

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER BARNES HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1010 BARNES STREET LONOKE, AR 72086	
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 0553 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # (AR 401) was substantiated, all or in part, with these findings: Based on record review and interview, the facility failed to ensure a resident's responsible party was immediately notified of medication changes to allow the responsible party an opportunity to provide input on care decisions for 2 (Residents #1 and #2) of 3 (Resident #1, #2 and #3) case mix residents who had medication changes. This failed practice had the potential to affect 53 residents who had medication changes in the last 3 months, as documented on a list provided by the Director of Nurses (DON) on 09/11/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/28/2020 documented the resident was moderately impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS) and was dependent on staff for all activities of daily living (ADL's). a. A Progress Notes dated 6/18/2020 documented [MEDICATION NAME] 250 milligram was increased from once a day to twice a day. There was no documentation in the progress notes that the responsible party was notified of this change. b. A Progress Notes dated 6/22/2020 documented Quetiapine was discontinued There was no documentation in the progress notes that the responsible party was notified of this change c. A physician order [REDACTED].#1. There was no documentation that the responsible party was notified of this order. d. On 9/10/20 at 2:15 p.m., the Assistant Director of Nursing (ADON) was asked, Who is supposed to notify the family of medication changes? He stated, The nurse who gets the order should call and notify the family. He was asked, Do you see any documentation in the medical record of notification of the family? He stated, No. I wish there was but there isn't. 2. Resident #2 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 7/13/2020 documented the resident scored 12 (8-12 moderate impairment) on a Brief Interview for Mental Status and was listed as her own responsible party in the clinical record. a. A nurse's note dated 7/21/2020 at 5:42 p.m. stated, .Doctor (Physician name) here on rounds and gave the following orders: [MEDICATION NAME] 500 mg (milligrams) BID (twice a day) x (times) 5 days for UTI (Urinary Tract Infection). There was no documentation regarding notifying resident of the new order. c. On 9/10/2020 at 11:50 a.m., Resident #2 was asked, Do they notify you of medication changes? She stated, No. I have to bug them about it and then they might say, No. You don't take that any more or yes, you take something for that and here it is. 3. On 9/10/2020 at 1:15 p.m., Licensed Practical Nurse (LPN) #1 was asked, Is it policy to notify the responsible party for medication changes? She stated, Yes. We do call for that. She was asked, Do you chart that every time? She stated, Yes. But I'm sure that it may be forgotten sometimes but we do try to remember to chart notifications. 4. On 9/10/2020 at 1:22 p.m., LPN #2 was asked, Who notifies the responsible party of medication changes? She stated, Whoever took the order, whoever put it in (the system). Usually the floor nurse but sometimes the doctor will give it to the DON (Director of Nursing) or ADON. But it would be in the chart. 5. A facility policy titled Change in Resident's Condition or Status provided by the DON on 9/11/2020 at 11:06 a.m. documented .4 a nurse will notify the resident's representative when: .b. There is a significant change in the resident's physical, mental, or psychosocial status . 5. Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's medical/mental condition or status</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.