

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER JONESBORO WELLNESS LLC		STREET ADDRESS, CITY, STATE, ZIP 1705 LATOURETTE DRIVE JONESBORO, AR 72404	
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)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to ensure resident's fingernails and toenails were cleaned and trimmed to promote good personal hygiene and grooming for 1 (Resident #1) of 3 (Residents #1, #2 and #3) sampled residents who were dependent for nail care. This failed practice had the potential to affect 76 residents who were dependent for nail care as documented on a list provided by the Director of Nursing (DON) on 08/28/2020 at 10:03 AM. The findings are: Resident (R) #1 had [DIAGNOSES REDACTED]. The Minimum Data Set with an Assessment Reference Date of 04/14/2020 documented the resident scored 3 (0-7 indicates severely impaired) on a Brief Interview for Mental Status and required limited physical assistance of one person for bed mobility, toileting, bathing and transfers. a. The Comprehensive Care Plan with a revision date of 07/02/2020 documented, .The resident has an ADL (Activities of Daily Living) deficit r/t (related to) [MEDICAL CONDITION]. Intervention: Personal Hygiene: limited assist x (times)1 . Nail care was not addressed. b. On 08/24/2020 at 03:07 PM, and 08/25/2020 at 11:58 AM, R #1 was lying quietly in bed. The resident's fingernails on both hands had a dark colored substance underneath them with jagged edges. He was cooperative with surveyor when she asked to observe his nails. The nails on the big toes of both feet were approximately inch overgrown past the toes. c. On 08/25/2020 at 11:48 AM, Certified Nursing Assistant (CNA) #1 was asked to accompany surveyor to R #1's room to assist with observation of his nails. She was asked, Who is responsible for cleaning and trimming the resident's nails? She stated, The Activity girl and us (CNAs) if they're not diabetic. She was asked, How often do you provide nail care? She stated, Depends on the nails, but we check them every day to see if they need it. She was asked, Can you explain why R #1's nails have dirt underneath them and need trimming? She stated, This is my first day back, I've been off for two days .sometimes he is combative and refuses. She was asked, Has he been combative and refused care today? She stated, No he's been quiet today; he let me change his bed. She was asked, What should you do if a resident refuses care? She stated, Report it to the Charge Nurse. She was asked, Have you reported refusal of nail care today? She stated, No. d. On 08/25/2020 at 11:58 AM, Licensed Practical Nurse (LPN) #1 was asked, Who is responsible for cleaning and trimming residents' nails? She stated, The CNAs. If they're diabetic the nurses clean and trim them. She was asked, How often are the residents' nails cleaned and trimmed? She stated, They usually do them with their baths or showers, but anytime they see them dirty they should do them. She was asked, How do you monitor care provided by the staff? She stated, I don't usually work over here, but they are pretty good about doing their jobs. I see them when I'm out passing medications. She was asked, Is there a reason why R #1's nails are in need of cleaning and trimming? She stated, I don't know, I know he's sometimes combative, but I'm not sure. She was asked, What should be done if a resident is refusing or being combative when care needs to be provided. She stated, It should be reported to the nurse if a resident refuses care or if he's being combative. She was asked, Have you had any reports about R#1 refusing care or being combative? She stated, No. e. On 08/25/2020 at 01:25 PM, the DON was asked to accompany surveyor to R #1's room to view his fingernails and toenails. She was asked, Would you say he needs nail care? She stated, He does. She was asked, Can you explain why it has not been provided? She stated, I know he sometimes has problems with care, but I will make sure it gets done. f. On 08/26/2020 at 1:00 p.m., the DON was asked, Who is responsible for cleaning and trimming the residents' nails? She stated, The nurses take care of the diabetics and the CNAs do all the others. She was asked, How often should nail care be provided? She stated, She stated, Mostly on their bath or shower days, but they should check every day and provide care whenever it's needed. Before COVID, Podiatry would come to the facility and provide care to some of the residents. I think that's how his nails got to be that long .when they weren't allowed to come in anymore. I don't know why he wasn't referred to the Treatment Nurse who could have done it. g. On 08/27/2020 at 12:24 PM, the DON provided a Policy titled Personal care Needs that documented, .The facility strives to promote a healthy environment by meeting the personal care needs of the residents .Personal care and ADL support will be provided according to the residents Plan of Care .Personal care and support include but is not limited to the following: .Bath/shower .Grooming/dressing .Nail care .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.