

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Southridge Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Southridge Parkway Heber Springs, AR 72543	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>49689</p> <p>Based on observation, record review, and interview, the facility failed to ensure a comprehensive assessment was completed quarterly for a smoking safety screen for one sampled resident (Resident #21).</p> <p>The findings are:</p> <p>A review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/29/2024, revealed Resident #21 scored 13 (cognitively intact) on the Brief Interview for Mental Status (BIMS).</p> <p>A review of the Care Plan revealed Resident #21 uses smokeless tobacco products and may keep smokeless tobacco products at the bedside.</p> <p>A review of the Smoking Safety Screen and Care Plan revealed Resident #21 was safe to use chewing tobacco. The assessment was signed on 11/22/2022.</p> <p>On 07/22/2024 at 12:11 PM, the Surveyor observed Resident #21 with five cans of chewing tobacco in the resident's room, Resident #21 had chewing tobacco in the resident's cheek and was asleep in a recliner.</p> <p>On 07/24/2024 at 2:55 PM, the MDS Coordinator confirmed the last smoking safety screening assessment was completed in 2022. The MDS Coordinator stated that the assessment should be done quarterly. She then stated that it could be important to assess alertness and cognition for the resident to be able to self-administer chewing tobacco, that way we can make sure the plan of care is administered correctly for the residents.</p> <p>On 07/24/2024 at 3:05 PM, the Director of Nursing (DON) stated that the assessment should be done annually and once a month to make sure they are safe to smoke, things can change quickly. The DON stated that with smokeless tobacco they can choke on it.</p> <p>A review of the policy titled, Smoking Policy-Residents stated, that .9. A resident's ability to smoke safely is re-evaluated quarterly, upon a significant change (physical or cognitive) and as determined by the staff .</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
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>50505</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, the facility failed to update and revise the care plan to include restorative services for 1 (Resident #81) resident reviewed for care planning and revision.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Care Planning- Interdisciplinary Team, revised on 09/01/2013, indicated, . Our facility's Care Planning/Interdisciplinary Team is responsible for the development of comprehensive care plan for each resident .</p> <p>A review of the Medical Diagnosis portion of the electronic health record indicated the facility admitted Resident #81 with diagnoses that included lower urinary tract calculus and muscle wasting and atrophy.</p> <p>The signification change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/28/2024 revealed Resident #81 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p> <p>A review of Resident #81's Care Plan, initiated on 09/07/2023, revealed the resident had an Activities of Daily Living (ADL) self-performance deficit related to weakness. Interventions included physical and occupational therapy evaluation and treatment as per medical doctor order. Restorative nursing services were not included in the interventions.</p> <p>A review of the Order Summary Report revealed Resident #81 had no orders for restorative nursing services.</p> <p>A Restorative Nursing Program document, dated 07/11/2024, included two pages which included instructions for the Restorative Nursing Assistant (RNA) to follow when providing restorative nursing services to Resident #81. Instructions were provided by physical therapy (PT) and occupational therapy (OT).</p> <p>During an interview on 07/24/2024 at 3:00 PM, the Occupational Therapist (OT) confirmed that Resident #81 had been discharged from therapy services due to the resident not progressing towards the goals. When asked what happens once someone is discharged from therapy services, she stated that usually restorative starts working with the resident. She confirmed that Resident #81 had a plan for restorative nursing services and, the Occupational Therapist found two pages of instructions given to the Restorative Nursing Assistant (RNA) by OT and physical therapy (PT) staff, which were signed by the RNA.</p> <p>During an interview on 07/24/2024 at 3:15 PM, Restorative Nursing Assistant (RNA) #2 confirmed Resident #81 was not currently on the case mix for restorative nursing services. When asked how long it had been since Resident #81 had received restorative services, RNA #2 stated, It has been a while.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/24/2024 at 3:17 PM, the surveyor requested a copy of the restorative documentation for Resident #81. The Nurse Consultant confirmed at 3:20 PM, there was no documentation, and that the Restorative Nursing Assistant (RNA) was currently adding Resident #81 to restorative services.</p> <p>During an interview on 07/25/2024 at 8:45 AM, the Medicare Manager confirmed she was the overseer of the restorative program. She stated the procedure for getting notified when a resident is added to the restorative program involves therapy, who at that time discusses and educates the Restorative Nursing Assistant (RNA) and has them sign the instructions, then therapy gives the instructions to the Medicare Manager, who then puts it into the electronic medical record, by adding orders and placing it on the resident's care plan. The Medicare Manager stated that meetings are held weekly to discuss the residents on restorative services. The Medicare Manager stated, At first therapy was not going to put her on restorative, but I went to them and asked for them to put her on a restorative plan. I think it was a lack of therapy giving me the paperwork.</p> <p>During an interview on 07/25/2024 at 9:06 AM, the Director of Nursing (DON) confirmed the Medicare Manager oversees the restorative program. She stated the information is passed on from therapy after evaluation, then the Medicare Manager is given the paperwork and then enters the information into the electronic medical record. We do orders and tasks for the restorative program. When asked when the information should be added to the care plan, the DON responded, Should be added to the care plan within twenty four hours.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>50505</p> <p>Based on observations, interviews, record review, facility document review, and facility policy review, the facility failed to provide restorative services to improve or maintain Activities of Daily Living (ADL) functions for 1 (Resident #81) of 1 resident reviewed for restorative services.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Restorative Nursing Services revised on, July 2017 indicated, .Residents will receive restorative nursing care as needed to help promote optimal safety and independence .2. Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care .</p> <p>A review of the Medical Diagnosis portion of the electronic health record indicated the facility admitted Resident #81 with diagnoses that included lower urinary tract calculus and muscle wasting and atrophy.</p> <p>The signification change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/28/2024, revealed Resident #81 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</p> <p>A review of Resident #81's Care Plan, initiated on 09/07/2023, revealed the resident had a care plan for an Activities of Daily Living (ADL) self-care performance deficit related to weakness. Interventions included physical and occupational therapy evaluation and treatment as per medical doctor order.</p> <p>A review of Order Summary Report, revealed Resident #81 had no orders for restorative nursing services.</p> <p>A review of Restorative Tracking Log, dated July 2024, did not include Resident #81.</p> <p>A review of Restorative Nursing Program dated 07/11/2024, included two pages which included instructions for Restorative Nursing Assistant (RNA) to follow when providing restorative nursing services to Resident #81. Instructions were provided by physical therapy (PT) and occupational therapy (OT).</p> <p>During a concurrent observation and interview on 07/22/2024 at 11:00 AM, Resident #81 was lying in bed, and confirmed there were no issues with staff and that the food is good.</p> <p>During a concurrent observation and interview on 07/23/2024 at 3:00 PM, Resident #81 was lying in bed. Resident #81 confirmed therapy had been recently received and now was no longer receiving those services.</p> <p>(continued on next page)</p>		

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