

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/20/2022
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>46319</p> <p>Based on record review and interview, the facility failed to ensure the facility abuse policies and procedures were implemented, as evidenced by failure to ensure an injury of unknown origin and an unwitnessed fall resulting in a fracture for 1 (Resident #16) was immediately reported to the Administrator, thoroughly investigated, evidence gathered, and findings reported to the state agency to rule out the possibility of abuse and or neglect. The failed practice resulted in Immediate Jeopardy (IJ). On 10/19/22 at 1:50 pm, the facility Owner and the DON were notified of the IJ. The findings are:</p> <p>An Abuse/Neglect Policy provided by the Director of Nursing (DON) on 10/17/22 at 10:30 am, page 7 Identification, Unexplained bruising, skin tears .Shall be reported to the appropriate staff and investigated to determine any possible abuse, neglect . Page 8-9 An Incident and Accident form will be completed along with the state form DMS-7734. The Medical Director, Director of Nursing, Administrator, Local Police Department, and the resident's Family will be notified immediately .The Administrator, Director of Nursing, or designee will complete a thorough investigation .</p> <p>Resident #16 had diagnoses of Anemia, Hypertension, Renal Insufficiency, Non-Alzheimer's Dementia, Depression (Other than Bipolar) and a Brief Interview for Mental Status (BIMS) documented a score of 5 (0-7 Severe Cognitive Impairment) according to the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 7/25/22.</p> <p>a. During a record review on 10/19/22 at 9:20 am, a Nurses Note dated 4/11/22 stated, Hematoma noted to L (left) outer shin, approx (approximately) 4cm (centimeters) X 4 1/2 cm. No known injuries/accidents were reported. No c/o (complaints of) pain . A Nurses Note dated 6/18/22 at 10:30 pm stated, Res (resident) was found lying on the floor by Certified Nursing Assistant (CNA). Resident was trying to go to the bathroom floor was wet @ (at) this time. Resident had a knot on R (right) side of head with bruising present, redness noted to R side of face and Resident c/o (complained of) pain in her L (left) wrist .</p> <p>b. During a record review on 10/19/22 at 10:28 AM, a Nursing Note dated 4/11/22 stated, Hematoma noted to L (left) outer shin, aprox (approximately) 4cm (centimeters) X 4 1/2 cm. No known injuries/accidents were reported. No c/o (complaints of) pain . LPN</p> <p>c. During a record review on 10/19/22 at 10:28 AM, a Nursing Note dated 6/18/22 stated, the resident had an unwitnessed fall with a fracture of the left wrist and a hematoma to the right side of head. The Resident was sent to emergency room for evaluation.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>d. A Physician's Order dated 6/18/22 stated, send resident to [facility] for eval (evaluation) d/t (due to) fall</p> <p>Resident sent to emergency room for evaluation.</p> <p>Emergency Report states, .you have been evaluated .for the following condition (s): Acute post traumatic headache. No Poorly controlled headache. Closed nondisplaced segmental fracture of the distal left radius. Left wrist pain. Fall .</p> <p>e. On 10/19/22 at 9:40 am, The Surveyor asked the Director of Nursing (DON) If there was a facility incident report for the injury of unknown origin for the hematoma to the shin for Resident #16 and for the unwitnessed fall that resulted in a fracture for Resident #16? The DON stated, I will look. The Surveyor asked, Did the facility report these two incidents to the state agency? The DON stated, I will see because that was before I started.</p> <p>f. On 10/19/22 at 10:18 am, the DON stated, There is not an I and A (Incident and Accident Report) for this injury. Referring to the injury of unknown origin but did provide the surveyor a copy of the facility incident report for the unwitnessed fall that occurred on 6/18/22. The DON stated, There is no reportable. She (R#16) went to the ER (emergency room). The Surveyor asked, Can R #16 tell you what happened? The DON stated, Well her Brief Interview Mental Status (BIMS) is low, but she can converse. I started in August after this happened and all I could find is this I and A. The Surveyor asked, , Should it have been reported? The DON stated, Depends on if it's witnessed or unwitnessed, if it resulted in a fracture. I can tell you that if I think it might be a reportable, I consult with the Administrator and Nurse Consultant.</p> <p>g. On 10/19/22 at 10:45 am, The Surveyor asked Resident #16, Have you had a fall during your time here? R #16 stated, I don't remember ever falling. R #16 stated, Oh yes, it hurt really bad but I'm not sure what was wrong. The Surveyor asked R #16, Can you tell me how you hurt it? R #16 stated, I'm not sure., When do we eat? The Surveyor asked, You aren't sure how you hurt your wrist? R #16 stated, I'm sure hungry.</p> <p>h. On 10/19/22 at 12:30 PM, the Surveyor asked to speak to the Administrator and was informed that the Administrator was out for the day. The Surveyor requested to speak with the staff member that was sitting in for the Administrator. The facility owner came to speak with the Surveyor stating she was filling in for the Administrator. The Surveyor asked the owner, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Owner stated, No. The Surveyor asked, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Owner stated, Let me see if the Administrator is available to talk to you by phone. She will be able to answer those questions better than I can.</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>i. On 10/19/22 at 12:45 PM, the Surveyor spoke to the Administrator via cellular phone. The Surveyor asked the Administrator, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Administrator stated, No. The Surveyor asked, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Administrator stated, No. The Surveyor asked, , Should an incident report and an investigation be completed for an injury of unknown origin? The Administrator stated, Yes, because if it isn't known what happened and the resident can't tell you what happened then it would be considered a state reportable. The Surveyor asked, Should an incident report and an investigation be completed for an unwitnessed fall resulting in a fracture? The Administrator stated, Yes, if the resident is not able to tell what happened. The Surveyor asked, Should both of these incidents have been reported to the state agency? The Administrator stated, Yes and if I would have been aware of these, I would have reported them.</p> <p>Bear Creek Plan of Removal on 10/19/2022 states:</p> <ol style="list-style-type: none"> 1. On 10/19/2022 the DON immediately on notification initiated a report to the OLTC for each finding related to the resident affected: the injury of unknown origin on 4/11/2022 and the unwitnessed fall with fracture on 6/18/2022. <ol style="list-style-type: none"> a. On 10/19/2022 the DON supervised the head to-toe assessment of the identified resident for further signs of injury of unknown origin. b. On 10/19/2022 the DON reviewed the identified resident's incident and accident reports for the past 6 months to identify any further incidents or accidents that need investigated and reported to OLTC. 2. On 10/19/2022 the DON initiated the review of residents with the potential to be affected incident and accident reports in the past 6 months including the identified resident, making corrections as necessary. 3. On 10/19/2022the DON began in-service with current nursing staff on abuse and neglect, reporting of unwitnessed falls with fracture and injury of unknown origin to the Administrator or DON so that prompt reporting of injuries of unknown origin can be properly investigated and reported to OLTC and will in-service nurses before taking assigned duties on the floor. 4. On 10/19/2022 the acting administrator in-serviced the Director of Nursing on reporting unwitnessed falls with fracture to the OLTC and promptly starting an investigation. <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>5. DON/designee using a monitoring tool will review nursing documentation and incident & accident reports to ensure injury of unknown origin and unwitnessed falls with fracture are properly investigated and reported to OLTC 5x weeks weeks, making corrections as necessary and reporting negative findings to the administrator.</p> <p>6. DON/designee will report negative findings to the QAPI committee monthly for review and recommendations</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>46319</p> <p>Based on record review and interview, the facility failed to ensure that an injury of unknown origin was investigated and reported to the Office of Long Term Care (OLTC) and other agencies in accordance with state law, to enable those agencies to provide any necessary oversight of the facility's investigations and protective measures for 1 Resident #16 of 5 residents sampled (Residents #16, #30, #33, #36 and #255) of residents who were reviewed for abuse/neglect. This failed practice resulted in Immediate Jeopardy for Resident #16 and had the potential to affect all 50 residents who resided in the facility according to the Resident Census and Condition of Residents Form dated 10/17/22. On 10/19/22 at 1:50 pm, the facility Owner and the DON notified of IJ (Immediate Jeopardy).</p> <p>The findings are:</p> <p>An Abuse/Neglect Policy provided by the DON on 10/17/22 at 10:30 am, page 7 Identification, Unexplained bruising, skin tears .Shall be reported to the appropriate staff and investigated to determine any possible abuse, neglect . Page 8-9 An Incident and Accident form will be completed along with the state form DMS-7734 .The Administrator, Director of Nursing, or designee will complete a thorough investigation .</p> <p>Resident #16 had diagnoses of Anemia, Hypertension, Renal Insufficiency, Non-Alzheimer's Dementia, Depression (Other than Bipolar) and a Brief Interview for Mental Status (BIMS) documented a score of 5 (0-7 Severe Cognitive Impairment) according to the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 7/25/22.</p> <p>During a record review on 10/19/22 at 9:20 am, a nurses note dated 4/11/22 stated, Hematoma noted to L (left) outer shin, aprox (approximately) 4cm (centimeters) X 4 1/2 cm. No known injuries/accidents were reported. No c/o (complaints of) pain . A nurses note dated 6/18/22 at 10:30 pm stated, Res (resident) was found lying on the floor by Certified Nursing Assistant (CNA). Resident was trying to go to the bathroom floor was wet @ (at) this time. Res had a knot on R (right) side of head with bruising present, redness noted to R side of face and Res c/o (complained of) pain in her L (left) wrist .</p> <p>A Physician's Order dated 6/18/22 stated, send resident to [facility] for eval (evaluation) d/t (due to) fall</p> <p>Resident sent to emergency room for evaluation.</p> <p>Emergency Report states, .you have been evaluated .for the following condition (s): Acute post traumatic headache. No Poorly controlled headache. Closed nondisplaced segmental fracture of the distal left radius. Left wrist pain. Fall .</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>unwitnessed fall with fracture on 6/18/2022.</p> <p>a. On 10/19/2022 the DON supervised the head to-toe assessment of the identified resident for further signs of injury of unknown origin.</p> <p>b. On 10/19/2022 the DON reviewed the identified resident's incident and accident reports for the past 6 months to identify any further incidents or accidents that need investigated and reported to OLTC.</p> <p>2. On 10/19/2022 the DON initiated the review of residents with the potential to be affected incident and accident reports in the past 6 months including the identified resident, making corrections as necessary.</p> <p>3. On 10/19/2022the DON began in-service with current nursing staff on abuse and neglect, reporting of unwitnessed falls with fracture and injury of unknown origin to the Administrator or DON so that prompt reporting of injuries of unknown origin can be properly investigated and reported to OLTC and will in-service nurses before taking assigned duties on the floor.</p> <p>4. On 10/19/2022 the acting administrator in-serviced the Director of Nursing on reporting unwitnessed falls with fracture to the OLTC and promptly starting an investigation.</p> <p>5. DON/designee using a monitoring tool will review nursing documentation and incident & accident reports to ensure injury of unknown origin and unwitnessed falls with fracture are properly investigated and reported to OLTC 5x weeks weeks, making corrections as necessary and reporting negative findings to the administrator.</p> <p>6. DON/designee will report negative findings to the QAPI committee monthly for review and recommendations</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/20/2022
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>46319</p> <p>Based on observation, record review, and interview, the facility failed to ensure their abuse policies and procedures were implemented, as evidenced by failure to immediately report an injury of unknown origin and an unwitnessed fall resulting in a fracture to the Office of Long Term Care (OLTC) and other state agencies in accordance with state law and failure to ensure an investigation was immediately initiated to determine if abuse or neglect occurred for 1 of 1 (Resident #16) the sampled case mix. This failed practice resulted in Immediate Jeopardy (IJ) for 1 (Resident #16) and the potential to affect 50 residents who were living in the facility according to the list provided by the Director of Nursing (DON) on 10/17/22. On 10/19/22 at 1:50 pm, the facility Owner and the DON were notified of IJ.</p> <p>The findings are:</p> <p>An Abuse/Neglect Policy provided by the DON on 10/17/22 at 1030am, page 7 Identification, Unexplained bruising, skin tears . Shall be reported to the appropriate staff and investigated to determine any possible abuse, neglect . Page 8-9 An Incident and Accident form will be completed along with the state form DMS-7734. The Medical Director, Director of Nursing, Administrator, Local Police Department, and the resident's Family will be notified immediately .The Administrator, Director of Nursing, or designee will complete a thorough investigation .</p> <p>Resident #16 had diagnoses of Anemia, Hypertension, Renal Insufficiency, Non-Alzheimer's Dementia, Depression (Other than Bipolar) and a Brief Interview for Mental Status (BIMS) documented a score of 5 (0-7 severe cognitive impairment) according to the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 7/25/22.</p> <p>During a record review on 10/19/22 at 9:20 am, a nurses note dated 4/11/22 stated, Hematoma noted to L (left) outer shin, aprox (approximately) 4cm (centimeters) X 4 1/2 cm. No known injuries/accidents were reported. No c/o (complaints of) pain Licensed Practical Nurse (LPN) . A nurses note dated 6/18/22 at 10:30 pm stated, Res (resident) was found lying on the floor by Certified Nursing Assistant (CNA). Res was trying to go to the bathroom floor was wet @ (at) this time. Resident had a knot on R (right) side of head with bruising present, redness noted to R side of face and Res c/o (complained of) pain in her L (left) wrist .</p> <p>A Physician's Order dated 6/18/22 stated, send resident to [facility] for eval (evaluation) d/t (due to) fall</p> <p>Resident sent to emergency room for evaluation.</p> <p>Emergency Report states, .you have been evaluated .for the following condition (s): Acute post traumatic headache. No Poorly controlled headache. Closed nondisplaced segmental fracture of the distal left radius. Left wrist pain. Fall .</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>a. On 10/19/22 at 9:40, The Surveyor asked the Director of Nursing (DON) if there was a facility incident report for the injury of unknown origin for the hematoma to the shin for resident #16 and for the unwitnessed fall that resulted in a fracture for resident #16? The DON stated, I will look. The Surveyor asked, Did the facility report these two incidents to the state agency? The DON stated, I will see because that was before I started.</p> <p>b. On 10/19/22 at 10:18 am, the DON stated, There is not an I and A (Incident and Accident Report) for this injury. Referring to the injury of unknown origin but did provide the surveyor a copy of the facility incident report for the unwitnessed fall that occurred on 6/18/22. The DON stated, There is no reportable. She (R#16) went to the ER (emergency room). The Surveyor asked, Can R#16 tell you what happened? The DON stated, Well her BIMS is low, but she can converse. I started in August after this happened and all I could find is this I and A. The Surveyor asked, Should it have been reported? The DON stated, Depends on if it's witnessed or unwitnessed, if it resulted in a fracture. I can tell you that if I think it might be a reportable, I consult with the Administrator and Nurse Consultant.</p> <p>c. On 10/19/22 at 10:45 am, The Surveyor asked Resident #16, Have you had a fall during your time here? R#16 stated, I don't remember ever falling. The Surveyor asked R #16, Have you ever hurt your arm or wrist? R #16 stated, Oh yes, it hurt really bad but I'm not sure what was wrong. The Surveyor asked R #16, Can you tell me how you hurt it? R #16 stated, I'm not sure. When do we eat? The Surveyor asked, You aren't sure how you hurt your wrist? R #16 stated, I'm sure hungry.</p> <p>d. On 10/19/22 at 12:30 pm, The Surveyor asked to speak to the Administrator and was informed that the Administrator was out for the day. The Surveyor requested to speak with the staff member that was sitting in for the Administrator. The facility owner came to speak with the surveyor stating she was filling in for the Administrator. The Surveyor asked the owner, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Owner stated, No. The Surveyor, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Owner stated, Let me see if the Administrator is available to talk to you by phone. She will be able to answer those questions better than I can.</p> <p>e. On 10/19/22 at 12:45 PM, The Surveyor spoke to the Administrator via cellular phone. The Surveyor asked, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Administrator stated, No. The Surveyor asked, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Administrator stated, No. The Surveyor asked, Should an incident report and an investigation be completed for an injury of unknown origin? The Administrator stated, Yes, because if it isn't known what happened and the resident can't tell you what happened then it would be considered a state reportable. The Surveyor asked, Should an incident report and an investigation be completed for an unwitnessed fall resulting in a fracture? The Administrator stated, Yes, if the resident is not able to tell what happened. The Surveyor asked, , Should both of these incidents have been reported to the state agency? The Administrator stated, Yes and if I would have been aware of these, I would have reported them.</p> <p>f. On 10/19/22 at 1:50 pm, the facility Owner and the DON were notified of IJ (Immediate Jeopardy).</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Based on record review and interview, the facility failed to ensure that an injury of unknown origin was investigated and reported to the Office of Long Term Care (OLTC) and other agencies in accordance with state law, to enable those agencies to provide any necessary oversight of the facility's investigations and protective measures for 1 Resident #16 of 5 residents sampled (Residents #16, #30, #33, #36 and #255) of residents who were reviewed for abuse/neglect. This failed practice resulted in past Immediate Jeopardy for Resident #16 and had the potential to affect all 50 residents who resided in the facility according to the Resident Census and Condition of Residents Form dated 10/17/22. On 10/19/22 at 1:50 pm, the facility Owner and the DON notified of IJ (Immediate Jeopardy).</p> <p>The findings are:</p> <p>An Abuse/Neglect Policy provided by the DON on 10/17/22 at 10:30 am, page 7 Identification, Unexplained bruising, skin tears .Shall be reported to the appropriate staff and investigated to determine any possible abuse, neglect . Page 8-9 An Incident and Accident form will be completed along with the state form DMS-7734 .The Administrator, Director of Nursing, or designee will complete a thorough investigation .</p> <p>Resident #16 had diagnoses of Anemia, Hypertension, Renal Insufficiency, Non-Alzheimer's Dementia, Depression (Other than Bipolar) and a Brief Interview for Mental Status (BIMS) documented a score of 5 (0-7 Severe Cognitive Impairment) according to the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 7/25/22.</p> <p>During a record review on 10/19/22 at 9:20 am, a nurses note dated 4/11/22 stated, Hematoma noted to L (left) outer shin, aprox (approximately) 4cm (centimeters) X 4 1/2 cm. No known injuries/accidents were reported. No c/o (complaints of) pain . A nurses note dated 6/18/22 at 10:30 pm stated, Res (resident) was found lying on the floor by Certified Nursing Assistant (CNA). Resident was trying to go to the bathroom floor was wet @ (at) this time. Res had a knot on R (right) side of head with bruising present, redness noted to R side of face and Res c/o (complained of) pain in her L (left) wrist .</p> <p>A Physician's Order dated 6/18/22 stated, send resident to [facility] for eval (evaluation) d/t (due to) fall</p> <p>Resident sent to emergency room for evaluation.</p> <p>Emergency Report states, .you have been evaluated .for the following condition (s): Acute post traumatic headache. No Poorly controlled headache. Closed nondisplaced segmental fracture of the distal left radius. Left wrist pain. Fall .</p> <p>a. On 10/19/22 at 9:40, The Surveyor asked the Director of Nursing (DON) If there was a facility incident report for the injury of unknown origin for the hematoma to the shin for resident #16 and for the unwitnessed fall that resulted in a fracture for resident #16? The DON stated, I will look. The Surveyor asked, Did the facility report these two incidents to the state agency? The DON stated, I will see because that was before I started.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>b. On 10/19/22 at 10:18 am, the DON stated, There is not an I and A (Incident and Accident Report) for this injury. Referring to the injury of unknown origin but did provide the surveyor a copy of the facility incident report for the unwitnessed fall that occurred on 6/18/22. The DON stated, There is no reportable. She (R#16) went to the ER (emergency room). The Surveyor asked, Can R #16 tell you what happened? The DON stated, Well her BIMS is low, but she can converse. I started in August after this happened and all I could find is this I and A. The Surveyor asked, Should it have been reported? The DON stated, Depends on if it's witnessed or unwitnessed, if it resulted in a fracture. I can tell you that if I think it might be a reportable, I consult with the Administrator and Nurse Consultant.</p> <p>c. On 10/19/22 at 10:45, The Surveyor asked Resident #16, Have you had a fall during your time here? R #16 stated, I don't remember ever falling. The Surveyor asked, Have you ever hurt your arm or wrist? R #16 stated, Oh yes, it hurt really bad but I'm not sure what was wrong. The Surveyor asked R #16, Can you tell me how you hurt it? R #16 stated, I'm not sure. When do we eat? The Surveyor asked, You aren't sure how you hurt your wrist? R #16 stated, I'm sure hungry.</p> <p>d. On 10/19/22 at 12:30 PM, the Surveyor asked to speak to the Administrator and was informed that the Administrator was out for the day. The Surveyor requested to speak with the staff member that was sitting in for the Administrator. The facility owner came to speak with the surveyor stating she was filling in for the Administrator. The Surveyor asked the owner, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Owner stated, No. The Surveyor asked, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Owner stated, Let me see if the Administrator is available to talk to you by phone. She will be able to answer those questions better than I can.</p> <p>e. On 10/19/22 at 12:45 PM, The Surveyor spoke to the Administrator via cellular phone. The Surveyor asked, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Administrator stated, No. The Surveyor asked, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Administrator stated, No. The Surveyor asked, Should an incident report and an investigation be completed for an injury of unknown origin? The Administrator stated, Yes, because if it isn't known what happened and the resident can't tell you what happened then it would be considered a state reportable. The Surveyor asked, Should an incident report and an investigation be completed for an unwitnessed fall resulting in a fracture? The Administrator stated, Yes, if the resident is not able to tell what happened. The Surveyor asked, Should both of these incidents have been reported to the state agency? The Administrator stated, Yes and if I would have been aware of these, I would have reported them.</p> <p>Based on record review and interview, the facility failed to ensure the facility abuse policies and procedures were implemented, as evidenced by failure to ensure an injury of unknown origin and an unwitnessed fall resulting in a fracture for 1 (Resident #16) was immediately reported to the Administrator, thoroughly investigated, evidence gathered, and findings reported to the state agency to rule out the possibility of abuse and or neglect. The failed practice resulted in past Immediate Jeopardy (IJ). On 10/19/22 at 1:50 pm, the facility Owner and the DON were notified of the past IJ. The findings are:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An Abuse/Neglect Policy provided by the Director of Nursing (DON) on 10/17/22 at 10:30 am, page 7 Identification, Unexplained bruising, skin tears . Shall be reported to the appropriate staff and investigated to determine any possible abuse, neglect . Page 8-9 An Incident and Accident form will be completed along with the state form DMS-7734. The Medical Director, Director of Nursing, Administrator, Local Police Department, and the resident's Family will be notified immediately .The Administrator, Director of Nursing, or designee will complete a thorough investigation .</p> <p>Resident #16 had diagnoses of Anemia, Hypertension, Renal Insufficiency, Non-Alzheimer's Dementia, Depression (Other than Bipolar) and a Brief Interview for Mental Status (BIMS) documented a score of 5 (0-7 Severe Cognitive Impairment) according to the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 7/25/22.</p> <p>a. During a record review on 10/19/22 at 9:20 am, a Nurses Note dated 4/11/22 stated, Hematoma noted to L (left) outer shin, approx (approximately) 4cm (centimeters) X 4 1/2 cm. No known injuries/accidents were reported. No c/o (complaints of) pain . A Nurses Note dated 6/18/22 at 10:30 pm stated, Res (resident) was found lying on the floor by Certified Nursing Assistant (CNA). Resident was trying to go to the bathroom floor was wet @ (at) this time. Resident had a knot on R (right) side of head with bruising present, redness noted to R side of face and Resident c/o (complained of) pain in her L (left) wrist .</p> <p>b. During a record review on 10/19/22 at 10:28 AM, a Nursing Note dated 4/11/22 stated, Hematoma noted to L (left) outer shin, aprox (approximately) 4cm (centimeters) X 4 1/2 cm. No known injuries/accidents were reported. No c/o (complaints of) pain . LPN</p> <p>c. During a record review on 10/19/22 at 10:28 AM, a Nursing Note dated 6/18/22 stated, the resident had an unwitnessed fall with a fracture of the left wrist and a hematoma to the right side of head. The Resident was sent to emergency room for evaluation.</p> <p>d. A Physician's Order dated 6/18/22 stated, send resident to [facility] for eval (evaluation) d/t (due to) fall Resident sent to emergency room for evaluation.</p> <p>Emergency Report states, .you have been evaluated .for the following condition (s): Acute post traumatic headache. No Poorly controlled headache. Closed nondisplaced segmental fracture of the distal left radius. Left wrist pain. Fall .</p> <p>e. On 10/19/22 at 9:40 am, The Surveyor asked the Director of Nursing (DON) If there was a facility incident report for the injury of unknown origin for the hematoma to the shin for Resident #16 and for the unwitnessed fall that resulted in a fracture for Resident #16? The DON stated, I will look. The Surveyor asked, Did the facility report these two incidents to the state agency? The DON stated, I will see because that was before I started.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>f. On 10/19/22 at 10:18 am, the DON stated, There is not an I and A (Incident and Accident Report) for this injury. Referring to the injury of unknown origin but did provide the surveyor a copy of the facility incident report for the unwitnessed fall that occurred on 6/18/22. The DON stated, There is no reportable. She (R#16) went to the ER (emergency room). The Surveyor asked, Can R #16 tell you what happened? The DON stated, Well her Brief Interview Mental Status (BIMS) is low, but she can converse. I started in August after this happened and all I could find is this I and A. The Surveyor asked, , Should it have been reported? The DON stated, Depends on if it's witnessed or unwitnessed, if it resulted in a fracture. I can tell you that if I think it might be a reportable, I consult with the Administrator and Nurse Consultant.</p> <p>g. On 10/19/22 at 10:45 am, The Surveyor asked Resident #16, Have you had a fall during your time here? R #16 stated, I don't remember ever falling. R #16 stated, Oh yes, it hurt really bad but I'm not sure what was wrong. The Surveyor asked R #16, Can you tell me how you hurt it? R #16 stated, I'm not sure., When do we eat? The Surveyor asked, You aren't sure how you hurt your wrist? R #16 stated, I'm sure hungry.</p> <p>h. On 10/19/22 at 12:30 PM, the Surveyor asked to speak to the Administrator and was informed that the Administrator was out for the day. The Surveyor requested to speak with the staff member that was sitting in for the Administrator. The facility owner came to speak with the Surveyor stating she was filling in for the Administrator. The Surveyor asked the owner, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Owner stated, No. The Surveyor asked, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Owner stated, Let me see if the Administrator is available to talk to you by phone. She will be able to answer those questions better than I can.</p> <p>i. On 10/19/22 at 12:45 PM, the Surveyor spoke to the Administrator via cellular phone. The Surveyor asked the Administrator, Are you aware the R #16 had an injury of unknown origin on 4/11/22? The Administrator stated, No. The Surveyor asked, Are you aware that R #16 had an unwitnessed fall resulting in a fracture on 6/18/22? The Administrator stated, No. The Surveyor asked, Should an incident report and an investigation be completed for an injury of unknown origin? The Administrator stated, Yes, because if it isn't known what happened and the resident can't tell you what happened then it would be considered a state reportable. The Surveyor asked, Should an incident report and an investigation be completed for an unwitnessed fall resulting in a fracture? The Administrator stated, Yes, if the resident is not able to tell what happened. The Surveyor asked, Should both of these incidents have been reported to the state agency? The Administrator stated, Yes and if I would have been aware of these, I would have reported them.</p> <p>Bear Creek Plan of Removal on 10/19/2022 states:</p> <p>1. On 10/19/2022 the DON immediately on notification initiated a report to the OLTC for each finding related to the resident affected: the injury of unknown origin on 4/11/2022 and the unwitnessed fall with fracture on 6/18/2022.</p> <p>a. On 10/19/2022 the DON supervised the head to-toe assessment of the identified resident for further signs of injury of unknown origin.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>b. On 10/19/2022 the DON reviewed the identified resident's incident and accident reports for the past 6 months to identify any further incidents or accidents that need investigated and reported to OLTC.</p> <p>2. On 10/19/2022 the DON initiated the review of residents with the potential to be affected incident and accident reports in the past 6 months including the identified resident, making corrections as necessary.</p> <p>3. On 10/19/2022 the DON began in-service with current nursing staff on abuse and neglect, reporting of unwitnessed falls with fracture and injury of unknown origin to the Administrator or DON so that prompt reporting of injuries of unknown origin can be properly investigated and reported to OLTC and will in-service nurses before taking assigned duties on the floor.</p> <p>4. On 10/19/2022 the acting administrator in-serviced the Director of Nursing on reporting unwitnessed falls with fracture to the OLTC and promptly starting an investigation.</p> <p>5. DON/designee using a monitoring tool will review nursing documentation and incident & accident reports to ensure injury of unknown origin and unwitnessed falls with fracture are properly investigated and reported to OLTC 5x weeks weeks, making corrections as necessary and reporting negative findings to the administrator.</p> <p>6. DON/designee will report negative findings to the QAPI committee monthly for review and recommendations</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>42965</p> <p>Based on record review, and interview the facility failed to obtain the completed Preadmission Assessment and Record Review (PASARR) level II evaluation from the State Agency in order in order incorporate the recommendations from the PASARR Level II evaluation report into the Residents Assessment, Care Plan and Transition of Care for 2 (Resident #20 and R#38) or 21 (Resident #7, #12, #13, #16, #20, #22,#23, #26, #30,#31, #33, #34, #36, #38,# 41 #42, #46, #49, #50#51,#255) sampled residents that were admitted to the facility and had mental health diagnosis. The failed practice had the potential to affect 24 residents that had mental health diagnosis according to a list provided by the Medical Records/Infection Prevention Nurse on 10/20/22 at 10:45 AM. The findings are:</p> <p>Resident #20 had diagnoses of Anxiety Disorder, and Bipolar Disorder. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/27/2022 documented the resident scored 13 (13-15 indicates Cognitively Intact) on the Brief Interview for Mental Status (BIMS), required extensive assistance with dressing, limited assistance with transfers, toileting, walking, personal hygiene, independent with bed mobility and eating and received Antianxiety medications for 7 days out of the 7 day look back period.</p> <p>a. On 10/18/22 at 02:20 PM, a letter dated June 30, 2021 provided by the Director of Nursing documented, . Re.: (Resident #20) Has been approved* for nursing home placement by OLTC (Office of Long Term Care) and may enter the nursing home of his/her choice . ATTENTION NURSING FACILTIES: You MUST contact [named agency] with the clients admitted in order to receive your client's completed PASRR (Preadmission Screening and Record Review) evaluation .</p> <p>b. On 10/18/22 at 02:30 PM, The Surveyor asked the Medical Records/Infection Prevention Nurse for a copy of the complete PASRR packet on Resident #20.</p> <p>c. On 10/19/22 at 03:15 PM, The Surveyor asked the Director of Nursing (DON), Were you able to get a copy of the complete PASARR packet on (Resident #20?) The DON stated, I had asked some other staff members to work on that. Let me check on that and I will get back with you. The Surveyor asked the DON, Does the facility have any mental health professional such as a Psychiatric Nurse Practitioner that come into the facility that can provide residents with psychiatric services if needed? The DON stated, We have a company, (name company) who have Psychiatric services that come into the facility and provide services if needed for those that have the coverage. The Surveyor asked the DON, Does Resident #20 receive any mental health services? The DON stated, When the PASARR was originally done on (Resident #20) she was a resident at another facility in (named city) and then she went home. She came to us from home, and we got a copy of the PASARR from the facility in (named city), but they only give us the approval letter from State Designated Professional Associates. I will continue to check for that though.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. On 10/20/22 at 09:39 AM, The Surveyor asked the Medical Record/ infection Prevention (MR/IP) Nurse Does (Resident #20) have a Mental Health diagnosis that might impact her care while she is in the facility? The MR/IP Nurse stated, Yes she does. The Surveyor asked the MR/IP Nurse, Did facility staff get a copy of the completed Preadmission Screening and Record Review Packet from the state agency completing the review when (R#20) admitted to the facility? The MR/IP Nurse stated, No we did not get it when she admitted . The Surveyor asked the MR/IP Nurse, Who at the facility is responsible for obtaining that information? The MR/IP Nurse stated, Our MDS coordinator is responsible for getting that information. The Surveyor asked the MR/IP nurse, Is she here today? The MR/IP Nurse stated, No she is out sick today. The Surveyor asked the MR/IP Nurse, Why is it important that when you admit a patient with mental health diagnosis that you get a copy of the complete PASARR packet from the state agency that completed the evaluation? The MR/IP Nurse stated, So that we know how to continue their care and what services they need. The Surveyor asked the MR/IP Nurse When (Resident #20) admitted to the facility should facility staff have gotten a copy of her completed PASARR packet from the state agency that completed the evaluation? The MR/IP Nurse stated. Yes, we should.</p> <p>e. On 10/20/22 at 10:45 AM, the policy titled Procedure for Determination of Medical Need for Nursing Home Services (04/01/06) provided by the Medical Records/Infection Prevention Nurse documented, . 1. Medical Need Assessments: Each Medical certified Nursing Facility will evaluate each nursing home applicant's need for nursing home services . A thorough and complete evaluation must be conducted to ensure the individuals who do not require nursing home services are not admitted to the nursing facility . I PRE-ADMISSION SCREENING FOR MENTAL ILLNESS AND/OR MENTAL RETARDATION/DEVELOPMENTAL DISABILITY . Applicants whose initial screening (Level 1) indicates the presence of MI (Mental Illness)/MR (Mental Retardation)/DD (Developmental Disability) must be referred to Level II for a full psychosocial evaluation to determine whether they need specialized services for the MI/MR/DD and whether a nursing facility is the most appropriate placement for them .</p> <p>Resident #38 had diagnoses of Anxiety, Major Depression, Bipolar Disorder, and Schizophrenia. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/24/22 documented that the resident scored 9 (8-12 indicates moderate impairment) on the Brief Interview for Mental Status (BIMS), was dependent for bed mobility, transfer, dressing, toileting, personal hygiene and independent for eating and received Antipsychotic, Antianxiety, and Antidepressant medications for 7 days out of the 7-day look back period.</p> <p>a. On 10/18/22 at 02:20 PM, a Letter dated February 25 2020 provided by the Director of Nursing documented, . Re.: (Resident #38) Has been approved* for nursing home placement by OLTC (Office of Long Term Care) and may enter the nursing home of his/her choice . ATTENTION NURSING FACILITIES: You MUST contact (named agency) with the Clients admitted in order to receive your client's completed PASRR (Preadmission Screening and Record Review) evaluation.</p> <p>b. On 10/18/22 at 02:30 PM, The Surveyor asked the Medical Records/Infection Prevention Nurse for a copy of the complete PASRR packet on Resident #38.</p> <p>c. On 10/19/22 at 03:20 PM, The Surveyor asked the Director of Nursing, Were you able find the complete PASRR packet on (Resident #38)? The DON stated, I asked other staff members to work on that for me. I will find out and let you know. The Surveyor asked the DON, Does (Resident #38) receive any specialized psychiatric services? The DON stated, No she does not.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. On 10/20/22 at 09:45 AM, The Surveyor asked the Medical Records/Infection Prevention (MR/IP), Does (Resident #38) have Mental Health Diagnosis that might impact her care while she is in the facility? The MR/IP Nurse stated, Yes Ma'am, she does.</p> <p>The Surveyor asked the MR/IP Nurse Did facility staff get a copy of the completed Preadmission Screening and Record Review Packet from the state agency completing the review when (Resident #38) admitted to the facility? the MR/IP Nurse stated, I called the State Designated Professional Associates on that the day you asked me about it, and they said that they sent one, but I cannot find one anywhere. So technically, I guess we did not get because it is not here. The Surveyor asked the MR/IP Nurse, When (Resident #38) admitted to the facility should facility staff have gotten a copy of her completed PASARR packet from the state agency that completed the evaluation? The MR/IP Nurse stated, Yes, they should have got it for continuation of care. I called the State Designated Professional Associates on the day you asked for it. They have sent me an invoice and we have mailed a check so that they will send us the information.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42965</p> <p>Based on record review, observation, and interview the facility failed to ensure the Comprehensive Care Plan contained the necessary information to fully provide and coordinate care and services for a resident with Physician's Orders for Anticoagulant Medication for 1 (Resident #36) of 3 (Resident #20, #33 and #36) sampled residents with orders for Anticoagulant Medications. The failed practice had the potential to affect 9 residents that had orders for Anticoagulant Medication according to a list provided by the Medical Records/Infection Prevention Nurse on 10/20/22 at 10:45 AM. The findings are:</p> <ol style="list-style-type: none"> 1. Resident #36 had a diagnosis of Atrial Fibrillation with Dysthymias, Coronary Artery Disease, and Heart Failure. The Admission Minimum Data Set (MDS) with an Assessment Reference (ARD) of 8/11/22 documented that the resident scored 10 (8-12 indicates moderately impaired) on the Brief Interview for Mental Status (BIMS), was independent with all activities of daily living and received Anticoagulant medication for 7 days out of the 7-day look back period. 2. A Physicians' Order dated 8/3/2022 documented, . ELIQUIS 2.5 MG (Milligram) TAB (Tablet) 1 BID (twice Daily) . Unspecified Combined Congestive Heart Failure . 3. A Physician's Order dated 10/3/22 documented, . Eliquis 2.5mg 1 PO (By Mouth) daily . <p>a. On 10/18/22 at 03:28 PM, The Surveyor reviewed Resident # 36's Care Plan with an initiation date of 8/4/22 and it did not address that the resident takes an Anticoagulant Medication.</p> <p>b. On 10/20/22 at 09:50 AM, The Surveyor asked the Assistant Director of Nursing (ADON), Are you familiar with (Resident #36's) Care? The ADON stated, Yes I am. The Surveyor asked the ADON, Does (Resident #36) take an Anticoagulant Medication? The ADON stated, Yes she takes the anticoagulant Eliquis. The Surveyor asked the ADON, How long has she received an Anticoagulant Medication? The ADON looked in the medical record and stated, She has been on it since she admitted on August the 4th. The Surveyor asked the ADON, Does (Resident #36's) care plan address that she receives an Anticoagulant medication? The ADON stated, It is not on her care plan. The Surveyor asked the ADON, Why is it important that the residents care plan addresses that she that she is receiving an Anticoagulant Medication? The ADON stated, The nurses need to know to monitor for medication side effects, adverse reactions and the fall risk when providing care.</p> <p>c. On 10/20/22 at 10:45 AM, the policy titled Care Plan - Comprehensive (Revised September 2010 provided by the Medical Records/Infection Prevention Nurse documented, . Policy Statement: An individualized, comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident . Policy Interpretation and Implementation: 5. Care plan interventions are designed after careful consideration of the relationship between the residents problem areas and their causes . 7. The resident's comprehensive care plan is developed within seven (7) days of completion of the resident's comprehensive assessment (MDS) .</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>42076</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen tubing was properly labeled for 1 (Resident #30) sample mix resident, failed to ensure oxygen tubing, nebulizer mask and tubing were properly stored when not in use for 2 residents (Residents #30 and #49) to prevent potential contamination that could result in respiratory infection for 7 (Residents #20, #23, #30, #31, #34, #46, and #49) sampled residents who had Physician Orders for oxygen therapy and nebulizer treatments. The findings are:</p> <p>1.Resident #30 had diagnoses of Chronic Obstructive Pulmonary Disease, Restless Leg Syndrome, Unspecified Dementia with behavioral disturbances. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 8/10/22 and a Brief Interview for Mental Status (BIMS) of 03 (0-7 Severe Cognitive Impairment).</p> <p>a. On 10/17/22 at 12:00 PM, Resident #30 was not in the room. A nebulizer machine was on the nightstand with the mask lying on the edge of the nightstand not stored in a protective bag. The oxygen tubing was attached to a concentrator that was dated 10/10/22.</p> <p>b. On 10/18/22 at 8:45 AM, a nebulizer machine was on the nightstand with the mask lying on the edge of the nightstand not stored in a protective bag. The oxygen tubing was attached to a concentrator that was dated 10/10/22.</p> <p>c. On 10/18/22 at 3:40 PM, a nebulizer machine was on the nightstand with the mask lying on the edge of the nightstand not stored in a protective bag. The oxygen tubing was attached to a concentrator that was dated 10/10/22.</p> <p>2.Resident #49 had diagnoses of Iron Deficiency Anemia, and Shortness of Breath. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/21/22 documented that Resident #49 scored a 14 (13-15 cognitively intact) on the Brief Mental Status Exam (BIMS) and that Resident #49 receives oxygen therapy under Section O.</p> <p>a. On 10/17/22 at 12:18 PM, Resident #49 was sitting up in her recliner in her room with the oxygen concentrator beside the recliner. The oxygen concentrator was off, and the tubing was draped over the concentrator and not in a bag.</p> <p>b. On 10/18/22 at 8:57 am, Resident #49 was in her recliner with her eyes closed. The Oxygen tubing was draped over the concentrator, not in a bag.</p> <p>c. During record review on 10/18/22 at 1:15 PM, a Physician's Order dated 3/27/2020 documented, .Oxygen: Oxygen 2L (liters)/M(minute) via nasal cannula PRN (as needed) SOB (shortness of breath) to keep SPO2 (oxygen saturation) above 92% .</p> <p>d. During record review on 10/18/22 at 1:15 PM, a Care Plan with a problem date of 12/21/2021 documented, .Breathing Difficulty .Resident has potential for difficulty breathing related to chronic condition . Administer/monitor effectiveness of treatments .Oxygen .Keep oxygen tubing in a bag when not in use .</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 10/19/22 at 9:54 AM, The Surveyor asked Licensed Practical Nurse (LPN) #1, How should oxygen tubing and nebulizer masks and tubing be stored when not in use? She stated, In a plastic bag. The Surveyor asked, How often should oxygen/nebulizer tubing/masks be changed? She stated, They change it every Saturday and as needed.</p> <p>4. On 10/19/22 at 9:58 AM, The Surveyor asked the Assistant Director of Nursing (ADON), How should oxygen tubing and nebulizer masks and tubing be stored when not in use? She stated, In a plastic bag. The Surveyor asked, How often should oxygen/nebulizer tubing/masks be changed? She stated, They change it every Saturday and as needed.</p> <p>5. On 10/19/22 at 10:00 AM, The Surveyor asked Licensed Practical Nurse #2, How should oxygen tubing and nebulizer masks and tubing be stored when not in use? She stated, In a bag in the resident's room. The Surveyor asked, How often should oxygen/nebulizer tubing/masks be changed? She stated, Once a week, every Saturday night.</p> <p>6. A facility policy received on 10/19/22 at 11:30 AM from the Assistant Director of Nursing (ADON) titled Policy and Procedure on Oxygen documents .Oxygen tubing will be changed weekly, and labeled with date it was changed .</p> <p>7. A facility policy received on 10/19/22 at 11:30 AM from the ADON titled Policy and Procedure on Administering Medications through a Small Volume (Handheld) Nebulizer documents .The purpose of this policy is to administer aerosolized particles of medication safely and aseptically into the resident's airway . when equipment is completely dry, store in a plastic bag with the resident's name and the date on it .</p> <p>46319</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>42569</p> <p>Based on observation, and interview the facility failed to ensure 1 of 2 commercial clothes dryers remained free of lint build up to decrease the potential for fire and loss of laundry services for 1 of 1 Laundry Room. This failed practice had the potential to affect 50 residents according to the resident Census and Condition form provided by the Director of Nursing (DON) on 10/17/22 at 10:30 am. The findings are:</p> <p>a. On 10/17/22 at 2:22 pm, two electric clothes dryers were in the clean area of the Laundry Room. Laundry Assistant (LA) #1 opened the lint trap of Dryer #1. The Surveyor observed a buildup of lint in the bottom of Dryer #1, on the lint trap, and wiring for the dryer thermostat, the lint trap screen was torn and hanging loosely from the frame. The Surveyor asked LA #1, Can you tell me what you see? LA #1 stated, Lint, and the lint trap screen is torn. The Surveyor asked, How often are the lint traps cleaned? LA #1 stated, I clean them after every two loads, I check on it regularly because it scares me. The Surveyor asked, What can happen if there is an excessive amount of lint build up? LA #1 stated, It can cause a fire.</p> <p>b. On 10/19/22 at 1:05 pm, Laundry Assistant (LA) #2 opened the lint trap of Dryer #1. The Surveyor observed a buildup of lint in the bottom of Dryer #1, on the lint trap, and wiring for the dryer thermostat, the lint trap screen was torn and hanging loosely from the frame. The Surveyor asked LA #2, Can you tell me what you see? LA #2 stated, Do you mean the part hanging down? The lint filter is torn. I don't know when it happened, but it's been a while. We haven't been using that dryer because it broke, and we couldn't use it. After it was fixed, we started using it again. We have been using that dryer with the filter torn for about a month, our supervisor has ordered a new one, but it hasn't come in yet. The Surveyor asked LA #2, Could the lint filter being torn cause a problem? LA #2 stated Yes, it could cause a fire. The Surveyor asked, How often are the lint traps cleaned? LA #2 stated, After every two loads, we don't have a schedule for cleaning them. We just do it after every two loads.</p> <p>c. On 10/19/22 1:25 pm., The Surveyor asked the Housekeeping Supervisor (HSK), How long has the screen on the lint trap been torn? The HSK stated, The dryer was down for 2 years, and they recently fixed it. I am not sure how long the lint trap has been torn. I told the person that fixed it about the screen, but he keeps telling me that it is on back order. The Surveyor asked, Should the dryer be used if the lint trap is torn? The HSK stated, No, probably not. The Surveyor asked, What can happen if the lint trap is torn, and the dryer is used? The HSK stated, It could cause a fire.</p>		