

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Ouachita Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1411 Country Club Road Camden, AR 71701	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>37925</p> <p>Based on observation, record review, and interview, the facility failed to ensure care plan interventions were consistently implemented for 1 (Resident #1) of 4 (Residents #1, #2, #3, and #4) sampled residents whose care plans were reviewed for continuity of care.</p> <p>The findings are:</p> <p>Resident #1 had diagnoses of Alzheimer's disease and moderate dementia with agitation as specified in the Medical Diagnosis section of the electronic health record (EHR).</p> <p>Review of the annual Minimum Data Set with an Assessment Reference Date of 05/21/2024, indicated Resident #1 had a Brief Interview for Mental Status score of 02, which indicated the resident was severely cognitively impaired and required partial to moderate assistance with personal hygiene.</p> <p>Review of the Care Plan, dated 05/29/2024, indicated Resident #1's usual performance with activities of daily living (ADLs) was non-weight bearing due to dementia and some tasks included bilateral AFOs (Ankle-Foot Orthosis) when out of bed for bilateral foot drop. Another focused problem included Resident #3 was at risk for impaired skin integrity and tasks included keep nails trimmed/filed to minimize jagged edges initiated on 01/22/2024 and protective sleeves to be worn at all times that was initiated on 06/03/2024.</p> <p>On 07/01/2024 at 10:18 AM, Resident #1 was observed lying in bed with eyes closed and yelling, Can I get up?. There were no bilateral protective sleeves on the resident at this time.</p> <p>On 07/01/2024 at 12:08 PM, Resident #1 was observed sitting up in a wheelchair in the front entrance common area and there were no bilateral protective sleeves on either arm or an AFO brace on either leg.</p> <p>On 07/02/2024 at 10:47 AM, Resident #1 was observed lying in bed, eyes closed. There were two small broken areas of skin on the resident's right outer arm with bright red dried blood in both areas. There were no bilateral sleeves on either of Resident #1's arms at this time.</p> <p>On 07/02/2024 at 10:26 PM, during an interview, Certified Nursing Assistant (CNA) #1 confirmed the residents' care plans in the computer was how she knew how to care for them.</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
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NAME OF PROVIDER OR SUPPLIER Ouachita Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1411 Country Club Road Camden, AR 71701	

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/03/2024 at 11:06 AM, during an interview, CNA #2 confirmed Resident #1 was to have sleeves on the arms every day.</p> <p>On 07/03/2024 at 11:34 AM, during an interview, CNA #2 confirmed Resident #1's care plan was how the staff knew what care to provide but denied any knowledge that Resident #1 was to have AFO braces on when out of bed.</p> <p>On 07/03/2024 at 12:04 PM, during an interview, the Administrator confirmed the facility did not have a policy or procedure on care plans.</p> <p>On 07/03/2024 at 1:33 PM, during an interview, the Assistant Director of Nursing (ADON) confirmed there were AFO braces in Resident #1's room and that the resident was care planned to have them on when out of bed due to foot drop.</p>