

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Dermott City Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  702 West Gaines St Dermott, AR 71638	

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 0689  Level of Harm - Actual harm  Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46724</b></p> <p>Based on Observation, Interview, Record Review and Facility Policy Review; the facility failed to transfer one (Resident #1) of five (Resident #1, #2, #3, #4 and #5) sampled residents safely and in accordance to the care plan, resulting in a major injury.</p> <p>The findings are:</p> <p>Review of Resident #1's Medical Diagnosis record revealed the resident had diagnoses of renal osteodystrophy (a complication of chronic kidney disease that weakens the bones), cerebral infarction, hemiplegia affecting the right dominant side, and osteoporosis.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/10/2024 noted a Brief Interview for Mental Status (BIMS) of 15, (cognitively intact). The MDS revealed Resident #1 had unclear speech but was able to make self-understood and understands, had an impairment of upper and lower extremities on one side and was dependent for transfers and ambulated via wheelchair.</p> <p>Review of Resident #1's care plan with a revision date of 11/10/2022 revealed the resident had impaired balance, was dependent on 2 staff members for transfers and required use of a mechanical lift. The care plan was revised on 04/02/2024 to include, Resident #1 had a fall with major injury, fracture to fibula and tibia (bones of the lower leg).</p> <p>Review of a form titled, OLTC [Office of Long Term Care] Incident and Accident Report (I&amp;A), sent to the state on 04/01/2024 revealed on 03/31/2024 Registered Nurse (RN) #3 was called to resident's room by Resident #1, who requested assistance to transfer from bed to wheelchair. RN #3 attempted to transfer Resident #1 to the wheelchair by herself, but the resident missed the wheelchair and had to be lowered to the floor. A short while later, Resident #1 had complaints of right knee pain and an x-ray was ordered which revealed a non-displaced fracture to the right proximal (nearest to the body) tibia and fibula.</p> <p>On 10/22/2024 at 10:13 AM, during an observation and concurrent interview, Resident #1 was sitting outside. When asked if the resident remembered the fall, Resident #1 said yes, then went on to say he wanted to get up in the wheelchair and asked RN #3, the Weekend Supervisor, to help. Resident #1 said they didn't make it to the wheelchair and RN #3 helped the resident to the floor, later that day, Resident #1's knee was hurting and, after x-rays, it was found out that the resident's leg was broken.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Dermott City Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  702 West Gaines St Dermott, AR 71638	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/22/2024 at 2:27 PM, during an interview Certified Nursing Assistant (CNA) #1 confirmed she was trained on how to view the Kardex (A medical-patient information system which uses forms preprinted on durable card stock) and care plan on the kiosk during orientation when hired.</p> <p>On 10/22/2024 at 2:30 PM, during an interview CNA #2 confirmed she was trained during orientation on how to look on the kiosk to find information such as how many people it took to transfer a resident and if a lift was required for transfers.</p> <p>On 10/22/2024 at 3:00 PM, during a phone interview RN #3 related she had worked at this facility part time for the past [AGE] years. When asked if she remembered the incident involving Resident #1, she stated yes, she did. When asked if she had known what interventions were used and how Resident #1 transferred, she replied that she had not and was going on instincts to assist them to the wheelchair. When asked if she was trained on the kiosk and how to access the Kardex and care plan on it, she stated, no, she really wasn't, then went on to say that she was in-serviced on using the kiosk but really didn't know how to use it, and that she had never used it RN #3 was asked if she was familiar with Resident #1, and what the resident's ambulatory status was. She replied that she was familiar with Resident #1 and as far as she knew, she only required one person assist for transfers.</p> <p>On 10/22/2024 at 3:25 PM, during an interview, the Director of Nursing (DON) was asked about training on accessing resident's plan of care and Kardex to determine how to care for residents. She said everyone is trained during orientation and she also in-services the staff at least once a year.</p> <p>A review of the facility's policy titled, Falls-Clinical Protocol, revealed residents will be evaluated for risk of falls and successful interventions with be continued to prevent falls.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Dermott City Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  702 West Gaines St Dermott, AR 71638	
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)		
<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>46724</p> <p>Based on observation, interview, and record review, the facility failed to operate under the direction of a licensed Administrator, which had the potential to affect all 45 residents who resided in the facility.</p> <p>The findings are:</p> <p>On 10/21/2024 at 1:50 PM, upon entering the facility and requesting to speak to the Administrator, this surveyor was informed by the Director of Nursing (DON), and the Acting Administrator (the Compliance Coordinator), no administrator was currently employed at the facility. During interview, the Acting Administrator stated the Administrator had been gone since 7/15/2024, and the position had been posted on employment websites. When asked if she held a nursing home administrator's license, the Acting Administrator confirmed she did not.</p> <p>On 10/22/2024 at 10:10 AM, during an interview the Acting Administrator was asked if she could provide any documentation assigning her as Acting Administrator. She produced an undated typed document stating she was Acting Administrator with no name or signature of who assigned this position.</p> <p>On 10/22/2024 at 3:30 PM, a review of the facility policy titled, Administrator, revealed the Administrator is responsible for day-to-day functioning of the facility, implementing established resident care policies, ensuring resident's rights, ensuring staffing is adequate to meet the needs of the residents and that only residents who can be adequately cared for by staff are admitted to the facility. The policy statement included the Administrator is duly licensed in accordance with federal, state and local laws.</p>		