

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER THREE RIVERS HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 33904 HIGHWAY 63 E MARKED TREE, AR 72365	
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 0636 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility to ensure a comprehensive Minimum Data Set (MDS) assessment was completed to identify the resident's care needs for 1 (Resident #1) of 3 (Resident #1, #2, and #3) sampled residents whose MDS assessments were reviewed. This failed practice had the potential to affect 98 residents who resided in the facility, according to the Resident Census List provided by the Administrator on 8/24/2020. The findings are: 1. Resident 1 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Medicare 5 Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/23/2020 documented the resident scored 8 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS); required extensive two-person assistance for bed mobility, transfers, and toilet use; required extensive one-person assistance for dressing and personal hygiene; and required limited one-person assistance for eating. The resident discharged on 7/2/2020. a. As of 8/24/2020 at 12:45 p.m., the resident had an Entry MDS, a 5-Day MDS, and a Discharge MDS for review. b. On 8/24/2020 at 1:00 p.m., MDS Coordinator #2 was asked, Can you tell me if an Admission MDS and a Quarterly MDS was completed? She stated, No, they were not. I guess we just missed it. There isn't one. c. On 8/26/2020 at 11:15 a.m., the Director of Nursing was asked, Should an Admission MDS be completed on all residents who are admitted ? She stated, Yes. She was asked, If a resident is in a facility for 6 months, should a Quarterly MDS have been done? She stated, Yes. d. A facility policy titled Resident Assessment provided by the Administrator on 8/25/2020 at 11:00 a.m. documented, The facility shall complete resident's assessment via MDS 3.0 according to the RAI (Resident Assessment Instrument) guidelines . Assessment Reference Date (ARD) . (Item A2300) . No later than 14th day of resident's admission .</p>		
F 0638 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility to ensure a Quarterly Minimum Data Set (MDS) assessment was completed to identify and update the resident's care needs for 1 (Resident #1) of 3 (Resident #1, #2, and #3) sampled residents whose MDS assessments were reviewed. This failed practice had the potential to affect 98 residents who resided in the facility, according to the Resident Census List provided by the Administrator on 8/24/2020. The findings are: 1. Resident 1 was admitted on [DATE] with [DIAGNOSES REDACTED]. The Medicare 5-Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/23/2020 documented the resident scored 8 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS); required extensive two-person assistance for bed mobility, transfers, and toilet use; required extensive one-person assistance for dressing and personal hygiene; and required limited one-person assistance for eating. The resident discharged on [DATE]. a. As of 8/24/2020 at 12:45 p.m., the resident had an Entry MDS, a 5-Day MDS, and a Discharge MDS for review. b. On 8/24/2020 at 12:55 p.m., MDS Coordinator #1 was asked, If a resident is here for 6 months, should a Quarterly be done? She stated, Yes. b. On 8/24/2020 at 1:00 p.m., MDS Coordinator #2 was asked, Can you tell me if an Admission MDS and a Quarterly MDS was completed? She stated, No, they were not. I guess we just missed it. There isn't one. c. On 8/26/2020 at 11:15 a.m., the Director of Nursing was asked, Should an Admission MDS be completed on all residents who are admitted ? She stated, Yes. She was asked, If a resident is in a facility for 6 months, should a Quarterly MDS have been done? She stated, Yes. d. A facility policy titled Resident Assessment provided by the Administrator on 8/25/2020 at 11:00 a.m. documented, The facility shall complete resident's assessment via MDS 3.0 according to the RAI (Resident Assessment Instrument) guidelines . Assessment Reference Date (ARD) (Item A2300) No later than ARD of previous OBRA (Omnibus Budget Reconciliation Act) Quarterly Assessment (plus) 92 calendar days .</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.