

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Van Buren Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1404 North 28th Street Van Buren, AR 72956	

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 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>51064</p> <p>Based on observation, interview, and record review, the facility failed to ensure the care plan was followed related to fall interventions for 1 (Resident #32) of 1 sampled resident with a history of falls.</p> <p>The findings are:</p> <p>On 09/20/2024 at 2:45 PM, the Surveyor observed one fall mat in place on the right side of Resident #32's bedside. The Surveyor observed adhesive strips on the left side of Resident #32's bedside.</p> <p>On 09/22/2024 at 09:00 AM, review of the Care Plan, with an initiated date of 06/19/24, noted Resident #32 was a moderate risk for falls, with falls recorded on 7/21/2024, 7/27/2024, and 9/11/2024 without injury. Interventions include a fall mat placed on both sides of the bed.</p> <p>On 09/22/2024 at 09:30 AM, review of the Medical Diagnosis sheet reported Resident #32 had diagnoses of unspecified lack of coordination, severe protein calorie malnutrition, reduce mobility, muscle wasting, and abnormalities of gait and mobility.</p> <p>On 09/22/2024 at 11:51 AM, the Surveyor observed one fall mat in place on the right side of Resident #32's bedside. No fall mat was observed on the left side of Resident #32's bedside. The Assistant Director of Nursing (ADON) was interviewed and confirmed the was not a fall mat in place on the left side of the bed and no additional fall mat was stored elsewhere in the room. The ADON could not verify if the care plan required two fall mats to be at Resident #32's bedside. The ADON reported she would find a fall mat and put it in place.</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 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>51064</p> <p>Based on observation, interview, and record review, the facility failed to provide alternative communication methods for 1 (Resident #15) of 1 sampled resident who required alternative formats for communication.</p> <p>The findings are:</p> <p>On 09/16/2024 at 2:00 PM, during initial rounds and interviews with the residents, Resident #15 indicated they wanted to speak with the Surveyor. Upon entering the Resident #15's room, the Surveyor became aware that Resident #15 struggled to communicate verbally. No communication board or note tablet was visible in the resident's room. Resident #15 became agitated as the Surveyor struggled to understand what Resident #15 was trying to communicate. When asked if there was a way Resident #15 could communicate with the Surveyor easily, Resident #15 looked around room then indicated no.</p> <p>On 09/16/2024 at 10:00 AM, review of Resident #15's Medical Diagnosis sheet reported a history of traumatic brain injury, and dementia.</p> <p>On 09/16/2024 at 10:30 AM, review of Resident #15's Care Plan, with an initiated date of 12/15/21, noted Resident #15 had a communication problem Interventions for communicating with Resident #15 indicated staff were to identify self at each interaction, face Resident #15 when speaking, make eye contact, and reduce distractions. Resident #15 had communication problems. Interventions were to anticipate and meet needs, Monitor/document frustration level. Resident #15 uses Resident #15's computer to communicate, staff to plug in every evening per Resident #15's request. Use communication techniques which enhance interaction: allow adequate time to respond, repeat as necessary, do not rush, request feedback, clarification from Resident #15 to ensure understanding. Ask yes/no questions if appropriate. Use simple brief, consistent words/cues. Use alternative communication tools as needed such as communication book/board, writing pad, gestures, signs, and pictures.</p> <p>On 09/17/2024 at 11:54 AM, the Surveyor observed Housekeeper #1 exiting Resident #15's room. When interviewed, Housekeeper #1 reported there was no note pad or communication board that she was aware of, she communicates with Resident #15 using hand gestures.</p> <p>On 09/17/2024 at 12:00 PM, during an interview with the Treatment Nurse, she indicated Resident #15 has a laptop that can be used for communication. When asked what staff do if Resident #15 is unable to use the laptop for communication, the Treatment Nurse reported that simple yes/no questions are asked of Resident #15. The Treatment Nurse confirmed there was no communication board or note pad present for Resident #15.</p> <p>On 09/17/2024 at 12:30 PM, during an interview with Resident #15 regarding the ease of using the laptop for communication. Resident #15 indicated the laptop was difficult to use as Resident #15 did not have full use of the resident's hands and fingers.</p> <p>(continued on next page)</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>On 09/17/2024 at 12:49 PM, during an interview, the Activity Director was asked how she communicated with Resident #15. The Activity Director reported she has known Resident #15 for a long time and is able to understand Resident #15's nonverbal cues. The Activity Director verified that if someone has not known Resident #15 for a long period of time, alternative forms of communication would be necessary to understand Resident #15's needs/wants.</p>		