STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045167	A. BUILDING _____ B. WING _____	08/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SPRINGDALE HEALTH AND REHABILITATION CENTER	102 NORTH GUTENSOHN SPRINGDALE, AR 72762

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 0756 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint (AR 171) was substantiated, all or in part, in these findings: Based on observation, interview, and record review the facility failed to ensure a medication irregularity noted by the pharmacist during the admission drug review was given to the attending physician for evaluation/ (and or) review for 1 (Resident #1) of 3 sampled residents. This failed practice had the potential to affect 6 residents who were admitted or readmitted from a geriatric psychiatric facility per the list provided by the Administrator on 08/19/2020 at 5:25 P.M. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 08/03/2020 documented the resident scored 14 (13-15 indicates cognitively intact) per a Brief Interview of Mental Status. a. The Discharge Medication Summary List from the geriatric psychiatric facility dated 7/21/20 documented [MEDICATION NAME] 15 units via subcutaneous injection at bedtime every evening. There was no documentation on the facility July or August 2020 physician order [REDACTED]. The Pharmacist Consultation Report dated 07/22/2020 documented, (Resident #1) was recently readmitted to the facility. The medication reconciliation process revealed the following discrepancies on the readmission orders [REDACTED]. [MEDICATION NAME] (was taking 25 units prior to hospitalization). Recommendations: Please consider clarifying with (Doctor) . No signature was noted by facility staff as read. c. The physician visit note dated 7/29/2020 documented, Visit Summary/Care Plan . He also has diabetes which has been severe for years, but his blood sugars are controlled with [MEDICATION NAME] and [MEDICATION NAME]. He's not having any side effects on his medicines and continue it. d. The physician visit note dated 08/12/2020 documented, .Visit Summary/Care Plan . I was asked to see this patient about his diabetes. He is currently being treated with [MEDICATION NAME] and [MEDICATION NAME]. His blood sugars are under control on the medicine. He doesn't have nausea or diarrhea on the medicine. I will continue it as prescribed . e. On 08/20/2020 at 11:33 A.M., the Administrator was asked about the 07/22/2020 Pharmacist Consultation Report on (Resident #1). The Administrator replied, .Unfortunately, there was a recommendation on (Resident #1). This was sent and placed in the MD's (Medical Doctor) box instead of interim DON's (Director of Nursing) box during the transitional time. Recommendation was never signed and returned to pharmacy.
F 0760 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure that residents are free from significant medication errors.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint (AR 171) was substantiated, all or in part, in these findings: Based on observation, record review, and interview the facility failed to ensure medication orders were correctly transcribed to prevent a significant medication errors for 1 of 1 (Resident #1) 1 sampled resident with medication orders from another facility. This failed practice had the potential to affect 6 residents who had been admitted or readmitted from another facility per the list provided by the Administrator on 08/19/2020 at 5:25 p.m. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 08/03/2020 documented the resident scored 14 (13 to 15 indicates cognitively intact) per a Brief interview of Mental Status. a. The Discharge Medication List dated 7/21/20 from geriatric psychiatric facility #1 documented the following: 1) .insulin [MEDICATION NAME] 100 units/ml (milliliters) SOLN ([MEDICATION NAME]) Indication: Diabetes mellitus 15 units Subcutaneous Bedtime at 2100 (9:00 p.m.). DO NOT CONTINUE 25U (units) . a) As of 8/18/20, there was no documentation on the July or August 2020 physician orders [REDACTED]. c) This was a significant error due to the condition of the resident and class of medication, Anti-Diabetic Insulin and the frequency of the error. 2) [MEDICATION NAME] 150mg (milligrams) TAB, Indication: [MEDICAL CONDITION]. 150mg Oral BEDTIME AT 2100 (9:00 p.m.) . [MEDICATION NAME] 50mg TAB Indication: Agitation. 50mg Oral THREE TIMES A DAY (Morning Noon and Bedtime) a) The July and August 2020 MAR indicated [REDACTED].M. and TRAZADONE 50MG TABLET. Give 1 tab po BID (twice daily) 8:00 AM and 1:00 PM. b) Resident #1 received 150mg at bedtime from 07/21/2020 through 08/18/2020 instead of 200mg for a total of 28 doses given in error. c) This was a significant medication error due to the condition of the resident and class of medication, Antidepressant, and the frequency of the error. 3) . QUEtiapine 50mg TAB ([MEDICATION NAME]) Indication: [MEDICAL CONDITION] d/o (disorder) 50mg Oral Once A Day Morning and QUEtiapine 50mg TAB ([MEDICATION NAME]) Indication: [MEDICAL CONDITION] 50mg Oral DAILY AT 0700 AND 1300 (1:00 p.m.) and QUEtiapine ([MEDICATION NAME]) 200 mg TAB 200mg Oral BEDTIME AT 2100 (9:00 p.m a) The July and August 2020 MAR indicated [REDACTED]. Resident #1 did not receive one of the 50 mg daily doses in the morning for a total of 28 missed doses from 07/22/2020 to 08/19/2020. b) This was a significant error due to the condition of the resident and class of medication, Anti-Psychotic, and the frequency of the error. 4) . aspirin-[MEDICATION NAME] 25mg - 200mg ERC (Extended Release Capsule) ([MEDICATION NAME]), Indication: [MEDICAL CONDITION], 1 ERC Oral TWICE DAILY, Morning Bedtime. a) The July 2020 MAR indicated [REDACTED]. There was no documentation to explain the omission of 3 out of 57 possible doses from July 21st to August 19th, 2020. b) This was a significant medication error due to the condition of the resident and frequency of the error. 2. On 08/20/2020 at 11:33 A.M., The Administrator stated the problem occurred because the current Director of Nursing (DON) started the middle of last week. They had an interim DON while waiting to fill that position and she was unaware she was to double check physician's orders [REDACTED]. The Medical Records person is also in a new staff role. 3. On 08/20/2020 at 2:30 P.M., the DON was asked, What does the N mean on (Resident #1's) MAR for the 5:00 P.M. dose of [MEDICATION NAME] on July 21st, 22nd, and 23rd? She stated, It means not administered. We had the medication, [MEDICATION NAME], in our facility, it was just an error by the nurse, no documented rationale for not administering the medication was documented. We are in servicing the nurses on this now, since it was brought to our attention. 4. The facilities Admission Policy provided by the Administrator on 08/19/2020 at 2:50 P.M. from the Admission packet/resident rights documented: .The admitting Licensed Nurse should transcribe all physician's orders [REDACTED]. Double check for accuracy when transcribing orders onto the facility admission's order sheet .

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.