

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER THE WOODS OF MONTICELLO HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1194 N CHESTER ST MONTICELLO, AR 71655	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure clinical information for a resident was not visible through a glass window at the South Hall nursing station to promote dignity for 2 (Resident #21 and 36) of 2 sampled residents who's clinical information was visible at the South Hall nursing station. This failed practice had the potential to affect 16 residents who resided on the South Hall as documented on the Midnight Census Report provided by the Administrator on 07/13/2020 at 11:37 a.m. The findings are: 1. Resident #21 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/13/2020 documented the resident scored 10 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS). a. On 07/13/2020 at 1:27 p.m., 07/14/2020 at 8:12 a.m., 07/15/2020 at 10:22 a.m. and 07/16/2020 at 10:13 a.m., surveyor was walking past the South Hall nursing station and visible through a glass window a sign was posted that documented, (Resident #21) Get up in Geri chair on Mon.-Wed.-Fri. (Monday-Wednesday-Friday) . 2. Resident #36 had a [DIAGNOSES REDACTED]. A Quarterly MDS with an ARD of 06/02/20 documented the resident scored 3 (0 - 7 indicates severely impaired) in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS) and was totally dependent on two-plus persons for bed mobility and transfers and totally dependent on one person physical assistance for locomotion on and off the unit. a. On 07/13/2020 at 1:27 p.m., 07/14/2020 at 8:12 a.m., 07/15/2020 at 10:22 a.m. and 07/16/2020 at 10:13 a.m., this surveyor was walking past the South Hall nursing station and visible through a glass pane was a sign posted on the wall that documented, . (Resident #36) Get up in Geri-chair on Tues.-Thurs.-Sat. (Tuesday-Thursday-Saturday) b. On 07/16/2020 at 11:04 a.m., the Director of Nursing (DON) approached the South Hall nursing station and the DON was asked to look through the glass window and read the sign posted on the wall. She paused for a moment to read the sign and stated, That shouldn't be there.		
F 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility failed to ensure call lights were accessible and answered in a timely manner for 1 resident (Resident #5). This failed practice had the potential to affect all 64 residents who resided in the facility as documented on the Resident Census and Conditions of Residents provided by the Minimum Data Set (MDS) Coordinator on 07/13/2019 at 1:24 p.m. The findings are: Resident # 5 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/27/2020 documented the resident scored 15 (13 - 15 indicates cognitively intact) on a Brief Interview for Mental Status (BIMS), was dependent on two-plus person assistance with bed mobility and toileting and 1 person assistance for dressing, eating, personal hygiene and bathing. a. On 07/13/2020 at 11:24 a.m., Resident #5's call light chord was tied to the lower right part of the bed. Resident #5 was asked if she could reach her call light. The resident reached across with her left hand to her right side to retrieve the call light but could not reach it. b. On 07/15/2020 at 10:35 a.m., During an interview with Resident #5's father, he mentioned that the facility does have a problem with answering call lights in a timely manner. c. On 07/16/2020 at 9:48 a.m., Resident #5's call light chord was wrapped around side rails of her bed and dangling out of reach. The call light was on the resident's right side. The resident is paralyzed on the right side and had to reach across with her left arm to access call light. d. On 07/16/2020 at 9:50 a.m., the call light was pressed. At 9:55 a.m., the call light was pressed again. Two staff members walked past the resident's room and did not enter. e. On 07/16/2020 at 9:57 a.m., Certified Nursing Assistant (CNA) #3 entered the room of Resident #5 to answer the call light. She was asked, How do you know when a resident presses a call light? CNA #3 replied, Through a pager. She was asked if she regularly attended to Resident #5 and she replied, Yes. She was asked, If (Resident #5) is paralyzed on her right side and cannot reach the call light located on the right side, should it be placed on her left side? CNA #3 replied, The call light will fizzle out if placed on that side of the bed. f. On 07/16/2020 at 10:00 a.m., Licensed Practical Nurse (LPN) #2 was asked if there was another way for the CNA's to be notified if a resident used their call light. She stated, Nurses have a pager, it will ring every 3 minutes if no one answers the call light. She was asked if a resident can't use their right arm, which side should the call light button be on. She stated, On the left side.		
F 0570 Level of harm - Potential for minimal harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. Based on record review and interview the facility failed to ensure a Surety Bond was purchased as a means of assuring the security of all personal funds deposited in the Trust Fund Account managed by the facility to prevent financial loss. This failed practice had the potential to affect 20 residents who had trust fund accounts managed by the facility, according to the Business Office Manager (BOM) on 07/16/2020. The findings are: 1. On 07/16/2020 at 12:34 p.m., a review of June 2020 bank statement from showed a beginning balance of \$34,013.96 on 06/01/2020 and an ending balance of \$48,922.22 on 06/30/2020. 2. On 07/16/2020 at approximately 12:40 p.m., a Surety Bond provided by Surety Company Name documented the Surety Bond effective coverage dates of 12/01/2019 through 11/30/2020 in the amount of \$40,000. 3. On 07/16/2020 at 12:45 p.m., the BOM was asked if she was aware of the Surety Bond not covering the amount in the Resident Trust Fund. The BOM stated, Yes, I knew we were over. It happened when all the residents started getting their stimulus checks, I knew it was going to happen. We are usually covered. Our Corporate Office told us to send in our Surety Bond and they would get them fixed.		
F 0578 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents' decisions as to whether they desired to have, or did have, an Advanced Directive, were documented in the clinical record to ensure their wishes were known regarding acceptance or rejection of any life-sustaining treatments in the event of their incapacitation for 2 (Residents #21 and 27) of 26 sampled residents whose clinical records were reviewed for Advanced Directive information. This failed practice had potential to affect 64 residents as documented on the Resident Census and Conditions of Residents dated [DATE] at 1:24 p.m. The findings are: 1. Resident #21 was admitted to the facility on [DATE] and had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] documented the resident scored 10 (8 -		
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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F 0578 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS). a. On [DATE] at 11:03 a.m., the resident's electronic clinical record did not have an Advance Directive. There was a DNR/CPR (Do Not Resuscitate/Cardiopulmonary Resuscitation) Instruction and Physician order [REDACTED]. b. On [DATE] at 9:42 a.m., the Administrator was asked, So, everything that you have in the document section in the clinical record is what you have for an Advance Directive? She stated, It should be, if it's scanned in. The Administrator was asked to look at the screen and she did not see an Advance Directive in this section of the resident's electronic clinical record. She stated, I'll have to go and check if they have a paper one for her. c. On [DATE] at 10:05 a.m., the Director of Nursing (DON) provided a copy of an Acknowledgement of Receipt Advance Directive /Medical Treatment Decisions form dated [DATE] and it documented, . I have chosen to formulate and issue and the attached Advance Directive . but she did not provide an attached Advance Directive. She stated, It was in the paper chart. She was asked, Do you have paper charts also? She stated, We are all electronic now. She was asked, So, this should have been in the electronic record? She stated, It should've been. 2. Resident #27 was admitted on [DATE] with a [DIAGNOSES REDACTED]. a. On [DATE] at 12:17 p.m., the resident's electronic clinical record was reviewed and there was no Advance Directive in her record. There was a DNR/CPR Instruction and Physician order [REDACTED]. On [DATE] at 10:01 a.m., the Document Manager Section was reviewed and there was no Advance Directive form in this section.</p>		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to revise a care plan to include interventions for catheter care to promote good hygiene and decrease the potential for infection for 1 (Resident #21) of 1 sampled resident who had a Foley catheter; failed to revise a care plan to include interventions for a [DIAGNOSES REDACTED].#27) of 1 sampled resident who had a [DIAGNOSES REDACTED].#36) of 3 sampled residents who had a physician's orders [REDACTED].#6) of 5 sampled resident who had weight loss. These failed practices had the potential to affect 2 residents with a physician's orders [REDACTED].#1 on 07/16/2020 at 2:12 p.m., and 10 residents who lost weight, as documented on a list provided by the Minimum Data Set (MDS) Coordinator on 07/15/2020 at 3:45 p.m. The findings are: 1. Resident #21 had [DIAGNOSES REDACTED]. A Quarterly MDS with an Assessment Reference Date (ARD) of 05/13/2020 documented the resident scored 10 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS) and was totally dependent on two-plus person assistance with toileting and had an indwelling catheter. a. A Physician order [REDACTED]. b. A Care Plan, dated as reviewed 05/13/2020 documented, . Problem . (Resident #21) has an ADL (activities of daily living) self-care performance deficit r/t (related/to) the need for extensive to total assistance with ADLs . Approaches . Toileting: is totally dependent peri care: has a foley . There were no documented interventions for Catheter Care. 2. Resident #27 had a [DIAGNOSES REDACTED]. A Quarterly MDS with an ARD of 05/20/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a BIMS and received an insulin injection 3 of the 7 days in the look back period. a. A July 2020 Order Summary documented, [MEDICATION NAME] R . sliding scale . subcutaneously every morning and at bedtime . 12/03/2019 . HGBA1C (glycated hemoglobin test) Every 3 Months In June, Sept (September), Dec (December), Mar (March) . 05/30/2019 . b. A Care Plan, dated as completed 05/01/2020, had no documented interventions for the resident's [DIAGNOSES REDACTED]. 3. Resident #36 had a [DIAGNOSES REDACTED]. A Quarterly MDS with an ARD of 06/02/2020 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS) and there was no documentation that the resident received suctioning in the 7 day look back period. a. A Physician order [REDACTED]. b. A Care Plan, dated as reviewed 06/01/2020, had no documented interventions for Oral suctioning 4. Resident #6 had [DIAGNOSES REDACTED]. a. The Care Plan was not updated to show the resident's weight loss nor the interventions that had been implemented. b. Resident's Weight for February 2020 was - 178.4 pounds. Weight for July 2020 was - 160.2 pounds. Weight Loss of 10.20% in 6 months. Weight in June 2020 was - 166.6 pounds, a weight loss of 3.8% . c. On 07/16/2020 at 1:00 P.M., the Assistant Director of Nursing was asked, Should weight loss be updated on a Resident's care plan? She stated, Yes, it should be.</p>		
F 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to ensure a catheter tube was secured to decrease the potential for trauma and discomfort for 1 (Resident #21) of 1 sampled resident who had a physician's orders [REDACTED]. This failed practice had the potential to affect 2 residents who had a physician's orders [REDACTED].#1 on 07/16/2020 at 2:12 p.m. The findings are: Resident #21 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/13/2020 documented the resident scored 10 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS), was totally dependent on two-plus person assistance with toileting and had an indwelling catheter. a. A physician's orders [REDACTED]. b. A Care Plan, dated as reviewed 05/13/2020 documented, . Problem . (Resident #21) has an ADL (activities of daily living) self-care performance deficit r/t (related/to) the need for extensive to total assistance with ADLs . Approaches . Toileting: is totally dependent peri care: has a foley . c. On 07/16/2020 at 8:18 a.m., Certified Nursing Assistant (CNA) #1 and #2 entered the resident's room to provide incontinent care. The resident had brown, loose stool on her bottom and between her thighs. CNA #1 provided care and CNA #2 assisted by positioning the resident as needed. After the resident's skin was cleansed of all stool, CNA #1 changed her gloves, sanitized her hands, donned a clean pair of gloves and performed catheter care by starting at the insertion site (urethra) and swiped down the tubing towards the resident's bottom. She cleansed the tubing until no discoloration was noted on the tubing or wipe. There was no device on either of the resident's thighs to secure the catheter in place. The catheter bag was placed to the left of the resident's bed to the bed frame. d. On 07/16/2020 at 12:03 p.m., CNA #1 was asked, When you were in her room this morning for incontinent care, do you recall anything on the resident's leg to secure her catheter tubing? She stated, You know what. No, I didn't see anything, and I didn't even think about that. She was asked, Have you taken care of a resident with a catheter tube before? She stated, Yes ma'am. She was asked, Are you supposed to place anything on the resident's leg to secure the catheter tube? She stated, We are, but normally when I go in a room with a resident that has one, they have one on. e. On 07/17/2020 at 8:14 a.m., the DON was asked to provide the Lippincott Manual she uses, and a photograph was taken of the cover and the page that documented the copyright date of 2014. She was asked, Will you show me the section where you got the check-off for Incontinent and Catheter Care form? The ADON stated, I pulled the check-off from another source. She was asked, Where did you pull it from? She stated, It's our corporate protocol check-off. f. On 07/17/2020 at 12:03 p.m., the DON was asked to provide a copy of the McGeer Criteria from the Infection Control Log. Is this the criteria you use when a resident is placed on an antibiotic? She stated, Yes.</p>		
F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview the facility failed to properly store respiratory equipment to decrease the potential for contamination for 1 (Resident #36) of 3 sampled residents who had a physician order [REDACTED]. A Quarterly MDS with an ARD of 06/20/2020 documented the resident was severely impaired in cognitive skills for daily decision making per a Staff Assessment for Mental Status (SAMS) and there was no documentation that the resident received suctioning in the 7 day look back period. a. A Physician order [REDACTED]. b. A Progress Note documented, 04/23/2020 18:10 (6:10 p.m.) Nursing Note . aide came to this nurse and said resident was gurgling, this nurse went and suctioned resident until clear . SPO2 (Saturated Pulse Oximetry) @ (at) 96 . resps (respirations) even and unlabored . This was the only documentation from 03/01/2020 to 07/16/2020 regarding the resident receiving oral suctioning. c. A Care Plan, dated as reviewed 06/1/2020, had no documented interventions for Oral suctioning. d. On 07/13/2020 at 11:22 a.m., there was an uncovered suction machine sitting on top of a bedside table in Resident #36's room. There was less than 100 ml (milliliters) of a clear liquid with a brownish substance in the bottom of the cannister. The tubing was attached to the</p>		

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F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 2)</p> <p>machine and 3/4 (three fourths) of a suctioning tip was resting on a plastic bag that was on the floor, with the tip of it directly on the floor. (Photo taken.) e. On 07/16/2020 at 10:46 a.m., Resident #36's suction machine was uncovered on top of the chest of drawers with the suctioning tip and tubing attached to the machine. The suctioning tip was laying directly on top of the chest of drawers with the tip of the tube facing up and touching a sheet folded and on top of the chest. There was a cannister with less than 50 ml of a clear liquid inside (Photo taken.) f. On 07/16/2020 at 11:05 a.m., the Director of Nursing (DON) and this surveyor entered the resident's room. The DON was asked to look at the top of the resident's chest of drawers. When she looked towards the chest of drawers, she lowered her head and stated, Oh No. The DON was asked, How should respiratory equipment be stored? She stated, The tubing should be in a bag and dated. g. On 07/16/2020 at 12:13 p.m., a list of residents with a physician orders [REDACTED]. h. On 07/16/2020 at 12:50 p.m., the DON brought pages from a Lippincott manual regarding check off sheets for [MEDICAL CONDITION]/[MEDICAL CONDITION] (Continuous Positive Airway Pressure/Bilevel Positive Airway Pressure). The DON was asked for a policy for respiratory equipment regarding how to store it. i. On 07/16/2020 at 1:43 p.m., Licensed Practical Nurse (LPN) #1 provided a sheet that documented, [MEDICAL CONDITION]/[MEDICAL CONDITION] Support. j. On 07/16/2020 at 1:51 p.m., the DON was asked, Do you have a policy on Respiratory Equipment that has how to store it? She paused and stated, I'll have to call (name). As of 2:45 p.m. on 07/16/2020, no policy for respiratory care was provided. k. On 07/17/2020 at 8:14 a.m., the DON was asked for the Lippincott Manual she used. (A photo of the cover and copyright date of 2014 was taken.) She was asked, Will you show me the section you pulled the [MEDICAL CONDITION]/[MEDICAL CONDITION] information from. As she opened the book, the Assistant Director of Nursing (ADON) stated, It came from the nursing check-off from the cooperate office. As of 10:42 a.m., no policy for Respiratory Care/Equipment was provided.</p>		
F 0744 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to ensure that targeted behaviors were identified in the plan of care, and interventions put in place for dementia for 1 (Resident #13) of 9 sampled residents (Residents #2 #13 #21, #22, #31, #36, #48, #50, #55) with Dementia. This failed practice had the potential to affect 34 residents who had a [DIAGNOSES REDACTED]. The findings are: 1. Resident #13 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/01/2020 documented the resident scored 03 (0 - 7 indicates severely impaired) per a Brief Interview Mental Status, was independent to limited assist with activities of daily living self-performance skills with one person physical assist. a. On 07/17/2020 at 10:30 a.m., The care plan was reviewed, and no targeted behaviors were identified on the care plan. b. On 07/17/2020 at 3:20 p.m., the ADON was asked if there was any other place in the care plan in which targeted behaviors could be found. She stated, Social on the unit told me that every time a resident has a behavior it is documented in the nurses' notes. The ADON was asked, Did you see any targeted behaviors identified on the resident's care plan for Dementia. She stated, No, I didn't see any.</p>		
F 0757 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to ensure a clinical rationale was documented for a provider declining to perform a Gradual Dose Reduction (GDR) to decrease the potential for adverse reaction for 1 (Resident #27) of 2 sampled residents who had a physician's orders [REDACTED].#27 had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set with an Assessment Reference Date of 05/20/2020 documented the resident scored 15 (13-15 indicates cognitively intact) on a Brief Interview for Mental Status and received a hypnotic medication 7 out of 7 days in the look back period. a. A Physician order [REDACTED]. at bedtime . 12/12/2019 . b. A Care Plan, dated as reviewed 05/01/2020, documented, . Problem . (Resident #27) has chronic pain r/t (related/to) Diabetic [MEDICAL CONDITION] . Approaches . 06/05/[MEDICATION NAME] rest. States she doesn't sleep well at night. There were no documented interventions for the use of Ambien. c. A Request for Reduction of [MEDICAL CONDITION] Medication dated March 2020 documented, . Is Currently Prescribed the Following [MEDICATION NAME] mg HS (hour of sleep) for [MEDICAL CONDITION] Since 12/12/2019 . May we implement the following order? PLEASE ATTEMPT QUARTERLY REDUCTION BY REDUCING TO EVERY OTHER HS WHEN CURRENT SUPPLY IS EXHAUSTED . (checkmark) Disagree . There was no documented clinical rationale for declining the recommendation. d. A Request for Reduction of [MEDICAL CONDITION] Medication dated April 2020 documented, . Is Currently Prescribed the Following [MEDICATION NAME] mg HS for [MEDICAL CONDITION] Since 12/12/2019 . May we implement the following order? PLEASE ATTEMPT QUARTERLY REDUCTION BY REDUCING TO EVERY OTHER HS WHEN CURRENT SUPPLY IS EXHAUSTED . (checkmark) Disagree . There was no documented clinical rationale for declining the recommendation. d. On 07/17/2020 at 8:18 a.m., the Director of Nursing was asked, Tell me why a Gradual Dose Reduction should be performed? She stated, Because sometimes the effects of it can be harmful to the resident. She was asked to provide a GDR policy. e. On 07/17/2020 at 8:33 a.m., the ADON entered the conference room and stated, We do not have policy for Gradual Dose Reduction. We use the State Recommendations.</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to ensure that the dietary staff properly cleaned the food storage equipment. This failed practice had the potential to affect 60 residents who received ice from the kitchen (Total Census :64), as documented on the Diet List provided by the Dietary Supervisor on 07/13/2020. The findings are: On 07/13/2020 at 11:10 a.m., the Dietary Manager was asked if she would wipe the inside of the ice machine with a white cloth. The Dietary Manager wiped the rim of the inside of the ice machine and showed the surveyor the white cloth. The Dietary Manager was asked to please describe her observations. She replied, It looks like rust, and I wipe it every day. That's what I get.</p>		

<p>F 0881</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to ensure antibiotic therapy was only prescribed to a resident who met the criteria of the tool, McGeer Criteria, used to ensure the antibiotic was necessary for 1 (Resident #21) of 2 sampled residents who was placed on antibiotic therapy from July 1, 2020 to July 15, 2020. This failed practice had the potential to affect 10 residents who were placed on antibiotic therapy from July 1, 2020 to July 15, 2020, as documented on the July 2020 Infection Control Log, provided by the Director of Nursing (DON) on 07/16/2020 at 2:00 p.m. The findings are: Resident #21 was admitted to the facility on [DATE] and had [DIAGNOSES REDACTED]. A Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/13/2020 documented the resident scored 10 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS). a. The Progress Notes documented, . 07/09/2020 13:47 (1:47 p.m.) Nursing Note . Increase in resident's temperature to 99.8. Pulse increased to 111. Notified DON and APN (Advance Practice Nurse). APN ordered CBC (Complete Blood Count) . Chest x-ray and COVID swab ordered for Resident. Resident placed in isolation room for 14 days . 1) A Chest x-ray, dated 07/09/2020 documented, . No infiltrate, effusion, or acute findings identified . 2) A hospital lab report documented, . Collected 07/09/2020 . WBC (White Blood Cell) 10.3 H (high) . (L (low) =3.9 H= 10.0) . a. A physician's orders [REDACTED], two times a day for Pain/(and/or) Temp until 07/17/2020 . b. A Progress noted dated 07/09/2020 20:29 (8:29 p.m.) Orders - Administration Note . [MEDICATION NAME] Liquid 160 MG/5ML (milligrams/milliliter) Give 20.3 ml . Given 20.3 ml=650mg fever 101.5 . c. On 07/09/2020 22:16 (10:16 p.m.) Nursing Note . checked resident temp earlier under armpit and it read 101.5. gave Tylenol 650mg. Went and rechecked her temp, it came down to 99.4. Resident is on isolation d/t (due to) fever . d. On 07/10/2020 03:41 (3:41 a.m.) Nursing Note . rechecked her fever and it came down to 98.5 both under armpit, and forehead . e. The July 2020 Infection Control Log documented, . Onset 07/10/2020 Onset Type Acquired [DIAGNOSES REDACTED]. Category URI (Upper Respiratory Infection) . Antibiotic [MEDICATION NAME] Pathogen NA (not applicable) X-ray Yes . f. On 07/12/2020 18:24 (6:24 p.m.) . Note Text: TEMPERATURE WARNING: Value: 101.5 . APRN (Advance Practice Registered Nurse) NOTIFIED . g. On 07/13/2020 10:11 (10:11 a.m.) Nursing Note . Resident continues to take ABTX (antibiotic treatment) . h. The resident's wts (weights) /vitals section was reviewed and from 07/09/2020 to 07/12/2020, the resident's respirations did not go above 22 breaths per minute. i. On 07/09/2020 at 20:29 (8:29 p.m.), the Progress Note documented Geri-[MEDICATION NAME] Liquid 100 MG/5ML, Give 10 ml via [DEVICE] every 4 hours as needed for congestion</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER THE WOODS OF MONTICELLO HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1194 N CHESTER ST MONTICELLO, AR 71655	
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 0881 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 3) and cough Give 10 ml enterally two times a day for EXCESSIVE SECRETIONS 10CC=200MG and signed by LPN #3. The Progress note did not document a description if cough was dry, rattling or mucous noted. j. The McGeer's Criteria Infection Surveillance Checklist provided by the DON on 07/17/2020 at 12:03 p.m., documented, Table 3. Respiratory Tract Infection (RTI) Surveillance Definitions . Table 1. Constitutional Criteria for Infection . Fever . Single oral temp > (greater than) 37.8 degrees Celsius (100 degrees Fahrenheit), or Repeated oral temp > 37.2 degrees Celsius (99 degrees Fahrenheit) . Leukocytosis >14,000 WBC / mm (3) (millimeters to the 3rd power), or > 6 % (percent) band . Acute Mental Status Change Acute onset, and Fluctuating course, and inattention and Either disorganized thinking, OR altered level of consciousness Acute Functional Decline 3-point increase in baseline ADL (activities of daily living) score according to the following items: 1. Bed mobility 2. Transfer . Syndrome . Common cold syndrome or pharyngitis . Influenza-like illness . Pneumonia . [MEDICAL CONDITION] or Tracheo-[MEDICAL CONDITION] . The facility did not have documentation of signs/symptoms or lab values to place the resident on antibiotic therapy and low grade fever could not be the only symptom for antibiotic therapy. k. The Infection Prevention And Control policy, provided by the DON on 07/13/2020 at 1:36 p.m., documented, . Infections are investigated, controlled and prevented through implementation of the infection control program . l. An Antibiotic Stewardship Policy, provided by the Administrator on 07/16/2020 at 2:22 p.m. documented, . The goal of the ASP (Antibiotic Stewardship) is to ensure that patients get optimal antibiotic therapy and it is a useful service in optimizing antibiotic in the Facility . Improve patient outcomes through appropriate antibiotic selection, dose, route, and duration of treatment . 3. Ensure the clinical and microbiologic efficacy of antimicrobials: a. Choice of antimicrobial agent is supported by guidelines, laboratory results, or empiricism .</p>		