STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045455	A. BUILDING _____ B. WING _____	**03/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HICKORY HEIGHTS HEALTH AND REHAB, LLC	**#3 CHENAL HEIGHTS DRIVE LITTLE ROCK, AR 72223**

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** - Few	**Provide care and assistance to perform activities of daily living for any resident who is unable.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 140) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure all areas of the skin that were in contact with urine were cleansed to maintain good personal hygiene, and failed to apply skin barrier cream for 1 (Resident #6) of 2 (Residents #5 and #6) case mix residents who were dependent for incontinent care on the 400 Hall. This failed practice had the potential to affect 12 residents on the 400 Hall who were dependent for incontinent care, according to a list provided by the Administrator on 3/11/2020. The findings are; 1. Resident #6 had [DIAGNOSES REDACTED]. The Significant Change in Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/17/2020 documented the resident was severely impaired in cognitive skills for daily decision making; was totally dependent on two persons for bed mobility and toilet use; was totally dependent on one person for locomotion, dressing, eating, personal hygiene and bathing; required extensive assistance of two persons for transfers; and was always incontinent of bowel and bladder. a. The Comprehensive Care Plan with a revised date of [DATE] documented, .Problem . (Residents) is incontinent of bowel and bladder and is totally dependent upon staff for incontinent and peri care q (every) 2 hrs (hours) and prn (as needed). Date Initiated . 7/10/17 . Approaches . Clean peri area with each incontinent episode . c. On [DATE]20 at 10:09 a.m., Certified Nursing Assistant (CNA) #1 provided incontinent care. The resident had been incontinent of bladder. The CNA wiped across the lower abdomen, changed gloves, and wiped the right groin area. She changed gloves and pushed the incontinent brief down between the resident's legs. She changed gloves and proceeded to turn the resident on her right side. The CNA failed to separate and cleanse the labia area, failed to cleanse the right groin area and the right hip of urine. The CNA failed to apply skin barrier cream as documented in the facility policy. d. On 3/11/2020 at 3:17 p.m., the Lead Certified Nursing Assistant, CNA #2 was asked, Do you do the check-offs for the incontinent care? The CNA stated, I do the check-off for incontinent care quarterly and I spot check. The CNA was asked if the staff were trained to change gloves after each swipe. The CNA stated, No. The CNA was asked if he did the check-off for the CNA's on the 400 Hall. The CNA stated, Yes. The CNA was asked if there had been any issues. The CNA stated, No. e. The facility check-off form titled Observation Return Demonstration for CNA #1 was completed by CNA #2 and dated as performed / completed on 2/26/2020. The form documented, .CNA Proficiency . Observed peri-care (was marked) Yes . 2. The facility policy titled Peri-Care / Incontinent Care provided by the Administrator on 3/11/2020 documented, .Wash and dry hands . apply clean pair of gloves . wipe gently across from hip to hip just above the pelvis area and discard wipe . One wipe / one swipe . never using the same surface of the cloth twice and discard . Continue to wipe one side of the groin area then the other front to back and discard . Females . Gently wipe down (front to back always) . cleansing peri-rectal area thoroughly . Change gloves and apply barrier cream .
F 0689 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 332) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure the resident's plan of care was followed for transfers and assistance with ambulation for 1 (Resident #7) of one (Resident #7) case mix resident who required one-person transfer with a gait belt. This failed practice had the potential to affect 26 residents who required a one-person gait belt transfer, according to a list provided by the Administrator on 3/11/2020. The findings are; Resident #7 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Admission Minimum Data Set assessment dated for 3/5/2020 documented the resident scored 14 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS); required extensive assistance with mobility, transfers, dressing, toilet use and personal hygiene; was incontinent of bowel and of bladder; and had no functional limitation in range of motion. a. The Closet Care Plan documented, .Transfers .1-person assist . gait belt with all transfers . b. The Baseline Care Plan dated 3/5/2020 documented, .Transfers . 1-person physical assist (assistance) . walk in room . 2-person physical assist . mobility device walker . admitted to facility for Therapy services following Right Total Hip Arthroplasty Resident needs assist of one staff for all ADLS (activities of daily living) . Resident ambulates with rolling walker. Resident is WBAT (weight bearing as tolerated) to right lower extremity . Resident is legally blind and totally blind in her right eye . c. The Physician order [REDACTED].WBAT with walker . d. On 3/10/2020 at 5:40 a.m., the resident stated, I had my right hip replaced. It wasn't due to a fall, but I have a fear of falling. I have asked the aide (no aide's named) to use the gait belt and walk with me but they won't. I don't want to fall. I can walk with my walker, but I would feel more comfortable if they would use the gait belt and walk with me. e. On 3/10/2020 at 6:36 a.m., Certified Nursing Assistant (CNA) #4 entered the resident's room. The CNA assisted the resident to sit on the side of the bed. The CNA stood in front of the walker holding the walker while the resident stood up. The resident ambulated to the bathroom and the CNA removed the covers from the bed. The CNA did not use the gait belt during the transfer and did not ambulate with the resident to the bathroom. The resident was in the bathroom and the CNA was standing in the room leaning against the wall. There was no gait belt on the resident. The resident ambulated back to the bed using the walker. The CNA was standing against the wall in room and was not walking with the resident. The resident turned with the CNA standing in front of the walker. The CNA held the walker while the resident sat down on the bed. f. On 3/11/2020 at 1:20 p.m., the Occupational Therapist (OT) was asked, Regarding (Resident #7), should the staff be using a gait belt during transfers? The OT stated, Yes. The OT was asked if the staff should hold the walker for the resident to pull on to stand up. The OT stated, I encourage her to push up. I stand on the side with one hand on the walker and one hand on the gait belt. The OT was asked if the staff should be walking with the resident. The OT stated, Yes. g. On 3/11/2020 at 11:05 a.m., the Lead CNA #2 was asked, Regarding (Resident #7), should the aides be using a gait belt during the transfers? The CNA stated, Yes. The CNA was asked if the CNA should be walking with the resident. The CNA stated, Yes.
F 0755 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 140) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure medications were administered within one hour before or one hour after the time

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.

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HICKORY HEIGHTS HEALTH AND REHAB, LLC	#3 CHENAL HEIGHTS DRIVE LITTLE ROCK, AR 72223

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F 0755 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) the medications were scheduled to be administered on the Medication Administration Record by Licensed Practical Nurse (LPN) #1 for 2 (Residents #1 and #2) of 3 case mix residents who resided on the 300 Hall. This failed practice had the potential to affect 30 residents who received medications from Licensed Practical Nurses (LPN) #1, according to the list of residents who resided on the 300 Hall provided by the Administrator on 2/9/2020. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED]. The Annual Minimum Data Set (MDS) with an Assessment Reference Date of 12/9/19 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS); was totally dependent on two-person assistance for transfer; was totally dependent on one-person assistance for bed mobility; and required extensive assistance of one person for dressing, toilet use, and personal hygiene. a. The Medication Administration Record (MAR) dated February 2020 documented the following medications were to be administered at 8:00 a.m.: 1.) .Aspirin Tablet 81 milligrams (mg) give 1 tablet by mouth one time a day for PAD ([MEDICAL CONDITION]) related to presence of Cardiac Pacemaker; 2.) [MEDICATION NAME] Tablet 325 mg (65Fe (iron)) give 1 tablet by mouth one time a day related to Vitamin Deficiency; 3.) Lactobacillus Capsule give 1 tablet by mouth one time a day for [MEDICATION NAME]; 4.) [MEDICATION NAME] Tablet 10 mg ([MEDICATION NAME] Oxalate) give 1 tablet by mouth one time a day related to Anxiety Disorder; 5.) Magnesium-Oxide Tablet (Magnesium Oxide) give 400 mg by mouth one time a day related to Vitamin, Deficiency; 6.) [MEDICATION NAME] Powder (Polyethylene [MEDICATION NAME] 3350) give 17 grams by mouth one time a day every other day related to Constipation; 7.) Vitamin D3 Tablet 1000 Units ([MEDICATION NAME]) give 2 tablets by mouth one time a day; 8.) Thera-M Tablet (Multiple Vitamins-Minerals) give 1 tablet by mouth one time a day for supplement; 9.) Calcium Tablet 500 mg give 1 tablet by mouth two times a day related to [DIAGNOSES REDACTED]; 10.) Cranberry Tablet 450 mg give 1 tablet by mouth two times a day related to Urinary Tract Infection; 11.) [MED] Tablet 5 mg ([MED]) give 1 tablet by mouth two times a day related to Cardiac Pacemaker; 12.) UTI (Urinary Tract Infection) - Stat Liquid (Cranberry-Vitamin C-[MEDICATION NAME]) give 30 ml (milliliters) by mouth two times a day related to Urinary Tract Infection; 13.) [MEDICATION NAME] Capsule 300 mg give 1 capsule by mouth two times a day related to [MEDICAL CONDITION]; 14.) Pro-Stat Liquid (Amino Acids-Protein Hydrolys) give 30 ml by mouth two times a day for low [MEDICATION NAME] level . b. On 2/9/19 at 10:08 a.m., Licensed Practical Nurse (LPN) #1 administered the medications for Resident #1 which were documented on the Medication Administration Record (MAR) as scheduled for 8:00 a.m. The medications were approximately one hour and eight minutes over the acceptable timeframe of one hour before and one hour after the scheduled time the medications were to have been administered. 2. Resident #2 had [DIAGNOSES REDACTED]. The Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/3/2020 documented the resident scored 6 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status (BIMS); was totally dependent on two person assistance for transfers, was totally dependent on one person assistance for dressing, toilet use, and personal hygiene; required extensive assistance and supervision of one person for eating; had no functional limitation in range of motion; and the resident received Antidepressant medications. a. The Medication Administration Record (MAR) dated February 2020 documented the following medications were to be administered at 8:00 a.m.: 1.) .[MEDICATION NAME] Tablet 325 mg (65 Fe) give 1 tablet by mouth one time a day related to [MEDICAL CONDITION] in [MEDICAL CONDITION]; 2.) Folic Acid Tablet 1 mg Give 1 tablet by mouth one time a day for [MEDICATION NAME]; 3.) [MEDICATION NAME] Powder (Polyethylene [MEDICATION NAME] 3350) give 17 grams by mouth two times a day related to Constipation; 4.) Senna Tablet 8.6 mg (Sennosides) give 2 tablets by mouth one time a day for constipation; 5.) Tylenol Tablet 325 mg ([MEDICATION NAME]) give 2 tablets by mouth three times a day for Pain; and 6.) Vitamin B12 Tablet Extended Release 1000 mcg (micrograms) ([MEDICATION NAME] ER) Give 1 tablet by mouth one time a day for [MEDICATION NAME] . b. On 2/9/19 at 10:24 a.m., Licensed Practical Nurse (LPN) #1 administered the medications for Resident #2 which were scheduled to be administered at 8:00 a.m. The medications were administered approximately one hour and twenty-four minutes over the acceptable timeframe of one hour before and one hour after the scheduled time the medications were to have been administered. 3. On 2/21/2020 at 2:09 p.m., LPN #1 was notified via telephone. LPN #1 was asked, What are the timeframes that medications are to be administered from the time it is scheduled on the Medication Administration Record (MAR)? LPN #1 stated, One hour before the scheduled time of the medication, to one hour after the scheduled time. LPN #1 was asked, Have you had any issues regarding getting your medication administered in a timely manner? LPN #1 stated, Sometimes, if something happens on the floor. LPN #1 was asked, How many residents do you have to administer medication to? LPN #1 stated, Thirty. LPN #1 was asked, Have you had a resident or resident's family voice issues regarding the medications not being administered in a timely manner? LPN #1 stated, At times when there was something going on. LPN #1 was asked, On Sunday, 2/9/2020, when I observed the medication pass with you, what was the reason that the medication was not administered in the timeframe of one hour before or one hour after the scheduled medication times? LPN #1 stated, I can't remember. She was asked, In regards to (Resident #1), the medication was administered at 10:08 a.m., and (Resident #2's) medications were administered after 10:24 a.m. Was there an issue as to why the medications weren't administered in the timeframe of one hour before or one hour after the scheduled medication times? LPN #1 stated, I can't remember. 4. On 2/21/2020 at 3:30 p.m., Registered Nurse (RN) #1 stated she had been employed by the facility for approximately 2 years. She stated, I am currently working as RN Supervisor today. Normally I work as a Floor Nurse. RN #1 was asked, What are the timeframes that medications are to be administered? RN #1 stated, One hour before the scheduled time and one hour after the scheduled time. RN #1 was asked if there was an issue regarding the Nurses getting the medications out in a timely manner. RN #1 stated, If they are having problem getting the medication out in a timely manner, they should notify someone to let us help or send someone to help them and find out what is the issue. RN #1 was asked, Have you had residents complain of not getting their medications in a timely manner? RN #1 stated, Yes, I have, but usually it's just past the hour mark by maybe 10 minutes or so. But if I am having a problem, I can call and get help. 5. On 2/21/2020 at 4;10 p.m., the Administrator stated the electronic health record system for the Medication Administration Records doesn't document the time that a scheduled medication is administered.