

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HOT SPRINGS NURSING AND REHABILITATION- A WATERS C</b>		STREET ADDRESS, CITY, STATE, ZIP <b>552 GOLF LINKS ROAD HOT SPRINGS, AR 71901</b>	
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 0684  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Complaint # (AR 259) and Complaint # (AR 299) were substantiated, all or in part, with these findings: Based on record review and interview, the facility failed to ensure wound treatments were provided according to physician's orders to promote wound healing and prevent potential infection or deterioration for 1 (Resident 3) of 2 sampled residents who had physician's orders for wound treatments / dressing changes. This failed practice had the potential to affect 5 residents who had physician's orders for wound care / dressing changes, as documented on a list provided by the Administrator on 8/19/2020 at 1:55 p.m. The findings are: Resident #3 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set with an Assessment Reference Date of 6/1/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; was totally dependent on one-person physical assistance for personal hygiene and bathing; had functional limitation in range of motion in upper and lower extremities on both sides; was at risk of developing pressure ulcers; had Moisture Associated Skin Damage; required pressure ulcer care; and required surgical wound care a. A Physician's Order dated 7/24/2020 documented, . Cleanse MASD (Moisture Associated Skin Damage) on right outer buttock with wound cleanser, pat dry, apply skin prep to surrounding skin, apply Silver Alginate and border dressing to site as needed . And every Day shift . b. A Weekly Wound Evaluation dated 7/24/2020 at 08:30 (8:30 a.m.) documented, .Category . Right Buttock . 2a. Other (Specify) Moisture Associated Skin Damage to skin fold. Full thickness . 4. When was wound identified . 6/5/2020 . VI. Comments . 1. Current Treatment . Cleanse Moisture Associated Skin Damage to right outer buttock with wound cleanser, pat dry, apply Honey Alginate daily . c. The Treatment Administration Record dated August 2020 documented, .Cleanse MASD to right distal buttock with wound cleanser, pat dry, apply Silver Alginate and cover with foam dressing Every Day Shift . Cleanse MASD on right outer buttock with wound cleanser, pat dry, apply skin prep to surrounding skin, apply Silver Alginate and border dressing to site Every Day Shift . The Treatment Administration Record contained no documentation to indicate the treatment was administered on August 1, 2020 through August 7, 2020 and August 10, 2020 through August 12, 2020. The Treatment Administration Record documented the resident refused treatment on August 13, 2020. d. An emergency room Nurses Note dated 8/13/2020 at 7:40 p.m. and recorded on 8/14/2020 at 2:55 a.m. documented, Pt (Patient) appears to have very poor hygiene. He is Paraplegic from C-6 (Cervical 6) down. He is a resident of local nursing home for approx. (approximately) 5 months. He reports that he has not been bathed in 2 months. Pt does have decubitus ulcers to bilateral posterior thighs, EDP in room, Dx (diagnosis) Decubitus Ulcers as Stage 2. Noted that there were dressings in place PTA (prior to arrival) to ED (Emergency Department), however they were taken off d/t (due to) them being extremely soiled. Unknown how long dressings have been on wounds because no dating or documentation on dressing. Xeroform under dressing appeared to be disintegrated and embedded into skin. Dressings were removed and pt was given a bed bath and linen change . e. On 8/18/2020 at 1:45 p.m., Licensed Practical Nurse (LPN) #3 was asked, How many wounds did (Resident #3) have on his buttocks? She stated, Three. She was asked, How often were they (dressings) changed? She stated, Daily, when he would let me. I didn't get to do it all the time because he wouldn't allow me. (Name), the Administrator had to go back there one time because he stated that he wanted me out of the room and she explained to him and he was like 'well fine' and I explained to him the importance of him getting his dressing changed. He'd say, 'so, I don't care'. She was asked, Who was the Treatment Nurse during that time? She stated, We didn't have a Treatment Nurse during that time, and we had to do our own. When I was on the Red Zone, she wasn't allowed to come back there for infection control reasons. She was asked, If the Treatment Nurse wasn't allowed to come on the Red Zone because of COVID, did she come and measure the wounds? She stated, Well, I don't know about that. I just know I had to do the treatment to the wound. She was asked, Was this documented in the resident's clinical record? She documented, Yes. f. A facility policy titled Non-Sterile Dressings provided by the Minimum Data Set (MDS) Consultant on 8/10/2020 at 1:05 p.m., documented, .Purpose . To provide guidelines for the application of non-sterile dressings . Procedure . 1. Verify that there is a physician's order for the procedure by reviewing the resident's Treatment Administration Record . 25. Initial Treatment Administration Record . In the event more than one wound is present, each wound is considered a separate treatment . If the resident is non-adherent with treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternatives shall be documented along with family and physician notification on non-adherence .</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.