

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>37526</p> <p>Based on observations, interviews, and record review, it was determined that the facility failed to notify the physician and/or the resident's representative of abnormal finger stick blood sugars, elevated white blood cell count, and the identification of a new pressure ulcer for 1 (Resident #3) of 4 residents reviewed for notification of change.</p> <p>Findings include:</p> <p>A review of the facility's undated policy titled Notification of Change, indicated The nursing facility will immediately inform the Resident/Elder and consult with the Resident/Elder's physician, when a significant change occurs. The nursing facility will also notify the Resident/Elder's legal representative or a designated contact person when a significant change occurs.</p> <p>A review of the Admission Record, indicated Resident #3 had diagnoses that included type 2 diabetes, pressure ulcer to the left buttock, heart disease, muscle weakness, difficulty walking, pain, cognitive communication deficit, and a history of falling.</p> <p>The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/22/2024, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Further review indicated the resident had diabetes and the resident was not admitted with any pressure ulcers.</p> <p>A review of Resident #3's plan of care, initiated on 07/20/2024, revealed the resident had diabetes mellitus. Interventions included observing and/or reporting any signs or symptoms of hyperglycemia and notifying the medical practitioner of lab results. The resident's care plan did not include information related to the resident's pressure ulcer.</p> <p>A review of Order Summary Report, revealed Resident #3 had an order to have their blood sugars checked before meals and at bedtime. There were no orders listed on when to notify the physician if the resident's blood sugar was high or low. Resident #3 also had a physician's order for a treatment to an unstageable pressure ulcer to the resident's left buttock, with a start date of 07/25/2024.</p> <p>A review of Blood Sugar Summary for Resident #3 indicated the resident's blood sugar was 443 on 08/06/2024 at 8:15 AM and 456 at 3:33PM, both completed by Licensed Practical Nurse (LPN) #9.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 045243	If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Lab Results Report, with a reported date of 08/06/2024 at 7:44 PM, indicated Resident #3 had a white blood cell count of 23.81, when a normal value would be between 4.23 and 9.07.</p> <p>A review of Progress Notes did not indicate the physician and/or designee was notified of the elevated blood sugars on 08/06/2024. There were no progress notes indicating the resident's representative was notified of the pressure ulcer identified on 07/25/2024. There were no progress notes indicating the physician and/or designee addressed the abnormal lab value from 08/06/2024.</p> <p>During an interview on 08/28/2024 at 1:43 PM, the LPN #3 stated if a resident's blood sugar was below 60 or above 400, staff were to notify the resident's physician, and those parameters should be on the resident's physician's orders. LPN #3 stated Resident #3's blood sugar started to increase probably because the resident had an infection. LPN #3 stated she was aware the resident's blood sugars were going up because the resident's normal values were around 200 and she received in a verbal shift change report that the resident's value had gone up to over 400. LPN #3 stated the Advanced Practical Registered Nurse (APRN) was responsible for reviewing lab results and the nurses do not typically review them unless the lab calls with critical values. LPN #3 stated Resident #3 had a pressure ulcer that developed at the facility but did not know much about it and the resident's family should have been notified.</p> <p>During an interview on 08/28/2024 at 2:15PM, the LPN #6 stated blood sugar parameters to notify the physician should be on the Medication Administration Record. LPN #6 stated she was aware of one physician's order that indicated to notify the physician if the resident's blood sugar was below 60 or above 400 but Resident #3 was not on sliding scale insulin, so she was not sure what the order was for Resident #3. LPN #6 stated the APRN was responsible for reviewing resident's labs, which should be done every day.</p> <p>During an interview on 08/28/2024 at 3:13 PM, Registered Nurse (RN) #10, who was the treatment nurse, stated Resident #3 had a facility acquired unstageable pressure ulcer to the left buttock and any time a resident had a newly acquired pressure ulcer, the resident's family should be notified. RN #10 stated she could not remember if she notified Resident #3's family or not. RN #10 stated the resident's labs are reviewed by the APRN, however, she stated she should be reviewing them because they are related to wound care, and it was a very important step. RN #10 stated she was aware Resident #3 had high blood sugars, which could have affected Resident #3's wounds.</p> <p>During an interview on 08/29/2024 at 9:48 AM, Resident #3's Responsible Party (RP) stated he was not notified of the resident's pressure ulcer, the elevated blood sugars, or the abnormal lab values. The RP stated he would call the facility every day and staff would just state Resident #3 was good, and they had more conversations about the resident's diet and physical therapy.</p> <p>During an interview on 08/29/2024 at 10:10 AM, APRN #19 stated if a resident's blood sugar was below 40 or above 400, staff should notify the physician and there should be a physician's order indicating the parameters for notification. APRN #19 stated she could not locate any documentation that she was notified of the resident's blood sugars. APRN #19 stated labs should be reviewed by the APRN that was working the day the labs were received. At this time, APRN #19 reviewed Resident #3's physician's orders and verified there were no parameters indicated. APRN #19 verified the resident's labs were ordered on 08/06/2024 and the resident's white blood cell count was elevated but the labs were not reviewed until 08/09/2024 by herself and she stated she did not know why the labs were not reviewed before then.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/29/2024 at 10:51 AM, RN #11 stated Resident #3's wound was facility acquired but was no aware if the resident's family was notified. RN #11 stated if a resident's blood sugar was greater than 400, staff should notify the physician.</p> <p>During an interview on 08/29/2024 at 1:15 PM, the Assistance Director of Nursing (ADON) stated if a resident has a newly identified pressure ulcer, the resident's family should be notified. The ADON stated if a resident's blood sugar was below 60 or above 400, the resident's physician should be notified and Resident #3's physician should have been notified of the high blood sugar levels.</p> <p>During an interview on 08/29/2024 at 2:39 PM, the Director of Nursing (DON) stated she was not aware if Resident #3's pressure ulcer was facility acquired or not, but family should be notified of any newly acquired pressure ulcers.</p> <p>During an interview on 08/29/2024 at 3:55 PM, the Administrator stated the physician and/or designee should be notified if a resident's blood sugar was below 60 or above 400.</p> <p>LPN #9 was called numerous times throughout the survey and did not return the surveyor's phone call during the survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>49688</p> <p>Based on observations, interviews, record review, facility document review, it was determined that the facility failed to ensure physicians orders were followed for wound care treatment for 2 (Resident #2 and Resident #4) of 3 residents reviewed for skin concerns and/or pressure ulcers. Specifically, the facility failed to ensure wound care was provided to residents when the designated wound care nurse was out sick.</p> <p>Findings include:</p> <p>1. A review of the Admission record, indicated the facility admitted Resident #2 with diagnoses that included liver failure, metabolic disorder, major depression, schizophrenia, and sepsis left buttock stage 4 pressure ulcer.</p> <p>The signification change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/07/2024, revealed Resident #2 had a Staff Assessment of Mental Status (SAMS) score of 2 which indicated the resident was moderately impaired for daily decision making Resident #2 had a stage 4 pressure ulcer.</p> <p>A review of Resident #2's care plan, revealed the resident had a left iluteal stage 4 pressure ulcer. Interventions included to assist the resident to keep skin clean and dry, educate staff on proper technique of removal of dirty brief so as not to damage skin, conduct a body audit weekly, encourage adequate nutrition, and encourage and assist with fluid intake.</p> <p>A review of Order Summary Report, revealed Resident #2 had physician's orders to treat a stage 4 pressure ulcers every day and as needed.</p> <p>A review of Treatment Administration Record, revealed Resident #2 missed wound care treatment on 08/26/2024.</p> <p>During an interview on 08/28/2024 at 1:43 PM, LPN # 3 stated she was assigned to Resident #2 on 08/26/2024. LPN #3 stated Registered Nurse (RN) #10 was the treatment nurse, however, RN #10 was sick on 08/26/2024, so LPN #3 was responsible for all wound care on her assigned hall. LPN #3 stated she was unable to provide wound care treatment on all her assigned residents and she was not able to complete Resident #2's wound care. LPN #3 stated she was told by the Director of Nursing (DON) the treatments that had no been completed would be completed by someone else. LPN #3 stated she did not notify the oncoming shift of which resident's wound care had not been completed.</p> <p>During an interview on 08/28/2024 at 3:13 PM, Registered Nurse (RN) #10 stated she was the treatment nurse for the facility but was out sick for the week. RN #10 stated when she is not at work and there was a scheduled wound care treatment for any resident, the floor nurse assigned to the resident should complete the wound care orders.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/29/2024 at 11:07 AM, Registered Nurse (RN) #11 stated Resident #2 had been sent to the hospital a few times and was readmitted to the facility on antibiotics due to sepsis. RN #11 stated each nurse was responsible for completing treatment orders if the treatment nurse was not on shift when the treatment was due.</p> <p>During an interview on 08/29/2024 at 1:15 PM, the Assistance Director of Nursing (ADON) stated if the treatment nurse was not working when a treatment was due for a resident, the facility would designate a staff member to complete the treatments. and her expectations were that physician's orders were followed.</p> <p>During an interview on 08/29/2024 at 2:41 PM, the DON stated Medication Attendant Certified (MAC)'s could not complete dressing changes for wound care on residents and the nurse on the floor was always aware the treatment nurse was to complete the wound care. The DON stated the nurses on the floor knew to ask her for assistance, if needed. The DON stated she was unaware the nurse needed her assistance on completing wound care on 08/26/2024.</p> <p>During an interview on 08/29/2024 at 3:55 PM, the Administrator stated he expected physician's orders to be followed for wound care and the task should be delegated to the floor nurse if the treatment nurse was not available.</p> <p>2. A review of the Admission record, indicated the facility admitted Resident #4 with a diagnosis of dementia, bipolar, depression, diabetes, osteoarthritis, and unstageable pressure ulcer of the back, buttock and hip.</p> <p>The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/04/2024, revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</p> <p>A review of Resident #4's care plan, dated, 06/14/2024 revealed the resident had a stage 4 pressure ulcer on their sacrum, and a shear on the left trochanter. Resident #4 also had a deep tissue pressure infection to the left heel. Interventions included to educate the resident to reposition often, offer a wedge, complete treatment as ordered until healed, continue to promote nutrition, reposition every two hours, completed a body audit weekly, and provide a low air mattress.</p> <p>A review of Order Summary Report, revealed Resident #4 had physician's orders to treat an unstageable left hip pressure ulcer on Monday, Wednesday and Friday, a treatment to a healed pressure ulcer on the right hip every five days, and a treatment order for a stage 4 pressure ulcer to the sacrum every day.</p> <p>A review of Treatment Administration Record, revealed Resident #4 was missing wound care treatment on 08/25/2024 and 08/26/2024 for the sacral wound and left heel. Resident #4 was also missing wound care on 08/26/2024 for the left and right hip pressure ulcer.</p> <p>During an interview on 08/29/2024 at 2:15 PM, LPN # 3 stated she was unable to provide</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>wound care treatment on 08/25/2024 and 08/26/2024 on all her assigned residents and Resident #4 was one of them. LPN #3 stated the treatment nurse provided the care, but she was home sick. LPN # 3 stated she was told by the Director of Nursing to finish her assigned tasks and the treatments would get done by someone else. LPN #3 stated she did not complete wound care on Resident #4 and did not relay to the oncoming shift that treatment had not been provided.</p> <p>During interview on 08/29/2024 at 1:07 PM, Advanced Practical Registered Nurse (APRN) #19 stated APRN #21 completed wound care and she did not.</p> <p>During an interview on 08/29/2024 at 1:07 PM APRN #21 stated she had seen Resident #4 a couple of times and visited with the family and the family signed a document that the resident's wounds were unavoidable.</p> <p>During interview on 08/29/2024 at 2:41 PM, the DON stated Medication Attendant Certified (MAC) cannot do dressing changes for wound care on residents and the nurse on the floor was always aware the nurse was responsible for wound care. The DON stated she let the LPN know to come to the DON if she needed help. The DON stated she was aware on 08/26/2024 the LPN assigned to complete wound care treatments needed assistance with wound care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37526</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were free from significant medication errors related to insulin administration for 1 (Resident #1) of 3 residents reviewed for newly admitted residents. Specifically, Resident #1 was admitted to a local hospital on 7/19/2024 due to a fall and left upper extremity pain. While at the hospital, the resident was diagnosed with left upper extremity thrombosis and had a necrotic ulcer on the left elbow, which was debrided at the hospital. On 07/31/2024, Resident # 1 was admitted to the nursing home facility with an order for continued anticoagulation (blood thinner) therapy. The resident's nursing home admission diagnosis was embolism or thrombosis of the arteries in the upper extremity. The physician's order for the blood thinner was not transcribed by the admitting nurse. From 07/31/2024 to 08/07/2024, the resident complained of left arm pain and received medication for the pain. On 08/07/2024, Resident #1 was found unresponsive, cool, clammy to touch, and the resident's left arm was blue and cold to touch. The resident was sent to the local hospital on 08/07/2024 and passed away on 08/09/2024 from a stroke.</p> <p>It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.45 (Pharmacy Services) at a scope and severity of J.</p> <p>The IJ began on 07/31/2024, when Resident #1 was admitted to the facility with orders for a blood thinning medication.</p> <p>The Administrator was notified of the past noncompliance (PNC) IJ on 08/28/2024 at 9:27 AM. The facility implemented corrective actions which were completed prior to the State Agency's completion of its survey, thus it was determined to be a Past Noncompliance citation.</p> <p>The findings include:</p> <p>A review of the Admission Record, indicated the facility admitted Resident #1 on 07/31/2024 with diagnoses that included upper extremity blood clots, muscle wasting, difficulty walking, cognitive communication deficit, pain in the left arm, dementia, heart disease, irregular heart rhythm, and heart failure.</p> <p>The admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/05/2024, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated the resident had moderate cognitive impairment. Further review indicated the resident was not on any blood thinning medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident #1's care plan, revised on 08/06/2024, revealed the resident had impairment to skin integrity of the upper, inner left arm. The first goal, initiated on 08/02/2024 indicated the resident had skin impairment but the specific information was left blank. Interventions included evaluating skin concern weekly and as needed, observing the location, size and treatment of the skin injury and to report any abnormalities to the doctor, and to provide treatment to skin concern as ordered.</p> <p>A review of an After Visit Summary indicated Resident #1 was to be discharged from the hospital to the facility on [DATE] and the resident's medication list indicated the resident needed to take a blood thinning medication two times a day. During the resident's hospital stay, the resident was diagnosed with a blood clot in the left arm and a necrotic wound in the left elbow.</p> <p>A review of Clinical Summary, from the local hospital completed on 07/31/2024 indicated Resident #1 was prescribed a blood thinning medication to take twice daily. A computerized tomography (CT) scan of the resident's head was completed on 07/19/2024 with no acute findings.</p> <p>A review of Order Summary Report indicated Resident #1 had a physician's order to treat the wound to the left arm every Tuesday, Thursday, and Saturday, however, there were no orders for a blood thinning medication.</p> <p>A review of an Advanced Practical Registered Nurse (APRN) visit on 07/31/2024 at 9:35 PM indicated APRN #22 visited Resident #1 for extremity pain and the resident was recently hospitalized for a blood clot in the resident's arm and the resident was having significant pain to that arm. There were no indication the resident's physician's orders were reviewed to ensure the resident was taking a blood thinning medication. APRN #22 ordered a pain medication.</p> <p>A review of Drug Regimen Review, with an effective date of 08/01/2024 indicated a drug regimen review was completed to identify clinically significant medications issues. The potential concern indicated was a drug-to-drug interaction. There was no information related to a blood thinning medication.</p> <p>A review of Pharmacy MRRs [medication regimen review] - *New Admit with an effective date of 08/03/2024, completed by Pharmacist #1 indicated the resident's medications had been reviewed with no discrepancies noted.</p> <p>A review of an APRN visit on 08/01/2024 at 11:23 AM indicated APRN #19 visited Resident #1 to review discharge orders and ensure the patient is medically stable post-discharge from the hospital. APRN #19 indicated Resident #1 had an artery blockage that required irrigation and debridement. APRN #19 reviewed 13 different concerns, including the resident's wound, pain in the left arm, and an irregular heart rate, however a blood thinning medication was not addressed or indicated. Resident #1 was seen again by APRN #19 on 08/06/2024 at 11:50 AM and the blood thinning medication was not addressed or indicated. This note was not signed off on until 08/11/2024.</p> <p>A review of Progress Notes indicated on 08/07/2024 at 7:40 AM, Licensed Practical Nurse (LPN) entered Resident #1's room to provide medication and the resident was unresponsive, cool, clammy to touch and the resident's blood sugar was 191. Emergency Medical Services (EMS) was notified to send to the emergency room . Resident #1 left the facility at 8:00 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the hospital's ED [Emergency Department] Provider Note indicated on 08/07/2024, Resident #1 presented to the ED with an infected wound to the left inner elbow, had an altered mental status, had a low level of oxygen in their body, and had low blood pressure. An oral blood thinner was listed on the current medication list. Further review indicated it was reported to the hospital that the resident was not taking the oral blood thinner. The History and Physical portion indicated per the resident's family member, on the evening of 08/06/2024, the resident appeared tired and leaning to the right and this morning, staff noted worsening confusion and decreased responsiveness. The Plan indicated the hospital had attempted to transfer the resident to another hospital during the previous stay, but it was not possible, for various reasons. Resident #1 was treated with a blood thinner, which showed clinical improvement and was discharged to the facility on oral blood thinner. Resident #1 had an MRI (Magnetic resonance imaging) on 08/08/2024, which showed the resident had an acute stroke. On 08/09/2024, Resident #1 was pronounced dead at 3:30 PM.</p> <p>During a telephone interview on 08/27/2024 at 1:52 PM, Pharmacist #1 stated for new admission residents, she allows the facility time to put physician's orders in the resident's electronic health record (EHR) before she reviews the resident's medications. Pharmacist #1 stated she looks for significant drug interactions, duplicate therapies, or anything that needs to be addressed before the monthly pharmacy consultant reviews the resident's EHR. Pharmacist #1 stated she does not look at hospital discharge orders because she would not be able to decipher which medications are supposed to be continued from the hospital and if the admitting doctor wanted to make any changes. Pharmacist #1 stated she bases her review on what orders the facility nurse puts into the EHR and she relied on the nursing staff to put in the correct orders. Pharmacist #1 stated if the order was not entered into Resident #1's EHR, then she would not have caught the discrepancy and she only reviewed active orders.</p> <p>During an interview on 08/28/2024 at 1:43 PM, LPN #3 stated on 08/07/2024, she prepared Resident #1's medication and took it to the resident. Upon entering the room, the resident did not look right and looked gray. LPN #3 stated Resident #1 was not responding, and the resident's arm was blue. LPN #3 called the ambulance and sent the resident to the hospital. LPN #3 stated she had sent three residents to the hospital that day.</p> <p>During an interview on 08/28/2024 at 2:15 PM, LPN #6 stated Resident #1 was admitted from the hospital because of the arm issue. LPN #6 stated the resident was complaining of pain, so she called APRN #22, who prescribed a pain medication. LPN #6 stated that Resident #1's family was present one evening and asked LPN #6 if there was anything different with the resident. LPN #6 stated she assessed the resident, who was able to answer all of the nurses' questions. LPN #6 advised the family that they could request for the resident to go to the hospital, but the family declined. LPN #6 stated the resident had a blood clot that the hospital tried to extract.</p> <p>During an interview on 08/29/2024 at 10:10 AM, APRN #19 stated the facility staff go through the resident's discharge summary from the hospital and make sure medications are in the resident's EHR and verify with APRN #19 to make sure everything matches. APRN #19 stated she was not aware Resident #1 should have been on an oral blood thinning medication. APRN #19 stated she reviews all of the medications listed on the resident's EHR and did not have the After Visit Summary available at the time to review.</p> <p>During an interview on 08/29/2024 at 10:51 AM, Registered Nurse (RN) #11 stated the Assistant Director of Nursing (ADON) was responsible for transcribing medications for newly admitted residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/29/2024 at 1:15 PM, the ADON stated on the day Resident #1 was admitted to the facility, there were four new admissions total that day and she transcribed the orders for those residents. The ADON stated she did not recall omitting any medication. The ADON stated Resident #1 did have an order for an oral blood thinning medication on the After Visit Summary. The ADON stated the facility called her on the evening of 08/08/2024 and asked if she knew anything about the resident being on the blood thinner. The ADON stated she came back to work the following day and reported the error to the Administrator, and she was placed on unpaid suspension. The ADON was able to return to work the following Thursday 08/15/2024 and was required to be retrained on the admission process, double checking physician orders, having another nurse check the orders, and contacting the physician to go over the resident's medical record.</p> <p>During an interview on 08/29/2024 at 2:39 PM, the Director of Nursing (DON) stated Resident #1 had an incision and draining (I & D) procedure for a blood clot in their left arm. The DON stated Resident #1's family came to the facility and packed the resident's personal items. LPN #3 told the DON the family wanted to know when the last dose of the resident's blood thinner was given and wanted the After Visit Summary from the hospital. The DON stated we started to get everyone on board of a double check of orders. It was so in your face that it was missed. We have to do a checks and balance system on it. People can make errors. We checked all of the new admits to double check to see if anything was missed within the last several months. We brought it to QA [quality assurance] and that's how we developed the plan.</p> <p>During an interview on 08/29/2024 at 3:55 PM, the Administrator stated the missing physician's order for Resident #1 should have been caught within 24 hours of admission. The Administrator stated it was overlooked by the nurse, the nurse practitioner, and the management team during the daily startup meeting.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's completion of its survey, thus it was determined to be a Past Noncompliance citation.</p> <p>The facility has implemented the following actions to correct the deficient practice effective 08/20/2024:</p> <p>RE: Admission Process</p> <p>The following will serve as the admission process for all new admissions to The Pines Nursing and Rehabilitation.</p> <p>After clinical and financial acceptance, the legal admission paperwork will be generated by DON or designee. The signatures of the resident will be captured by the DON or designee.</p> <ol style="list-style-type: none"> 1. The admitting charge nurse will enter all orders from the discharge summary (AVS) provided by the hospital. 2. The admitting nurse will make a copy of the AVS and tum it over to the Medical Records Nurse or designee. 3. The MR [medical record] Nurse or designee will provide a copy of the AVS to the DON as well as the APRN or MD for review and recommendations. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Pines Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 Carpenter Dam Road Hot Springs, AR 71901	
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>4. The nurse management team will jointly verify the accuracy of the orders against the hospital AVS at the following morning nurse start up meeting.</p> <p>5. For late evening Friday or weekend admissions, the Weekend RN supervisor will review the admission AVS and reconcile against entered orders. Any discrepancy will be immediately reported to the DON and [.] on call provider for clarification and correction.</p> <p>6. All weekend admissions will be reviewed again on Monday morning by the nurse management team at nurse start up meeting.</p> <p>The facility alleged compliance on 08/20/2024.</p> <p>A review of Inservice Education Report completed on 08/09/2024, indicated 35 staff signatures for education provided on abuse, neglect, and misappropriation of property.</p> <p>A review of Inservice Education Report completed on 08/15/2024 indicated the ADON was provided education related to verification of medications upon admission.</p> <p>A review of Licensed Nurse Orientation Checklist indicated on 08/16/2024, the ADON was re-oriented by the DON on the facilities admission, transfer, and discharge procedure, job description, written and oral communication, diagnostic testing/lab, controlled drugs - location and accountability, ordered drugs, receiving drugs, stop orders, transcribing physician orders, medication administration record, documentation of anticoagulation therapy, and incident and accident documentation.</p> <p>A review of Medication Pass Worksheet was completed for seven licensed nurses with no errors.</p>		