| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **045460** | A. BUILDING _____ B. WING _____ | **07/31/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **COLONEL GLENN HEALTH AND REHAB, LLC** | **13700 DAVID O DODD ROAD LITTLE ROCK, AR 72210** |

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 0558<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | **Reasonably accommodate the needs and preferences of each resident.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, record review and interview the facility failed to ensure call lights were in reach for 2 (Residents #6 and #2) sampled residents who were dependent on staff for Activities of Daily Living (ADL's). This failed practice had the potential to affect 14 residents who were dependent on staff for ADL's as documented on a list provided by the Administrator on 07/31/2020 at 10:06a.m. The findings are: 1. Resident #6 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/06/2020 documented the resident scored 11 (8-12 indicates moderately impaired) per a Brief Interview for Mental Status (BIMS) and required extensive assistance of one person for bed mobility, transfer, and toileting. a. The Care Plan documented the resident has an ADL self-care performance deficit r/t (related to) decreased mobility. Date Initiated: 05/15/2020. An intervention documented, Resident re-educated on using the call light to call for assistance. b. The Morse Fall risk assessment completed on 07/28/2020 documented a score of 75 which is high risk for falling. c. On 07/29/2020 at 9:59 A.M., Resident #6 was sitting in a Geri-chair at the foot of his bed. The call light was on the mattress in the middle of the foot of the bed, out of his reach. (Photo taken). d. On 07/30/2020 at 8:46 A.M., Certified Nursing Assistant (CNA) #1 was shown the photo of Resident #6's call light and was asked, Do you think (Resident #6) could reach his call light from this picture? CNA #1 stated, No. She was asked, Should the call light be within reach? She stated, Yes. e. On 07/30/2020 at 8:48 A.M., CNA #3 was shown the photo of Resident #6's call light and was asked, Do you think (Resident #6) could reach his call light from this picture? Stated, No. She was asked, Should the call light be within reach? She stated, Yes. f. On 07/30/2020 at 8:49 A.M., Licensed Practical Nurse (LPN) #1 was shown the photo of Resident #6's call light and was asked, Do you think (Resident #6) could reach his call light from this picture? She stated, No. She was asked, Should the call light be within his reach? She stated, Yes. 2. Resident # 2 had [DIAGNOSES REDACTED]. a. The Care Plan with an initiated date of 10/13/2017 documented, .12/10/2019 Assisted fall secondary to becoming weak during a transfer. 07/14/2020 Actual fall without injury-Provide environmental adaptations: Low/platform bed, Call light within reach . Encourage the resident to use bell to call for assistance .The resident is High risk for falls r/t weakness . Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. The resident needs a safe environment with a working and reachable call light, personal items within reach . b. On 07/29/2020 at 9:12 A.M., Resident #2 was lying in bed, the call light was under the bed on the floor, approximately 4 feet out of reach of the resident. c. On 07/30/2020 at 2:00 P.M., the MDS Coordinator was asked, Should the Care Plan be followed? She stated, Yes. She was asked, Should the call light be in reach of the resident? She stated, Yes. She was asked, Is a call light on the floor underneath the bed in reach of the resident? She stated, No. d. On 07/31/2020 at 1:54 P.M., the Administrator was asked, Should the Care Plan be followed? She stated, Of course. She was asked, Has Resident # had any falls? She stated, One in the middle of July and in December (2019). She was asked, Should the call light be in reach of the resident? She stated, Yes. |
| F 0570<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | **Assure the security of all personal funds of residents deposited with the facility.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Complaint (AR 574) was substantiated, all or in part, in these findings. Based on record review and interview, the facility failed to ensure there was a Surety Bond with an amount equal to at least the current total amount of the resident's funds for 1 case mix resident (Resident #8) who had a trust account managed by the facility. This failed practice had the potential to affect 25 residents who had a trust account managed by the facility, as documented on a list provided by the Assistant Administrator on 07/31/2020 at 3:08 P.M. The findings are: Resident #8 had a [DIAGNOSES REDACTED]. On 05/18/2020 at 12:33 P.M., the Resident Trust Account policy documented, .Resident money must be refunded within 30 days of discharge .Bonds .The bond amount must be more than your monthly deposits .Quarterly Statements. Statements must be sent out every quarter . The Assistant Administrator provided the following information about resident funds on 07/31/2020: a. (Bank), (Facility) Patient Trust Fund Account, documented, .Current Statement Balance as of 02/29/2020 was .$16,363.11 . b. (Facility) Trust Account Statement documented, Current Account Balance as of 02/29/2020 was $12,827.55 . c. (Bank), (Facility) Patient Trust Fund . Current statement Balance as of 03/31/2020 was $22,434.84. d. (Facility) Trust- Current Account Balance as of 03/31/2020 documented, Client Account Summary . Resident Funds total was $20,741.36. e. (Bank), (Facility) Patient Trust Fund Account documented, Current Statement balance as of 04/30/2020 documented, $22,549.30. f. (Facility) Trust - Current Account Balance as of 04/30/2020 documented, Client Account(s) and Current Balances. Client Account Summary Resident Funds Total $15,988.19. On 07/31/2020 at 11:04 A.M., the Assistant Administrator was asked, How much money was in the resident trust accounts in March? She stated, $20,691.36 and in the reconciliation $20,490.03. She was asked, How much money was in the resident trust accounts in April? She stated, $15,988.19. She was asked, How much money was in the Patient Trust Fund bank account? She stated, $22,434. 84. She was asked, How much was the facilities Surety Bond? She stated, $20,000.00, let me go look, I think we have another . g. On 07/31/2020 the Assistant Administrator provided the following documents: 1) (Name) Surety Company documented, Rider Increasing or Decreasing Penalty of Bond. To be attached to and form part of Nursing Homes-Nursing Facility Residents Bond (Number) issued on behalf of (Facility) as Principal in favor of Adult Services. (Name) Surety Company increases the penalty from Twenty Thousand and 00/100 Dollars to Thirty Thousand and 00/100 dollars .This rider becomes effective on the 20th day of May 2020 at twelve and one minute o'clock AM standard time. Signed and dated this 20th day of May 2020 . 2) (Name) Surety Company documented, Rider Increasing or Decreasing Penalty of Bond. To be attached to and form part of Nursing Homes-Nursing Facility Residents Bond (Number) issued on behalf of (Facility) as Principal in favor of Adult Services. (Name) Surety Company, increases the penalty from ten thousand and 00/100 dollars to twenty thousand and 00/100 .This rider becomes effective on the 6th day of February 2020 at twelve and one minute o'clock AM standard time. Signed and dated this 6th day of February 2020 . |
| F 0582<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | **Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Complaint (AR 574) was substantiated, all or in part, in these findings. Based on record review and interview, the facility failed to refund to the resident or the resident representative any and all refunds due to the resident within 30 days from discharge from the facility for 1 (Resident #8) of 1 case mix resident who had a refund. This failed practice had the potential to affect 91 residents who resided at the facility and had funds managed by the facility. The findings are: Resident #8 had a [DIAGNOSES REDACTED]. a. On [DATE] at 9:52 A.M., the Administrator was asked for entrance conference |

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **045460** | A. BUILDING _____ B. WING _____ | **07/31/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| **COLONEL GLENN HEALTH AND REHAB, LLC** | **13700 DAVID O DODD ROAD LITTLE ROCK, AR 72210** |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0582<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | (continued... from page 1)<br>documentation. The Administrator stated, I know what this is about. She stated, Resident #8 was here on Hospice, she passed around the 13th of March. It was when the Covid started. We allowed her daughter in here. I talked to her, she had a concern about her money, and I told her what was in the trust will come back to her. She wrote a check for the beautician for $200.00 the day before her mom passed. We made sure she got the $200.00 back, then refunded what was in trust. Her social security came in for room and board, we had days that needed to be paid for. I tried to explain it to her, and she couldn't grasp it. . She said it was not the right amount . She had an amount in her trust account already, so that money was sent back to her, for $297.37 immediately . The Administrator was asked, Why has she not already received the refund? She stated, She has accounts that are open, (Resident #8) was on Hospice with Medicare copay, . The Administrative Assistant requested the last week of April to force it through . b. On [DATE] at 10:42 A.M., the A/R Refund Request documented, .Patient's Name: (Name) .Date: [DATE] .Date Expired: [DATE]. Reason for Request: Resident expired with credit on aging ($2,714.49, balance owed $1012.18. Facility representative: B.O.M. (Business Office Manager). c. On [DATE] at 11:00 A.M., the Trust Transaction History documented, Resident (Name) .Start Date: [DATE] to [DATE]. Posting Date [DATE]. Description Deposit Credit $1511.00. Total $1531.03 Date [DATE], Description room and board Debit $1233.70, Total $297.33, [DATE] Interest [DATE] to [DATE] Credit $0.04. Total $297.37, [DATE] Close Trust Account Debit $297.37, [DATE] interest. [DATE]-[DATE] Credit $0.04, [DATE] Interest Debit $0.04, Total $0.00. d. On [DATE] at 12:00 P.M., the Trust - Transaction History documented, (Resident #8) .Posting date [DATE] deposit credit $1511.00, [DATE] Room and Board debit $1471.00 total $40.00, [DATE] hairdressing/barber $20.00 total $20.00, [DATE] interest [DATE]-[DATE] credit 0.03 total $20.03, Posting Date [DATE] Description Deposit Credit 1511.00 Total 1531.03, date [DATE] description room and board debit 1233.70 total 297.33, [DATE] interest [DATE] to [DATE] credit $0.04 total 297.37, [DATE] close trust account debit $297.37, [DATE] interest [DATE]-[DATE] credit $0.04, [DATE] interest debit $0.04, total $0.00. e. On [DATE] at 10:30 A.M., the Administrator was asked, Can you tell me about the document you sent titled A/R (Accounts Receivable) Refund Request. She stated, The $2714.49 is the refund from Accounts Receivable from the operating account from where she paid room and board. She paid $2714.49 on the 4th of March .the $1012.18 is the balance owed to the facility for her stay from [DATE] through [DATE] . She was asked, So she is owed 1702.31? She stated, Yes, it is what's owed to her, all her accounts are clearing. She was asked, What accounts are clearing? She stated, She was on Hospice and was on Medicare with copay. . Would have been forced through quicker if it were not for the Corona stuff .Medicaid processing and Hospice. I told (Daughter) this as well . f. On [DATE] 10:00 A.M., the Resident Rights Policy documented, The facility will promote and protect the rights of every individual residents .Be fully informed in writing prior to, or at admission and during stay, of services available in the facility, of related charges of services not covered by medical coverage, and services not included in the daily rate . g. On [DATE] at 9:00 A.M., the Business Office Manager (BOM) was asked, Do you handle resident trust accounts? She stated, Yes. She was asked, How is separate accounting maintained? She stated, They each have separate accounts for trust funds put in the computer and triple checked. It's coded and processed through the system. When money comes in from direct deposits with each resident name, we will pull it through the bank to the individual trust account and it is labeled per resident in the system and debits if for room and board . She was asked, I am looking at the document titled, A/R Refund Request, so where is the money for this? She stated, The funds are on the accounts receivable side. (Resident #8) was on Medicare. She went on Medicaid pending in February. The family was paying room and board before Medicaid pending. She was asked, When will the family receive balance owed? She stated, I already requested it, should it be mailed to her (Daughter). h. On [DATE] at 10:30 A.M., the (Facility) Transaction Report by Effective Date: [DATE] -Jun 30, 2020 documented .Private Pay [DATE] Refund check to (Daughter) $2714.49 . [DATE] payment applied on [DATE] $1012.18 . i. On [DATE] 2:11 P.M., the BOM was asked, How much of a refund does the facility owe (Daughter)? She stated, $2714.49, I requested it on [DATE] and the check was cut on [DATE]. She was asked, Who is going to get the refund, is it coming to the facility or to (Daughter)? She stated, Not sure. She was asked, Why do you think there was a delay in (Daughter) getting her refund? She stated, It was on the accounts receivable. Once bill/ (and or) services are paid and adjusted, we make sure every entity clears . She was asked, Has the daughter talked to you? She stated, No. She was asked, Did she call and leave messages for you to call her back? She stated, No. j. On [DATE] at 2:20 P.M., the Administrator was asked, When did (Resident #8's) representative contact you about the refund? She stated, About the end of April. She sent a message in messenger on Facebook, let me look. It was [DATE]th, I told her I would actively work on it . She was asked, Has the resident representative asked to talk to the BOM about the refund? She stated, No, she didn't ask to speak to BOM. She wanted to speak with me. She was asked, How long do you have for accounts receivable to get a refund to the family? She stated, After accounts are cleared, it's 30 days from clearing. We were waiting on the 704 from Department of Human Services (DHS) medical needs, so the Hospice account could clear. COVID messed it up or it would of cleared quicker . k. On [DATE] at 9:01 A.M., the BOM provided the following document: Check (number) [DATE] (Number) - (Daughter) Check Total: $2714.49, (Facility) .Date [DATE] Invoice Member (Resident #8) Amount $2714.49 Discount Amount $0.00 Net Amount $2714.49 . [DATE] Mailed off .(Top part of the document) .Pay two thousand seven hundred fourteen and ,[DATE]. Date [DATE] To the Order of (Daughter) C/O (Facility) . l. On [DATE] at 11:04 A.M., the Assistant Administrator was asked, According to the federal regulation, how long does the facility have to refund all monies owed to the resident or resident representative after they are transferred or do not return? She stated, 30 days. She was asked, When did (Resident #8's) family get the refund? She stated, We closed the trust on [DATE] .we have to wait till all accounts have been paid . |
| F 0641<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Ensure each resident receives an accurate assessment.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately reflected injuries related to falls for 1 (Resident #6) of 6 (Residents #1, #2, #3, #5, #6, and #7) sampled residents who had falls. This failed practice had the potential to affect 20 residents who had falls in the last 90 days as documented on the list provided by the Administrator on 07/31/2020. The findings are: Resident #6 had [DIAGNOSES REDACTED]. The Quarterly MDS with an Assessment Reference Date of 07/06/2020 documented the resident scored 11 (8-12 indicates moderately impaired) per a Brief Interview for Mental Status required extensive assistance of one person for bed mobility, transfer, and toilet use and had no falls prior to admission and 2 or more falls since admission with no injuries. a. The Care Plan documented The resident is high risk for falls r/t (related to) previous falls prior to readmission and decreased mobility. Date Initiated: 05/15/2020. 05/31/2020: Actual fall with minor injury related to leaning forward while in a seated position. 06/01/2020: Actual fall with minor injury. 06/13/2020: Actual fall without injury secondary to transferring unassisted. 06/16/2020: The resident has had an actual fall with minor injury laceration to R (right) side of his forehead. 06/16/2020: Actual fall without injury. 06/28/2020: Actual fall without injury. 07/10/2020: Actual fall with minor injury. 07/15/2020: Actual fall without injury. 07/15/2020: Actual fall with minor injury. 07/25/2020: Actual fall without injury. 07/28/2020: Actual fall without injury Date Initiated: 07/25/2020 Revision on: 07/28/2020. b. The Incident and Accident (I&A) Director of Nursing (DON) investigations documented: 1) On 05/31/2020 resident was found lying in front of his wheelchair. Resident reported he started seeing double and just went forward. Hematoma noted to the resident's forehead. He denied pain . 2) On 06/01/2020 resident was found lying on the floor next to his bed. Resident reported he was unaware of how he got on the floor. Resident noted with a hematoma on the back of the right side of his head. Area cleansed and bandage applied. He denied pain . 3) . On 06/16/2020 resident was found on the floor next to his bed. He was noted with a laceration to the scalp. Treatment initiated. Received order to transfer the resident to the ER for evaluation and treatment if indicated. c. On 07/30/2020 at 2:15 p.m., the MDS Coordinator was asked, when she began working here? She stated, In January. She was asked, Where do you obtain your information related to falls to answer the MDS? She stated, I go into the care plan, into fall assessments and I try to keep up with them. We have the (Resident #6) Fall Assessment. She was asked, Do you know what the Resident Assessment Instrument (RAI) manual defines as an injury except major? She found the definition in the RAI Manual which documented, DEFINITIONS: INJURY (EXCEPT MAJOR) Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain. The MDS Coordinator was asked, Are you aware (Resident #6) had a Nsg-I&A follow up note that documented a laceration to the scalp on 06/16/2020, which the hospital determined was a contusion? She stated, No. She was asked, A hematoma to the back of his head on 06/01/2020? She stated, No. She was asked, A hematoma to his forehead on 05/31/2020? She stated No. She was asked, What does (Resident #6's) Quarterly MDS with an ARD of 07/06/2020 document the number of injury falls as? She stated, None. She was asked, Is the MDS correct? She stated, No, it needs modified. |
| F 0656<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** |

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| | 045460 | A. BUILDING _____ B. WING _____ | 07/31/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| COLONEL GLENN HEALTH AND REHAB, LLC | 13700 DAVID O DODD ROAD LITTLE ROCK, AR 72210 |

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| F 0656<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | (continued... from page 2)<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on record review and interview, the facility failed to ensure care plan was developed and implemented for the use of a mechanical lift for 1 (Resident #6) and side rails were padded for 1 (Resident #2) of 6 (Residents #1, #2, #3, #5, #6 and #8) sampled residents who required transfer with a mechanical lift and padded side rails. This failed practice had the potential to affect 10 residents who used a mechanical lift and 4 residents who had padded side rails as documented on the list's provided by the Administrator on 07/31/2020. The findings are: 1. Resident #6 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/06/2020 documented the resident scored 11 (8-12 indicates moderately impaired) per a Brief Interview for Mental Status (BIMS), required extensive assistance of one person for bed mobility, transfer, and toilet use. a. The Care Plan documented the resident has an ADL self-care performance deficit r/t (related to) decreased mobility Date Initiated: 05/15/2020 with intervention documented TRANSFER: The resident is totally dependent on (2) staff for transferring. Date Initiated: 05/15/2020. There was no documentation regarding the use of a mechanical lift for transfers. b. On 07/29/2020 at 9:59 a.m., Resident #6 was sitting in a Geri-chair at the foot of his bed with a mechanical lift pad under him, and a fall mat on the floor in front of him. c. On 07/30/2020 at 7:39 a.m., Certified Nursing Assistant (CNA) #3 was asked, How is Resident #6 transferred to and from bed? CNA #3 stated, A mechanical lift. CNA #3 was asked, When did the mechanical lift use begin? CNA #3 stated, I don't know, I've been working here for one week. d. On 07/30/2020 at 7:43 a.m., CNA #2 was asked, How is Resident #6 transferred to and from bed? CNA #2 stated, Hoyer lift with two persons. CNA #2 was asked, When did the mechanical lift use begin? CNA #2 stated, I've only been here 2 months, about a month. e. On 07/30/2020 at 7:48 a.m., Licensed Practical Nurse (LPN) was asked, How is Resident #6 transferred to and from bed? LPN #1 stated, Two person with lift. LPN #1 was asked, When did the mechanical lift use begin? LPN #1 stated, Maybe a couple months ago. f. On 07/30/ at 9:40 a.m., the Administrator was asked, When did the mechanical lift initiate? She stated, A couple weeks ago. Sometimes he will transfer with two people, sometimes his hip just won't allow it. 2.Resident # 2 has [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/02/2020 documented the resident scored 08 (8-12 indicates moderately impaired) per a Brief Interview for Mental Status (BIMS), and required extensive assistance with bed mobility, transfers, dressing, toilet use, personal hygiene and bathing. a. The Care Plan with an initiated date of 10/13/2017 documented, 07/14/2020 .The resident has the potential for skin tears r/t (related to) limited mobility, self-propels in w/c Alzheimer's, unawareness of surroundings. 07/17/2020 resident sustained [REDACTED].dependence on staff assistance for repositioning - Pad bed rails, wheelchair arms or any other source of potential injury if possible . b. On 07/29/2020 at 9:12 a.m., Resident #2 was lying in bed with the bed approximately 2 feet off the ground with quarter side rails with no padding. c. On 07/30/2020 at 8: 44 a.m., Resident #2 was lying in bed with the bed approximately 2 feet off the ground, the side rails were not padded. d. On 07/30/2020 at 8:21 a.m., the Care Plan with an initiated date of 10/13/2017 documented, the resident has the potential for skin tears r/t limited mobility, self-propels in w/c (wheelchair), Alzheimer's, unawareness of surroundings. 06/27/2020 Resident noted with a skin tear to her left wrist secondary to fragile skin. (Resolved) 07/17/2020 resident sustained [REDACTED].The resident has potential for impairment to skin integrity r/t Alzheimer's, muscle wasting and atrophy, . dependence on staff assistance for repositioning - Pad bed rails, wheelchair arms or any other source of potential injury if possible . e. On 07/30/2020 at 10:23 a.m., the Nsg - I & A DON follow up notes dated 07/21/2020 documented, On 07/17/2020 resident sustained [REDACTED]. She denied pain. Treatment initiated. Long Term Intervention: Side rails padded. Added to the Care Plan: Yes. f. On 07/30/2020 at 2:00 p.m., the MDS Coordinator was asked, Should the Care Plan be followed? She stated, Yes. She was asked, Who do you ask to put the padding on the bed rails after it is identified as an intervention? She stated, Maintenance. She was asked, Is there a form to fill (to put padding on side rail)? She stated, Yes. She was asked, Did you fill out the form? She stated, No. g. On 07/31/2020 at 1:54 p.m., the Administrator was asked, Should the Care Plan be followed? She stated, Of course. She was asked, Whose job is it to put the intervention of padding on the resident's bed? She stated, Usually maintenance will put it on the side rails but could be anyone. She was asked, Does (Resident #2's) Care Plan document that (Resident #2) is supposed to have padded side rails? She stated, Yes. |
| F 0684<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Provide appropriate treatment and care according to orders, resident's preferences and goals.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on record review and interview, the facility failed to ensure neuro-checks were completed as documented on the Incident and Accident policy and procedure to ensure quality of care was provided for 1 (Resident #6) This failed practice had the potential to affect 57 residents who had falls with possible head injuries as documented on a list provided by the Administrator dated 07/31/2020. The findings are: Resident #6 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/06/2020 documented the resident scored 11 (8-12 indicates moderately impaired) per a Brief Interview for Mental Status (BIMS) and required extensive assistance of one person for bed mobility, transfers, and toilet use. a. The Care Plan documented the resident has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) decreased mobility Date Initiated: 05/15/2020 an intervention documented Resident re-educated on using the call light to call for assistance. . TRANSFER: The resident is totally dependent on (2) staff for transferring. Encourage the resident to use bell to call for assistance. .The resident is high risk for falls r/t (related to) previous falls prior to readmission and decreased mobility. interventions documented Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. . 05/31/2020 Actual fall with minor injury related to leaning forward while in a seated position. 06/01/2020 Actual fall with minor injury. 06/13/2020 Actual fall without injury secondary to transferring unassisted. 06/16/2020 The resident has had an actual fall with minor injury laceration to R (right) side of his forehead. 06/16/2020 Actual fall without injury. 06/28/2020 Actual fall without injury. 07/10/2020 Actual fall with minor injury. 07/15/2020 Actual fall without injury. 07/15/2020 Actual fall with minor injury. 07/25/2020 Actual fall without injury. 07/28/2020 Actual fall without injury. Date Initiated: 07/25/2020 Revision on: 07/28/2020. Revision interventions documented, fall mats placed on both sides of the bed. Date Initiated: 06/16/2020 revision on: 07/06/2020 Instructed resident to call for assistance when standing to use urinal or to attempt to use urinal in bed. Date Initiated: 07/16/2020. b. On 07/29/2020 at 9:59 a.m., Resident #6 was sitting in a Geri-chair at the foot of the bed with a mechanical lift pad under him, and a fall mat on the floor in front of him. c. On 7/30/2020 at 7:47a.m., Resident #6 was asked, Have you had a fall and cut your head recently? Resident #6 stated, No, but I'm going to the hospital today. They're gonna replace this (and patted his right hip). d. The Incident and Accident (I & A) Director of Nursing (DON) investigations documented: 1) On 05/31/20 resident was found lying in front of his wheelchair. Resident reported he started seeing double and just went forward. Hematoma noted to the resident's forehead. He denied pain. 2) On 06/01/20 resident was found lying on the floor next to his bed. Resident reported he was unaware of how he got on the floor. Resident noted with a hematoma on the back of the right side of his head. Area cleansed and bandage applied. He denied pain. 3) On 06/16/2020 resident was found on the floor next to his bed. He was noted with a laceration to the scalp. Treatment initiated. Received order to transfer the resident to the ER for evaluation and treatment if indicated. 4) On 06/16/2020 resident was found on the floor next to his bed. Resident reported there was water on the floor, and he reached down to clean the water up. No injury observed. The resident continues to lean forward while sitting up. Long Term Intervention: Recliner placed in his room for comfort and positioning. 5) On 07/25/20 resident was found on the floor next to his chair. He reported he was getting up to go to the bathroom. No injury observed. He denied pain. Resident remains at risk for falls secondary to unsteady gait, impulsiveness, and leaning forward while in a seated position. The goal of the facility is to prevent a fall with major injury. Long Term Intervention: Resident re-educated on using the call light to call for assistance. e. The Nsg Neurological Assessment in the Standard Assessment section of Resident #6's electronic file documented Incomplete Neuro-checks for the following Dates: 05/31/2020, 06/13/2020, 06/16/2020, 07/10/2020, 07/14/2020, and 07/15/2020. f. On 07/30/2020 at 9:00 p.m., Review of the Incomplete Neuro-check assessments were missing the following documentation: as identified in the facility software documented: 1) 05/31/2020 was missing the first, second, third, fourth, fifth, sixth, seventh, and eighth, Eight Hour Assessments. 2) 06/13/2020 was missing the eighth Eight Hour Assessment. 3) 06/16/2020 documented resident in the hospital, began at the third hourly assessment at 07:45 (7:45 a.m.), was missing the first, second, third, fourth, fifth, sixth, seventh, and eighth Eight Hour Assessments. 4) 07/10/2020 initiated at 02:45 (2:45 a.m.), was missing the first 15 minute check timed at |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 045460 | A. BUILDING _____ B. WING _____ | 07/31/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| COLONEL GLENN HEALTH AND REHAB, LLC | 13700 DAVID O DODD ROAD LITTLE ROCK, AR 72210 |

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 0684<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | (continued... from page 3)<br>02:45, second 15 minute check timed at 03:15 (3:15 a.m.), is missing and the third, fourth, sixth, seventh and Eight Hour Assessments. The second assessment dated [DATE] initiated began at the second Eight Hour Assessments 01:15 (1:15 a.m.), was missing the third, fourth, fifth, sixth, seventh and eighth Eight Hour Assessments. were missing. The third assessment dated [DATE] initiated at 04:30 (4:30 a.m.) was missing the third, and fourth thirty minute and the, is missing first, second, third, fourth, fifth, sixth, seventh, and eighth Eight Hour Assessments. 5) 07/14/2020 initiated at 04:30 (4:30 a.m.) is missing the first, second, third, fourth, fifth, sixth, seventh, and eighth Eight Hour Assessments. 6) 07/15/20 initiated at 01:15 (1:15 a.m.) is missing the first, second, third, and fourth 15 minute checks, the first, second, third, and fourth 30 minute checks and first, second, third, and fourth hourly checks omitted, missing and the second, third, fourth, sixth, seventh, and eighth, Eight Hour Assessments. 07/15/2020 initiated at 22:15 (10:15 p.m.) is missing the third, and fourth 15 minute checks, and first, second, third, and fourth 30 minute checks, and first, second, third, and fourth hourly checks, and the first, second, third, fourth, fifth, sixth, seventh, and eighth, Eight Hour Assessments. g. On 07/31/2020 at 10:00a.m. the Morse Fall Risk Assessment documented a score of 75 which is high risk for falling. |
| F 0689<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on record review and interview, the facility failed to provide the intervention care planned to prevent injury for 1 (Resident #2) who had skin tears. This failed practice had the potential to affect 4 residents with padded side rails as documented on a lists provided by the Administrator dated 07/31/2020. The findings are: Resident #2 has [DIAGNOSES REDACTED]. a. On 07/30/2020 at 8:21 a.m., the Care Plan with an initiated date of 10/13/2017 documented, .12/10/2019 Assisted fall secondary to becoming weak during a transfer. 07/14/2020 Actual fall without injury-Provide environmental adaptations: Low/platform bed, Call light within reach . Adequate glare free lighting, Area free of clutter. .The resident has an ADL self-care performance deficit r/t (related to) Alzheimer's, muscle wasting and atrophy - Encourage the resident to use bell to call for assistance .The resident is High risk for falls r/t weakness, incontinent of b & b (bowel and bladder), decreased mobility, muscle wasting and atrophy and Alzheimer's - Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. The resident needs a safe environment with a working and reachable call light, personal items within reach .The resident has the potential for skin tears r/t limited mobility, self-propels in w/c Alzheimer's, unawareness of surroundings. 06/27/2020 Resident noted with a skin tear to her left wrist secondary to fragile skin. (Resolved) 07/17/2020. resident sustained [REDACTED].The resident has potential for impairment to skin integrity r/t Alzheimer's, muscle wasting and atrophy, dependence on staff assistance for repositioning - Pad bed rails, wheelchair arms or any other source of potential injury if possible . b. On 07/29/2020 at 9:12 a.m., the side rails were not padded. (Photo taken) c. On 07/30/2020 at 8: 44 a.m., the side rails were not padded. d. On 07/30/2020 at 10:23 a.m., Record review of Nsg - I & A DON follow up notes with date of 07/21/2020 documented, .On 07/17/2020 resident sustained [REDACTED]. Long Term Intervention: Side rails padded. Added to the Care Plan: Yes, Ensure MD & Family Notification: Yes . e. On 07/30/2020 at 2:00 p.m., the MDS Coordinator was asked, Should the Care Plan be followed? She stated, Yes. She was asked, Does the Care Plan document that the resident is supposed to have a low/platform bed? She stated, Yes. The MDS Coordinator was shown the picture of Resident #2's bed and was asked, Do you consider this bed (showed her the picture taken of from my state cell phone) a low/platform bed that's approximately 2 to 3 feet off the ground? She stated, No. She was asked, Should the call light be in reach of the resident? She stated, Yes. She was asked, Is a call light on the floor underneath the bed in reach? She stated, No. She was asked, Who do you ask to put on the padding after you identity it as an intervention? She stated, Maintenance. She was asked, Is there a form to fill out (to put padding on side rail)? She stated, Yes. She was asked, Did you fill out the form? She stated, No. f. On 07/31/2020 at 1:54 p.m., the Administrator was asked, Should the Care Plan be followed? She stated, Of course. She was asked, Does the Care Plan document a low platform bed? She stated, It does. The Administrator was shown the picture of Resident #2's bed and was asked, Do you consider this bed a low platform bed? She stated, No. She was asked, Has (Resident #2) had falls? She stated, One in middle of July and one in December (2019). She was asked, Should the call light be in reach of the resident? She stated, Yes. She was asked, Whose job is it to put the intervention of padding on the resident's bed? She stated, Usually maintenance will put it on the side rails, but it could be anyone. She was asked, Does (Resident #2's) the Care Plan document (Resident #2) is supposed to have padded side rails? She stated, Yes. |
| F 0692<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide enough food/fluids to maintain a resident's health.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, record review and interview, the facility failed to ensure a resident's water pitcher was in reach to promote good hydration for 1 (Resident #3) of 6 (Resident #1, #2, #3, #5, #6, and #7) case mix residents who were dependent for hydration and other needs. This failed practice had the potential to affect 85 residents, according to a Water Pitchers list provided by the Administrator on 07/31/2020. The findings are: Resident #3 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/12/20 documented the resident scored 03 (0-07 indicates severely impaired) per a Brief Interview for Mental Status (BIMS) and required physical assistance of 1 person with bed mobility, transfers, dressing, toilet use and bathing. a. The July 2020 Physician order [REDACTED]. b. The Care Plan with an initiated date of 02/22/2018 documented, .The resident has potential fluid deficit r/t (related to) obesity, dementia, anxiety, depression - Encourage the resident to drink fluids of choice with each care interaction. Resident likes cold water, coffee, and coke .Educate the resident/ (and or) family/caregivers on importance of fluid intake and the resident has potential impairment to skin integrity r/t limited mobility, obesity, poor safety awareness, incontinence .Encourage good nutrition and hydration in order to promote healthier skin . The resident has frequent bowel and bladder incontinence - Encourage fluids during the day to promote prompted voiding responses . c. On 07/29/2020 at 10:27 AM, Resident #3 was lying in bed with the water pitcher sitting on the bedside table, next to the wall, approximately 4 feet out of reach of the resident. d. On 07/31/2020 at 2:32 PM, Certified Nursing Assistant (CNA) #4 was asked, Should the water pitcher be in reach of the resident? She stated, Yes. e. On 07/31/2020 at 2:34 PM, CNA # 5 was asked, Should the water pitcher be in reach of the resident? She stated, Yes, ma'am. |
| F 0804<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.**<br><br>Complaint (AR 749) was substantiated, all or in part, in these findings. Based on observation the facility failed to ensure food was at a safe and appetizing temperature during one of one meal. This failed practice had the potential to affect 85 residents eating from the kitchen as documented on the list provided by Assistant Administrator on 07/31/2020 at 2:13 p.m. The findings are: 1. On 07/30/2020 at 12:40 p.m., the Assistant Dietary Manager checked the food temperatures of a test tray on the 200 A Hall delivered in a heated food cart with the following results: a. Barbeque Brisket - 110 degrees Fahrenheit. b. Potato Salad - 58 degrees Fahrenheit, c. Fortified Vanilla Pudding - 58 degrees Fahrenheit, d. Strawberries with Whip Cream - 58 degrees Fahrenheit. 2. On 07/30/2020 at 12:59 p.m., the Assistant Dietary Manager checked the food temperatures of a test tray on the 200 B Hall delivered in a regular food cart with the following results: a. Carrots - 112 degrees Fahrenheit. b. Strawberries with Whip Cream - 68 degrees Fahrenheit. c. Fortified Vanilla Pudding - 70 degrees Fahrenheit. |