resident #1 after the resident had been sent to the hospital. CNA #3 stated that CNA #1 was trying to say that the resident had done that to herself. CNA #3 stated, "I told [CNA #2] it does not add up. She [Resident #1] can't do that to herself. She can't. I told [CNA #2] that she's heard people say [CNA #1's] mean just like I have and I told her I was just written up [three days after incident on 8/19/15] and if she don't go tell [Administrator] her suspicions then I would." CNA #3 stated, "I don't think [CNA #1] did it intentionally. But she did it. Even if you didn't intentionally do it, don't try to cover it up." CNA #3 stated, "Her [CNA #1] tone is demanding. She has a deep voice. I've been told she's mean." She was asked what about the resident's fracture to her right arm? CNA #3 stated, "I couldn't see the resident doing that to herself either. She's not capable of the movement. Someone would have to literally hold her arm." CNA #3 stated, "That night CNA #1 was saying that the resident did it to herself. I told [CNA #1], I don't know who your trying to convince, but it's not me." CNA #3 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 27	F 226		

asked if she reported her suspicions that night [8/16/15] to the Administration. CNA #3 stated, "No." CNA #3 was asked about her write up. She stated, "I accept that. I have heard she's [CNA #1] aggressive. I have heard residents say she's mean." Did you report that residents had told you [CNA #1] was mean? CNA #3 stated, "No, they [Administration] know their employees. There's no way [Administrator] hasn't heard that."

2) On 8/21/15 at 12:29 p.m., CNA #1 stated, "It was between 7:07 - 7:12 p.m. [8/16/15], I asked the resident if she was wet. ...Anytime you touch her she screams, she yells. I told her to turn to the right, she grabbed the side rail. I reached across the resident and pulled on the draw sheet. She yelled out when I was pulling her over. When [CNA #2] came into the room the resident said, 'You're hurting me.' [CNA #2] started helping and the resident said, 'She's killing me.' [CNA #2] said to the resident, 'No, she's just trying to change you.' I never had a problem with [Resident #1]. There was nothing wrong with her. At 10:20 p.m., I was going to do my last round. I told [CNA #2] we need to change her. We both went into the room, [CNA #2] went to [Resident #1] and I was with [Roommate]. CNA #2 saw the resident's arm and called me over to resident. That's when we saw the blood. Her nails were full of blood. I told [LPN #1]. I said it was a skin tear, but I had no idea it was that bad."

3) On 8/21/15 at 12:00 p.m., the DON stated, "On 8/16/15 at 10:24 p.m., LPN #1 called me and all she said was that they [CNAs] had gone into the room. She had a skin tear, well it's worse than a skin tear. She has a 3 inch gash on her arm. I think I can see bone, it's deep. I can't get a hold of the doctor. I told [LPN #1] to send her anyway.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 28	F 226		

Call the daughter and send her to the ER. [LPN #1] said the resident is digging in it. DON stated she told [LPN #1] that it probably hurts." The DON was asked if LPN #1 had reported to her Resident #1 had made an allegation that a black CNA had twisted her arm? The DON stated, "No." The DON stated it was not until mid day on 8/17/15 when she became aware Resident #1 had sustained a fracture to the right arm, after the resident had been sent to the hospital.

h. On 8/21/15 at 10;15 a.m., the Administrator stated CNA #1 was allowed to work the entire 3/11 shift on 8/16/15 and a full 3/11 shift on Tuesday 8/18/15. He also stated that he was not aware that CNA #2 and CNA #3's had suspected CNA #1 had caused the resident's injuries until 8/19/15.

3. Resident #6 had diagnoses of Hypertension and Atrial Fibrillation. The Quarterly MDS with an ARD of 7/31/15 documented the resident scored 13 (13 - 15 indicates cognitively intact) on a BIMS and required limited assistance of one person for bed mobility.

On 8/21/15 at 3:15 p.m., Resident #6 was asked if CNA #1 had been mean, rude or inappropriate to her? Resident #6 stated, "Yes, she is, never been to me. But I've seen and heard. I have seen her grab a women's wrist. She's grouchy. I think that some people, she can do that to and some she can't. There was a woman in the next room, Room [Room number]. I was a friend to that lady. She had bruises to her arms and chest. She died. She's [CNA #1] hateful. She's not too patient with a lot of them." Resident #6 was asked you're certain it was [CNA #1]? Resident #6 stated, "Yes, she's short, broad. Most of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 29	F 226		

time her hair is balled up on top of her head and most of time she's on this end of the hall working."

4. Resident #7 had diagnoses of Anemia and Diabetes Mellitus Type II. The Quarterly MDS with an ARD of 8/7/15 documented the resident scored 11 (8 - 12 indicates moderately impaired) on a BIMS and required extensive assistance of one person for bed mobility.

a. On 8/21/15 at 2:45 p.m., Resident #7 was asked about staff treatment, specifically CNA #1. She stated, "I know her. She's never done anything to me, but she's not one of the nicest ones. Just not real friendly."

5. The facility removed the Immediate Jeopardy and reduced the scope/severity to "H" on 8/19/15 [prior to the initiation of the survey] by taking the following actions.

1) At approximately 10:24 p.m. Aug 16, 2015, DON instructed nurse to have all African American CNAs to come to room for possible identification.

a. No positive identification given for current staff
b. All direct care staff to write witness statements

2) At 10:35 p.m. on Aug 16, 2015, notify [ambulance service] to transport resident to ER (remove resident from facility)

3) Closest possible morning shift employee was held from starting shift on Aug. 17, 2015, until interview with DON and Administrator.

a. Witness statement that was given reports that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 30	F 226		

possible resembled CNA was not assigned to resident room.
b. Witness statement given by CNA [CNA #5] confirmed he was only CNA to assist resident
c. Further statement review, indicates no signs/symptoms of pain given by resident during day shift.

4) On Aug 17, 2015, at approximately 8:00 a.m. after review of witness statements, all Alert/Oriented residents were interviewed as to if any employee had been abusive to them in the recent time.

a. All residents stated no.

5) Inservice began on Aug. 17, 2015, at 8:00 a.m. on the policy and procedure for the reporting and prevention of abuse.

6) Investigation of resident's surrounding in bedroom conducted by Admin and DON at approximately 8:30 am

a. Side rail found to have missing plastic protector at base.
b. Maintenance repaired plug shortly after

7) Due to witness statements given by employee and residents, as of 9:00 am on Aug 17, 2015, no suspicious finding of possible abuse from employee.

8) On Aug 18, 2015, due to family concern on suspected abuse, the option was given for resident to be transferred to another hall.

a. family did not want to move resident at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045457	A. BUILDING _____ B. WING _____	C 08/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAGECOACH NURSING AND REHABILITATION CENTER	6907 HIGHWAY 5 NORTH BRYANT, AR 72022

(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 226	Continued From page 31 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 on the immediate reporting of suspected abuse at 5:30 p.m. 10) CNA #1 immediately put onto administrative leave on Aug 19, 2015, at 5:30 p.m. 11) Due to further reporting of suspected abuse via DHS, CNA #2 and LPN #1 also inserviced on the immediate reporting of suspected abuse on Aug 21, 2015. 6. On 8/21/15 at 3:50 p.m., the Administrator and the DON was asked how did the facility monitor the effectiveness of these inservices, how did the facility know if the staff understood the information covered in the inservices to prevent reoccurrences. They stated they did not have a monitoring system in place.	F 226		