

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 07/20/2020
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 0685 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 118) was substantiated, all or in part, with these findings. Based on record review and interview, the facility failed to ensure appointments were documented accurately and concisely in the electronic medical record to promote continuity of care for 1 (Resident #79) of 1 sampled resident who had a scheduled appointment for follow-up care. The failed practice had the potential to affect all 41 residents in the facility as documented on the Resident Census and Conditions of Residents form 7/13/20. The findings are: Resident #9 had [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/20/20 documented the resident scored 12 (8-12 indicates moderately impaired) on a Brief Interview for Mental Status (BIMS) and was visually impaired. a. A Nursing Note dated 3/5/2020 at 08:21 AM documented, Mobile eye clinic saw resident on 3/4/2020 with instructions to call . office and see if there is a reason why they did not do surgery on right eye. resident states vision loss is worse at this time in right eye d/t (due to) [MEDICAL CONDITION], transport aide called . office stated he would need to see (doctor) . first and then they can send him to them if necessary. resident aware. b. On 7/20/20 at 10:55 a.m., Licensed Practical Nurse (LPN) #1 was asked has the resident seen an eye doctor or practitioner since 3/4/2020 for worsen eye loss and who/when was his appointment? She stated, Let me look in the transportation book. He's down for eye appointment on April 20th. She was asked did he attend the appointment and what were the results. She stated, I will see if I can find them. The notes may be in medical records waiting to be scanned. I'm not sure, will have to look. c. On 7/20/20 at 11:35 a.m., LPN #1 located the follow-up eye appointment from his confirmed worsening eye loss. She stated, I'm not sure that he went to the eye-appointment. I called the doctor's office and they're supposed to be faxing it over. She was asked why he didn't see the follow-up doctor? She stated, They said it was due to Covid-19. I've been looking in medical records but haven't found the record. She was asked should residents' appointment information, cancellations, follow-up visits, and results be documented in the electronic medical record. She stated, Yes. d. As of 7/20/20 at 11:40 a.m., there was no follow-up eye appointment documentation listed in the electronic medical record and no documentation that the eye appointment was rescheduled.		
F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # (AR 118) was substantiated, all or in part, with these findings. Based on record review and interview, the facility failed to ensure an alternative approach was documented in the electronic record for the use of a prn (as needed) anti-anxiety medication for 1 (Resident #8) of 1 sampled resident who received prn anti-anxiety medication. The failed practice had the potential to affect 1 resident who received prn [MEDICATION NAME], according to a list provided by the Administrator on 7/20/20. The findings are: Resident #8 had [DIAGNOSES REDACTED]. a. A physician order [REDACTED].[MEDICATION NAME] Concentrate 2 MG/ML .Controlled Drug Give 0.25 ml by mouth every 6 hours as needed for AGITATION/ANXIETY TO EQUAL 0.5 MG. b. The Care plan revised on 6/22/20 did not include an intervention for the use of prn [MEDICATION NAME] ([MEDICATION NAME]). c. Record reviewed on 7/20/20. Nursing Progress note were reviewed for the following dates: 6/19/20 6/20/20 6/21/20 6/22/20 6/23/20 6/24/20 6/25/20 6/27/20 6/28/20 6/29/20 6/30/20 7/1/20 and 7/5/20 and documented, . [MEDICATION NAME] Concentrate 2 MG/ML Give 0.25 ml by mouth every 6 hours as needed for AGITATION/ANXIETY TO EQUAL 0.5 MG PRN. The Resident's behavior was documented only on 6/22/20 and 6/23/20. d. The Medication Administration Records (MAR) were reviewed from 6/20/20 to 7/13/2020. There was no description of the resident behavior listed for the use of [MEDICATION NAME]. e. The Controlled Narcotic Record was reviewed June and July 2020. The [MEDICATION NAME] administration during this two months did not have documentation on the reason for administration of [MEDICATION NAME]. f. On 7/20/20 several Licensed Staff were asked, Where do you document residents' behaviors for use of PRN [MEDICATION NAME]? At 8:50 a.m., Licensed Practical Nurse (LPN) #3 stated, They should be charted in the Nurses Notes. She was asked, Where did you document his behaviors? She stated, I think I didn't even chart on him. I just signed the medication out of the book and didn't document his behaviors. She was asked, Why did you administer the [MEDICATION NAME]? She stated, He was trying to get out of bed, he wouldn't do anything you ask him to do. She was asked Should documentation, along with a description of a resident behaviors, be documented in the resident's medical record? She stated, Yes, and it should be documented on the resident MAR, too. She was asked, Does the facility use behavioral monitoring forms? She stated, No. At 8:58 a.m., LPN #2 stated, I document behaviors in the Nurses notes and go to the E MAR indicated [REDACTED]. On 7/20/2020 at 1:00 p.m., the Administrator was asked, Does the facility have a policy and procedure for psychotic medication? She stated, No we use the State guidance.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Complaint # (AR 951) was substantiated, all or in part, with these findings. Complaint # (AR 073) was substantiated, all or in part, with these findings. Based on observation and interview, the facility failed to ensure infection control practices were consistently implemented to prevent potential transmission of infectious diseases in 1 of 1 facility. This failed practice had the potential to affect 41 residents who resided in the facility as documented on the Resident Census and Condition of Residents form dated 7/13/2020. The findings are: a. On 7/13/2020 at 1:35 p.m., the Administer was asked, Are you accepting Covid-19 residents or new admits? She stated, Yes, we placed new admits on quarantine for 14 days. b. On 7/14/2020 at 8:00 a.m., Licensed Practical Nurse (LPN) #4 entered Resident #6's room on the 300 hall with a clear medication cup full of pills. The LPN was wearing a facemask, gown, eye shield, and gloves. Resident #6 was sitting on the bed. He was administered the medication. LPN #4 looked around in the room and bathroom, while continuing to hold empty medication cup, and she stated, There's no bag in the boxes. She stood by the door and called for staff. A staff answered her. LPN #4 stated, I need a red and yellow bag to put in the bio-hazard boxes. The staff member collected a red and yellow biohazard and handed them to LPN #4. LPN #4 placed the bags inside the boxes and stated, We need a PPE (personal protective equipment) cart outside the door. He came from the hospital yesterday and is on quarantine for 14 days. LPN #4 removed all of her PPE and placed them in the appropriate biohazard box. She washed her hands and exited the resident's room. There were no precaution signs posted on the outside of the room or door. There was no PPE cart at or outside of the resident's room. c. On 7/14/2020 at 9:20 a.m., there were 2 clear gloves and 1 blue glove laying on the ground near the entry and exit door of the 400 hall Covid-19 unit.		
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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>d. On 7/14/2020 at 9:30 a.m., the Administrator was asked should gloves be laying on the ground near the 400 hall exit and entry door. The Administrator stated, They should not be on the ground. e. On 7/15/2020 at 9:15 a.m., via telephone, LPN #4 was asked, Should precautions signs be posted on or near the door if a resident is on quarantine? She stated, Yes, ma'am. She was asked, What type of precautions is the resident on? She stated, He's on droplet precautions. He's a new resident and quarantined for 14 days. She was asked, Should a PPE caddy be readily available and stocked outside the door if the resident is on isolation precautions? She stated, Yes, ma'am, if he's on isolation. She was asked, Should bio-hazard boxes be ready for use at all times? She stated, Yes, ma'am.</p>		