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	045222	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodruff County Health Center	139 West Highway 64 McCrory, AR 72101

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. 50923 Based on observation, record review and interview the facility failed to ensure call light was kept within reach for 01 (Resident #23) of 01 sample mix residents. The findings are: The Minimum Data Set (MDS) 5 Day with an Assessment Reference Date (ARD) of 03/20/2024 revealed resident #23 had a history of falls. Care Plan for resident #23 dated 09/07/2022 revealed the resident is blind and a risk for safety, and call light at residents' side at all times. The care plan for resident #23 also confirmed the resident's history of falls with fracture. On 05/28/24 at 12:06 PM, the Surveyor interviewed Resident #23. Resident #23 confirmed the call light should be attached on his/her chair. On 05/29/24 at 2:08 PM, the Surveyor observed Resident #23 in a wheelchair, with the call light hooked to the bed with a bedside table in between the resident and the bed. On 05/30/24 at 950 AM, the Surveyor observed Resident #23 in the resident's room without the call light in reach. It was tethered to the bed, and Resident #23 was across the room near the heat/air unit/window. Resident #23 was going to use it and reached down on the chair looking for the call light. Due to vision impairment, Resident #23 was observed unable to maneuver across the room to reach/use the call light. On 05/30/24 at 1:10 PM, the Surveyor initiated the call light per Resident #26's request (the call light was out of the resident's reach). Licensed Practical Nurse (LPN) #05 came to Resident #23's room and confirmed the call light was out of Resident #23's reach. On 05/30/24 at 1:44 PM, the Surveyor interviewed LPN #5. LPN #5 confirmed Resident #23's call light should be in reach of the resident at all times. LPN #5 confirmed call the light should be in reach for when the resident needs assistance or in case of an emergency. LPN #5 confirmed she was unsure of the call light policy. LPN #5 confirmed Resident #23 had a history of falls caused from getting up on his/her own. (continued on next page)

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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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/30/24 at 2:23 PM, the Surveyor interviewed Certified Nurse Assistant (CNA) #8. CNA #8 confirmed the call light should be in reach of Resident #23 at all times so if the resident needs something, the resident can call. CNA #8 confirmed the facility call light policy is to keep the call light in reach at all times. CNA #8 confirmed Resident #23 has a history of falls. CNA #8 confirmed the cause of the falls was the resident getting up on his/her own. The facility provided a policy titled, Call Lights: Accessibility and Timely Response, with a copyright date of 2023 documented, Policy: 1. All staff will be educated on the proper use of the resident all system, including how the system works and resident access to the call light. 3. Each resident will be evaluating for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call system. 5. Staff will ensure the call light is within reach of resident and secured, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the residents room. 7. The call light must be accessible to the resident at each toilet and bath or shower facility. The call system will be accessible to the resident lying on the floor.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 38200 Based on record review and interview, the facility failed to complete an accurate Minimum Data Set (MDS) for 1 (Resident #48) of 1 sample mix resident. The findings are: On 05/28/2024 at 11:06 AM, the Surveyor observed Resident #48 sitting up in a specialized chair with a fall alarm attached to the chair and running behind the pillow, behind the resident's head, and attached to the resident's shirt. Review of Resident #48's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/19/2024 documented bed alarm, chair alarm not used. Resident #48's Order History did not reveal a physician's order for a chair alarm. On 05/30/2024 at 9:10 AM, the Surveyor interviewed Certified Nursing Assistant (CNA) #1 and she confirmed Resident #48 uses a chair alarm to alert staff when the resident is leaning too far forward in the specialized chair. 05/30/2024 at 9:11 AM, the Surveyor interviewed Licensed Practical Nurse (LPN) #2 and she confirmed Resident #48 uses a chair alarm due to leaning forward in the specialized chair. On 05/30/2024 at 1:15 PM, the Surveyor interviewed the MDS Coordinator, and she confirmed that if a resident has a chair alarm attached it should be documented on the MDS, and that Resident #48 did not have it documented on the MDS with an ARD of 04/19/2024. She confirmed the MDS is not accurate. A facility policy titled, Resident Assessment- RAI with a Copyright date of 2023 documented, Policy: The facility makes a comprehensive assessment of each resident's needs, strengths, goals, life history, and preferences using the resident assessment instrument (RAI) specified by CMS.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 38200 Based on record review and interview, the facility failed to ensure residents individualized plan of care was revised to reflect the current needs of the resident and updated to include a chair alarm for 1 (Resident #48) of 1 sample mix resident. The findings are: On 05/28/2024 at 11:06 AM, the Surveyor observed Resident #48 sitting up in a specialized chair with a fall alarm attached to chair and running behind the pillow behind the resident's head attaching to shirt. A review of Resident #48's Care Plan dated 07/31/2023 did not reveal the resident was care planned for a chair alarm. A review of Resident #48's Order History did not reveal an order for a chair alarm. On 05/30/2024 at 09:10 AM, the Surveyor interviewed Certified Nursing Assistant (CNA) #1 and she confirmed Resident #48 uses a chair alarm to alert staff when the resident is leaning too far forward in the specialized chair. CNA #1 confirmed the resident was not care planned for a chair alarm. 05/30/2024 09:11 AM, the Surveyor interviewed Licensed Practical Nurse (LPN) #2 and she confirmed Resident #48 uses a chair alarm due to leaning forward in the specialized chair. LPN #2 confirmed the resident was not care planned for a chair alarm. On 05/20/2024, the Surveyor interviewed the MDS Coordinator, and she confirmed Resident #48 was not care planned for a chair alarm but should be in order for staff to know how to care for the resident. A facility policy titled, Resident Assessment- RAI with a Copyright date of 2023 documented, Policy: The facility makes a comprehensive assessment of each resident's needs, strengths, goals, life history, and preferences using the resident assessment instrument (RAI) specified by CMS. A facility policy titled, Comprehensive Care Plans with a Copyright date of 2023 documented, Policy Explanation and Compliance Guidelines .The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 49689 Based on observation, record review, and interview, the facility failed to ensure residents who required assistance with activities of daily living were regularly provided with the necessary assistance to maintain good hygiene and grooming, as evidenced by failure to ensure fingernails were kept clean and trimmed for 1 of 1 sampled resident (Resident #85). The findings are: A review of the Face Sheet revealed Resident #85 had a diagnosis of dementia. A review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/15/2024 revealed Resident #85 scored a 4 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status (BIMS). A review of the Care Plan revealed Resident #85 required assistance with ADLs (activities of daily living) due to dementia, confusion, and behaviors. On 05/28/2024 at 12:33 PM, the Surveyor observed Resident #85 was eating a snack and licking chocolate off of the left index left finger, and both hands had long, thick, yellowing, chipped nails with a dark brown substance under them. The Surveyor asked Resident #85 if he/she would like their nails trimmed and cleaned. Resident #85 said if that was what needed to be done, he/she would not mind having it done. Then stated, They are getting a little long and dirty aren't they. On 05/29/2024 at 9:00 AM, the Surveyor observed Resident #85's nails had not been trimmed or cleaned. On 05/30/2024 at 10:15 AM, the Surveyor asked Certified Nursing Assistant (CNA) #4 to describe Resident #85's nails. CNA #4 said that they are dark, yellow, with substance under the nails, and that they are 1 inch in length. CNA #4 then said that they needed trimmed. The Surveyor asked what could be the issue for the resident. CNA #4 said they could scratch themselves or others. On 05/30/2024 at 10:20 AM, the Surveyor asked Licensed Practical Nurse (LPN) #5 to described Resident #85's nails. LPN #5 said that they were dirty, long, approximately an inch long, yellowing, and chipped and they need clipped, filed, and cleaned definitely. The Surveyor asked what could be the issue for the resident. LPN #5 said that they could scratch themselves or could even cause an infection. A review of the policy, Care of Fingernails/Toenails revealed, Purpose The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections.General Guidelines: 2. Proper nail care can aid in the prevention of skin problems around the nail bed .

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate foot care. 49689 Based on observation, record review, and interview, the facility failed to ensure residents who required assistance with foot care were regularly provided with the necessary assistance to maintain good hygiene and grooming, as evidenced by failure to ensure toenails were kept clean and trimmed for 1 of 1 sampled resident (Resident #74). The findings are: A review of the Face Sheet revealed Resident #74 had diagnoses of type 2 diabetes mellitus, gout, and peripheral venous insufficiency. A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/02/2024 revealed Resident #74 scored a 9 (8-12 indicates moderate cognitive impairment) on a Brief Interview for Mental Status (BIMS). A review of the Physicians Orders revealed an order for Podiatry Consults as Needed. A review of the Care Plan revealed Resident #74 had required assistance with ADLs (activities of daily living) due to vascular dementia, gout in multiple sites, and osteoporosis. A review of a Foot Observation completed on 05/24/2024 revealed, that Does have thick or ingrown toenails? Yes was selected for the left and right foot. Does resident have swelling in feet? Yes was selected for the left and right foot. On 05/28/2024 at 1:55 PM, the Surveyor observed Resident #74's right foot was swollen, with cracked peeling skin, and the toenails were thick, yellow, and growing into the skin. The fourth toe had a discolored area on the right side. The left foot was observed to have cracked peeling skin, the toenails were thick, yellow, and growing into the skin, a treatment covering was observed on the fourth toe and pinky toe. The Surveyor asked Resident #74 if he/she would like anything done for their foot or if he/she were experiencing any pain. Resident #74 said my toenails need a little TLC (tender loving care), but they do not cause me any pain. On 05/29/2024 at 9:15 AM, the Surveyor observed no change in Resident #74's toenails from the day before. On 05/30/2024 at 10:45 AM, the Surveyor asked Licensed Practical Nurse (LPN) #6 if Resident #74 had a podiatry consult. LPN #6 said no Resident #74 did not. The Surveyor asked LPN #6 to describe Resident #74's toenails. LPN #6 said that they were thick, yellow, ingrown, skin was cracked with swelling, there was a blister area on the right foot, fourth toe. Then stated that they were callused, and that there was a treatment for the abrasion on the left foot, that she will go get the treatment nurse for. The Surveyor asked what could be the issue if the resident does not get proper foot care. LPN #6 said that he/she could get an infection, grow more into the skin, and cause pressure sores. (continued on next page)

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/30/2024 at 1:32, the Surveyor asked Certified Nursing Assistant (CNA) #7 to describe Resident #74's toenails. CNA #7 said that they needed clipped, they were thick and growing into the skin and needed some care. CNA #7 then stated that they give the Resident a bath and his/her feet often turn purple. The Surveyor asked what is the process when toenails look like that. CNA #7 said that they would let the nurse on the hall know and that they would let the wound care nurse know about the issue. The Surveyor asked what could be the problem if the resident does not get proper foot care. CNA #7 said that they could get an infection or sores. A review of the policy Care of Fingernails/Toenails revealed, Purpose The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections.General Guidelines: 2. Proper nail care can aid in the prevention of skin problems around the nail bed. 5. Watch for and report any changes in the color of the skin around the nail bed, blueness of the nails, any signs of poor circulation, cracking of the skin between the toes, any swelling, bleeding, etc. 6. Stop and report to the nurse supervisor if there is evidence of ingrown nails, infections pain or if nails are too hard or too thick to cut with ease .

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49689 Based on observation, record review, and interview the facility failed to ensure that a chemical wasn't left out within the reach of the residents on the 500 Hall. The findings are: A review of the label Micro-Kill One Germicidal Alcohol wipes, stated, Keep Out of Reach of Children Caution. On 05/30/2024 at 9:00 AM, the Surveyor observed on the second shelf of the linen cart a purple top container of Micro-Kill One Germicidal Alcohol Wipes. The Surveyor observed residents and staff members going up and down the hallway, the second shelf was observed to be at waist level of the Surveyor. On 05/30/2024 at 9:30 AM, the Surveyor asked Certified Nursing Assistant (CNA) #3 if chemicals should be stored on the covered linen cart. CNA #3 stated, No, it should not be stored on here. The Surveyor asked what could happen with chemicals stored on the linen cart. CNA #3 said the residents could get hold of it and mess with it. CNA #3 further said it wouldn't be good, it has alcohol on it and says to keep out of reach of children. On 05/30/2024 at 1:43 PM, the Surveyor asked Licensed Practical Nurse (LPN) #6 if chemicals should be stored on the covered linen cart. LPN #6 said no, it's dangerous for the residents they could get hurt. LPN #6 further said most chemicals read to keep out of reach of children.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 49689 Based on observation, record review, and interview, the facility failed to ensure a catheter was hanging below the bladder for 1 of 1 sampled resident (Resident #81). The findings are: A review of the Face Sheet revealed Resident #81 had diagnoses of neuromuscular dysfunction of bladder, chronic kidney disease, retention of urine, obstructive and reflex uropathy, and acute kidney failure. A review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/03/2024 revealed Resident #81 had short term memory problems and long term memory problems on a Staff Assessment for Mental Status (SAMS). A review of the Care Plan revealed Resident #81 required an indwelling urinary catheter. Approach: position bag below the bladder. On 05/28/2024 at 12:25 PM, the Surveyor observed Resident #81 sitting in the dining room with the catheter bag observed hanging above the bladder on the back of the geriatric chair. The Surveyor observed the tubing come out of the right pant leg, with the tubing running over the arm rest of the geriatric chair. On 05/30/2024 at 10:10 AM, the Surveyor asked Certified Nursing Assistant (CNA) #4 what the proper placement for a catheter bag was. CNA #4 stated below the kidneys, usually underneath the chair. The Surveyor asked what could the issue be for the resident if a catheter bag was not properly placed. CNA #4 said that it can back up and cause health issues. The Surveyor showed CNA #4 where the catheter bag was hanging on the 05/28/2024 observation and asked if that was proper placement for a catheter. CNA #4 stated that it was not proper placement and should be lower. On 05/30/2024 at 10:16 AM, the Surveyor asked Licensed Practical Nurse (LPN) #5 what is the proper placement for a catheter. LPN #5 said below the bladder, or it won't flow right. The Surveyor asked what the issue could be for the resident if a catheter bag was not properly placed. LPN #5 stated that it could cause infections or pain. The Surveyor showed LPN #5 where the catheter was hanging on the 05/28/2024 observation and asked if that was proper placement for a catheter bag. LPN #5 said that was not proper placement for a catheter. The Surveyor asked if the catheter had an anti-reflux valve to prevent backflow. LPN #5 said that she did not know, the order just says indwelling catheter. On 05/30/2024 at 10:40 AM, the Surveyor asked the Director of Nursing (DON) if the catheters used for Resident #81 had anti-reflux valves to prevent back flow. The DON said she did not know, but to let her find out. The DON asked the Surveyor to follow her to the medical supply room to observe the catheter bags ordered. A review of the catheter bag label revealed Contents 2000 ML [milliliters] vented drainage bag with anti-reflux tower. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/30/2024 at 1:30 PM, the Surveyor asked the DON if the catheter bag had just an anti-reflux tower to prevent backflow from the bag into the tube or does the tubing have an anti-reflux valve to prevent backflow from the tubing into the bladder. The DON went back to the medical supply room and looked over the catheter bag and stated, No it only states that it has an anti-reflux tower. I do not see anything about an anti-reflux valve to prevent backflow into the bladder. A review of the facility policy Catheter Care, Urinary revealed, Purpose The purpose of this procedure is to prevent catheter-associated urinary tract infections .Maintaining Unobstructed Urine Flow .The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder .

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 44852 Based on observation and interview the facility failed to ensure pureed food was processed to the correct consistency to meet the needs of 4 sampled residents who had a physician's order for a pureed diet. The findings are: On 05/29/2024 at 10:30 AM, Dietary Aide #11 (DA) was observed to place two buttermilk pies into the bowl of the food processor. DA #11 added a large amount of milk into the bowl without measuring. Pie was blended. Upon lifting the lid, DA #11 verbalized the belief that the mixture was too thin. Before DA #11 achieved what was believed to be the correct consistency she had added 2 more whole pies. When asked what consistency she was attempting to achieve she described the mixture as pudding. On 05/29/2024 at 10:42 AM, eleven servings of baked beans were placed into the bowl for processing. The beans were observed to contain a large amount of liquid. After blending for a short time, DA #11 picked up a can of non-stick spray, coated a steam table pan and poured the liquified beans into the pan. On 05/29/2024 at 10:50 AM, DA #11 placed 11 scoops of boiled chicken and broth into the bowl of the food processor. The chicken mixture was blended for a small amount of time. DA #11 was observed to add 3 slices of white bread to the bowl and blend. DA #11 then added 4 more slices of white bread. DA #11 was asked to discuss the addition of bread to the protein. DA #11 described that the addition of the bread caused the meat to be smoother. When asked if the serving size was adjusted due to the addition of bread to the chicken, DA #11 quickly denied having any knowledge of allowances made. On 05/30/2024 at 12:34 PM, Certified Nursing Assistant (CNA) #9 was observed setting up a pureed tray for a resident in the dining room. The resident received his/her pureed lunch meal in a divided plate. The baked beans were observed to not hold their shape, assuming the shape of the plate compartment. The chicken/bread mixture was also observed to not hold its shape, assuming the shape of the plate compartment. CNA #10 was asked to describe the pureed chicken. As she stirred the chicken CNA #10 described the mixture as watery. When asked to describe the baked beans CNA #10 described them as watery too. CNA #10 was asked if a resident who maintained the ability to eat unassisted could feed themselves the pureed mixture. CNA #10 expressed that a resident would have difficulty feeding themselves the pureed food as it would not stay on the spoon due to it being so thin. On 05/30/2024 at 3:30 PM, the Administrator was asked to provide a policy concerning pureed diets, if one was available. The Administrator did not believe the facility had a policy but would provide one if located. No policy was forthcoming. On 05/31/2024 at 9:15 AM, the Dietary Manager was asked to describe the pureed lunch meal. The Dietary Manager described the plate as sloppy. She continued to report that the baked beans were too thin and had probably been pureed incorrectly. When ask to describe the implications of pureed food that is too thin, the Dietary Manager described a difficulty in swallowing could result.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49689 Based on observation, interview and record review, the facility failed to ensure an open drink was not left within the reach of the residents on the 500 Hall. The findings are: On 05/30/2024 at 9:00 AM, the Surveyor observed a covered linen cart on the 500 Hall. On the top shelf was an open drink in an aluminum can. The Surveyor observed residents and staff going up and down the hall passing by the linen cart. On 05/30/2024 at 9:30 AM, the Surveyor asked Certified Nursing Assistant (CNA) #3 if an opened drink container should be on the covered linen cart. CNA #3 said it should not be on there, a resident could get hold of it, and that won't be good. The Surveyor observed CNA #3 picking up the opened container to move it and was asked how much was left inside it. CNA #3 said it was about half full. On 05/30/2024 at 1:45 PM, the Surveyor asked the Infection Preventionist if an open drink container should be left on the covered linen cart. The Infection Preventionist said no, that is an infection risk to the residents. A facility policy titled, Policies and Practices-Infection Control revealed, This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections .