

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2020
NAME OF PROVIDER OF SUPPLIER LAKE VILLAGE REHABILITATION AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 903 BORGOGNONI DRIVE LAKE VILLAGE, AR 71653	
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 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** Complaint # (AR 255) was substantiated, all or in part, with these findings. Based on observation, record review, and interview, the facility failed to ensure call lights were promptly answered by staff to accommodate a resident's need for assistance for 2 (Residents #3 and #4) of 5 (Residents #1 thru #5) case mix residents who required extensive assistance with one or more activities of daily living. The failed practice had the potential to affect 16 residents who used called light according to a list provided by the Administrator. The findings are: 1. On 8/10/20 at 2:00 p.m., the resident in room [ROOM NUMBER] turned their call light on. The light was on for 20 minutes with no one answering it. Two Licensed Practical Nurses (LPNs) were sitting at the nurse's station within plain sight of the light. One of the LPNs got up and walked down the hall and went out the back door. Ten minutes later, this same nurse came back inside the building and went to see what the resident in room [ROOM NUMBER] wanted. 2. On 8/10/20 at 3:30 p.m., LPN #1 was asked, Do you answer call lights when they stay on and it looks like all other staff is busy? She stated, I try too. She was asked, How long of a wait is acceptable for residents' to wait for call light to be answered? She stated, Not long. 3. On 8/10/20 at 3:45 p.m., the Administrator was asked, Who should answer call lights? She stated, All staff should answer call lights if the CNAs (Certified Nursing Assistants) are busy the nurses should be helping. She was asked, Would you be surprised to learn a resident waited over 30 minutes while 2 nurses were sitting at the desk, within sight of the resident's room? She stated, Yes. 4. On 8/11/20 at 10:00 a.m., a call light was on for room [ROOM NUMBER]. CNA #1 came down the hall and walked past the room and went to the end of the hall and into a room. After 10 minutes, CNA #1 came back down the hall and again did not respond to the light. Ten minutes later, CNA #1 came down the hall and was asked had she seen the light? She stated, Yes, but it's not my room. She was asked to explain, What do you mean, not your room? CNA #1 stated that they divide the rooms. She was asked, So you don't check on what the resident might need if it is not your room? CNA #1 stated that sometimes she does, she then hollered for the CNA that was assigned to that particular room. 5. On 8/11/20 at 11:00 a.m., Registered Nurse (RN #1) was asked, Do you assist with call lights when CNAs are busy? She stated, Yes, most of the time I do. She was asked, How long is acceptable for a resident to wait for assistance once they activate the call light? She stated, Depends on what is going on but, usually no more than 10-15 minutes.		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Complaint # (AR 255) was substantiated, all or in part, with these findings. Based on observation and interview, the facility failed to ensure unstained linens were provided for resident use to promote a clean comfortable environment in 1 of 1 facility. This failed practice had the potential to affect 43 residents according to the facility census provided by the Administrator on 08/10/20. The findings are: 1. On 08/10/20 at 11:35 am., the facility's grievance log was reviewed. The grievance log documented on 08/03/20, Resident states that the towels, sheets, etc. are stained. 2. On 08/11/20 at 11:00 am., a resident council meeting was conducted with 5 alert and oriented residents. The residents were asked if there were problems with laundry. Resident #1 stated, The towels and wash cloths look like they've been used to clean up mud, they're nasty. I won't use them. 3. On 08/11/20 at 12:30 pm., the facility's linen closets were inspected. Several fitted sheets, towels, and wash cloths were had brownish stains on them. The Laundry Supervisor was asked, Should these be given to residents to use? She stated, No, they should be taken out. We have plenty. 4. On 08/11/20 12:40 pm., the surveyors accompanied the Laundry Supervisor to the clean side of the laundry room. Housekeeping staff was folding and placing clean laundry on a cart. A towel and wash cloth were removed from the cart and visible brownish stains were on the towel and the washcloth. 5. On 08/11/20 at 12:43 pm., the Laundry Supervisor stated, They should have been washed in bleach or on the Infection Control setting so that they could have gotten more chemicals added to them or washed longer .		
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.