

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Twin Rivers Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3021 Twin Rivers Drive Arkadelphia, AR 71923	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>49071</p> <p>Based on observation, record review, and interviews, the facility failed to provide appropriate treatment and services to prevent complications from an indwelling urinary catheter for 1 (Resident #67) of 1 sampled resident with indwelling catheters.</p> <p>The findings are:</p> <p>A review of the Diagnosis Record indicated Resident #67 had no proper diagnosis for an indwelling urinary catheter.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/21/2024 revealed Resident #67 had a Brief Interview Mental Status (BIMS) with a score of 14 which indicated the resident was cognitively intact.</p> <p>A review of Resident #67's Care plan, dated 06/21/2024, showed the resident had no diagnosis requiring an indwelling urinary catheter.</p> <p>A review of July 2024 Medication Administration Record, revealed Resident #67 had an indwelling urinary catheter placed on 07/23/2024.</p> <p>A review of Resident #67 Order Summary revealed an order to place indwelling urinary catheter on 07/24/2024.</p> <p>During observation on 08/28/2024 at 9:27 AM, Resident #67 was observed with an indwelling urinary catheter in place attached to the side of the bed.</p> <p>During an interview on 08/29/2024 at 9:18 AM, Licensed Practical Nurse (LPN)#4 said that before an indwelling urinary catheter is placed, there should always be a proper diagnosis to prevent any issues happening to the bladder for unnecessary placement.</p> <p>During an interview on 08/29/2024 at 9:28 AM, Registered Nurse (RN) #5 said there should be a proper diagnosis before ever placing an indwelling urinary catheter to prevent increased risk for urinary tract infections or damage to the bladder.</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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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/29/2024 at 9:46 AM, the Director of Nurses (DON) said there should be a diagnosis present before placing an indwelling catheter to prevent any damage to bladder.</p> <p>At 10:02 AM, the Administrator was asked for a catheter policy, surveyor was informed facility did not have a catheter policy.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49981</p> <p>Based on observation and interview, it was determined the facility failed to keep food at a safe temperature prior to serving residents.</p> <p>The findings are:</p> <p>On 8/28/2024 at 7:31 AM, [NAME] #1 checked the temperature of the foods on the steam table using a probe thermometer. The temperature of the pureed eggs was 125 degrees.</p> <p>On 8/28/2024 at 11:52 AM, [NAME] #1 was asked what the temperature of the food held on the steam table should be. [NAME] #1 said between 175 and 185 (degrees Fahrenheit). [NAME] #1 said the steam table hasn't been working correctly and that 2 of the compartments had quit working.</p> <p>On 8/28/2024 at 11:59 AM, the Dietary Manager (DM) was asked what temperature should the food on the steam table be held at prior to serving the residents. The DM said 180 degrees.</p> <p>On 8/29/2024 at 8:05 AM, a policy and in-service on food temperatures was requested from the DM. The DM said that the Administrator keeps all of those documents.</p> <p>On 8/29/2024 at 8:10 AM, the Administrator provided an in-service dated 5/07/2024 that kitchen staff had read and signed. The in-service indicates hot foods are to be served hot and cold foods are to be served cold. Hot food must maintain a temperature of 135 or higher.</p> <p>The facility did not provide a policy on safe food temperatures.</p>		