

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER BARROW CREEK HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 2600 BARROW ROAD LITTLE ROCK, AR 72204	
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 - Some	<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>Complaint # was substantiated, all or in part, with these findings: Based on observation, record review and interview, the facility failed to ensure fingernails were cleaned and trimmed, to promote good personal hygiene for 3 (Residents #1, 3 and 4) of 5 (Residents #1, 2, 3, 4 and 5) sampled residents who were dependent on staff for nail care. The failed practice had the potential to affect 72 residents who were dependent on staff for nail care, as documented on a list provided by the Administrator on 3/6/2020 at 9:35 am. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. A Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/28/19 documented the resident scored 5 (0-7 indicates severely impaired) on a Brief Interview for Mental Status and required extensive, two-plus person physical assistance with transfer and toilet use and extensive one-person physical assistance with personal hygiene. a. A Care Plan, dated as reviewed 2/25/2020, documented, . (Resident #1) has an ADL (activity of daily living) self-care performance deficit, needs ext (extensive) to total assist with most adls . The resident is totally dependent on (X (times) 2 staff) . Personal Hygiene: The resident requires ext assist of 1 staff with personal hygiene and oral care . b. There was no documentation in the Progress Notes from 2/20/2020 to 3/6/2020 of the resident refusing nail care. c. On 3/4/2020 at 2:58 pm, the resident was awake and was lying supine on his bed. Resident did speak a few words and surveyor was able to understand resident's speech. The resident's fingernails were greater than inch in length and there was no substance noted under the resident's nail bed at this time. d. On 3/5/2020 at 1:56 pm, the resident's door was open, and he was sitting at the foot of the bed. The resident's fingernails were clean, but greater than inch in length. 2. Resident #3 had [DIAGNOSES REDACTED]. A Quarterly MDS with an ARD of 01/23/20 documented the resident scored 13 (13-15 indicates cognitively intact) and was totally dependent on two-plus person physical assistant for bed mobility and transfer; totally dependent on one-person physical assistance for toilet use, personal hygiene and bathing and had an impairment on one side in upper and lower extremity for functional limitation in range of motion. a. A Care Plan, dated as reviewed 1/22/20 documented, . (Resident #3) has an ADL self-care performance deficit r/t (related to) .[MEDICAL CONDITION] with left side [MEDICAL CONDITION]. His left hand is contracted . Bathing/Showering: He is dependent upon 1 staff with bathing . Personal Hygiene/Oral Care: . He is dependent upon 1 staff for personal hygiene and oral care . b. There was no documentation in the Progress Notes from 2/20/2020 to 3/06/2020 of the resident refusing nail care. c. On 03/04/2020 at 9:06 am, on initial rounds, the resident was awake, resting quietly in bed. The resident's left hand was contracted and was unable to see resident's fingernails but the fingernails on the resident's right hand were trimmed but there was a dark brown substance underneath the nail bed. d. On 03/04/2020 at 3:14 pm, the resident was awake and sitting in a Geri-chair in the front lobby. His left hand was contracted and the fingernails on his right hand were trimmed and there was a dark brown substance underneath the nail bed. e. On 03/05/2020 at 1:48 pm the resident was awake, sitting in his Geri-chair in his room, looking at his TV. He stated, I'm ready to lay down. I had a car accident. The fingernails on the resident's right hand were trimmed and there was a dark brown substance underneath the nail beds. 3. Resident #4 had a [DIAGNOSES REDACTED]. a. A Care Plan, dated as reviewed 2/10/2020, documented, .The resident requires physical assistance with one staff with bathing/showering .The resident requires extensive assistance with one staff with personal hygiene and oral care . b. On 3/4/2020 at 9:15 am, Resident #4 was sitting in a high back wheelchair in the hallway in front of his room. The resident's fingernails were greater than inch in length and there was a dark, brown substance underneath the nail bed. c. On 3/5/2020 at 1:50 pm, Resident #4 was sitting in the hallway in a high back wheelchair. His fingernails had a dark brown substance underneath the nail bed. He stated he will get a bath tomorrow (Friday), and he takes baths on Mondays and Fridays. He stated that sometimes a man comes in and cleans and trims his nails and that he would like for his nails to be cleaned and cut. d. On 3/6/2020 at 11:32 am, Certified Nursing Assistant (CNA) #1 was asked, Who is responsible for cleaning and trimming the residents' fingernails? She stated, We are when we are doing the showers. She was asked, Do you document this in the resident's clinical record? She stated, No ma'am. She was asked, Do you document this in the (electronic system)? She stated, I don't, but different people do the showers. She was asked, Do you assist the residents with their showers/ baths on the 400 hall? She stated, Sometimes, most of the time it's two of us down there. One of us do the showers and the other one do the hall and if it's a two person assist, I will help that person with that shower. She was asked, What do you do if a resident refuses nail care? She stated, I report it to the charge nurse. She was asked, Are CNAs allowed to clean and trim the nails of residents who are Diabetic (DM)? She stated, No ma'am. e. On 3/6/2020 at 11:52 am, CNA #2 was asked, Who is responsible for cleaning and trimming the residents' fingernails? She stated, The CNAs, unless they're DM and the nurses do them. She was asked, When is this task done? She stated, It's done during shower time, but on Sundays we also do nail care. She was asked, Do you document this in the resident's clinical record? She stated, Yes. She was asked, If the resident has his/her shower on Monday and on Tuesday you notice there is a dark substance underneath the resident's nailbed, what would you do? She stated, We would cut them and clean them. We switch groups each day. If it's something that is not done, then you go ahead and get it done. She was asked, Do you assist the residents with their showers/ baths on the 100 hall? She stated, Yes. She was asked, What do you do if a resident refuses nail care? She stated, Go to the nurse and the nurse will come in and do the nail care. f. On 3/6/2020 at 2:19 pm, the Director of Nursing (DON) was contacted by telephone and was asked, Who is responsible for cleaning and trimming the residents' fingernails? She stated, The CNAs and the LPNs (Licensed Practical Nurses). She was asked, When is this done? She stated, Daily. Should be done daily. Nail care we do as needed. Trimming nails are done on Sunday and as needed. She was asked, What should the staff do if a resident refuses nail care? She stated, Come back later or try to get somebody else to do it. g. A Care of Fingernails / Toenails Policy provided by the Administrator on 3/6/2020 at 9:35 am documented, . Purpose The purposes are to clean the nail bed, to keep nails trimmed, and to prevent infections . Steps in the Procedure . 10. Gently, remove the dirt from around and under each nail with an orange stick . 13. Trim fingernails in an oval shape and toenails straight across .</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.