

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER GASSVILLE THERAPY AND LIVING		STREET ADDRESS, CITY, STATE, ZIP 203 COTTER ROAD GASSVILLE, AR 72635	
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 F 0580	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # (AR 189) was substantiated, all or in part, with these findings: Based on record review and interview, the facility failed to ensure a resident's family was immediately notified of the resident's fall with injury to provide the family member with the opportunity to provide input on any care decisions for 1 (Resident #1) of 1 case mix resident who had a fall with injury. This failed practice had the potential to affect 15 residents who had falls with injury in the past 90 days, according to a list provided by the Administrator on 4/10/2020. The findings are: Resident #1 had a [DIAGNOSES REDACTED]. The Medicare 5-Day Minimum Data Set with an Assessment Reference Date of 2/15/20 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status; required extensive two-person assistance for bed mobility and transfers; had no falls since admission; and had skin tears. a. A Nurses Incident and Accident (I&A) Note dated 1/18/2020 at 0108 (1:08 a.m.) for a witnessed fall on 1/17/2020 at 2357 (11:57 p.m.) documented Resident #1 had a witnessed fall and sustained 9 skin tears; 6 skin tears to the left forearm, and three skin tears to the left lower extremity. The Nurses Note documented the resident's wife was not notified of the resident's fall. The Nurses Note documented the resident was own responsible party. b. On 4/8/2020 at 10:05 a.m., the Director of Nursing was asked, When a resident has a fall with injuries, do you notify the family? She stated, Yes. But in this resident's case, no. He was his own responsible party and he had a cell phone to call them. She was asked, What type of injuries did he have? She stated, He had nine skin tears in all. She was asked, Did anyone ask him if they could call his family? She stated, I don't know. He is listed as his own responsible party and his cell phone was lying right there. She was asked, When should the doctor be notified of a fall? She stated, Immediately. She was asked, When does it (the documentation) say the doctor was notified? She stated, At 2357 (11:57 p.m.). That's 8 hours after the fall. c. On 4/9/2020 at 6:00 a.m., Licensed Practical Nurse (LPN) #1 was asked, Would you consider a fall with 9 skin tears a significant change of condition? She stated, Yes. She was asked, Would you notify the residents' next of kin? She stated, Yes. She was asked, If the resident was their own responsible party, would you notify the next contact person? She stated, Yes, because that would be a lot. d. On 4/9/2020 at 10:00 a.m., Licensed Practical Nurse #2 was asked, Would you consider a fall with 9 skin tears a significant change of condition? She stated, Yes. I would consider that a significant change. She was asked, Would you notify the residents' next of kin? She stated, Yes, I would. She was asked, If the resident was their own responsible party and they had a fall with injury, would you notify the next of contact person? She stated, Yes I would. e. On 4/9/2020 at 12:30 p.m., the Director of Nursing was asked, Would you consider a fall with 9 skin tears a significant change of condition? She stated, Yes. I guess we should have but we didn't with this resident. She was asked, Would you notify the next of kin? She stated, Yes. She was asked, If the resident was their own responsible party and they had a fall with injuries, would you notify the next contact person on their list? She stated, I think they tried to notify the wife and couldn't reach her. He had a cell phone. I think he tried to call. She was asked, In the Nurses Notes, it says the family didn't find out until they came in on the 19th (1/19/2020). Can you tell me where it is charted that they tried to call and couldn't reach them? She stated, It's not (charted). f. A facility policy titled Change in Residents Condition or Status provided by the Director of Nursing on 4/9/2020 at 1:37 p.m., documented, 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when the resident is involved in any accident or incident that .</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.