

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Gardner Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 702 N Drew St Star City, AR 71667	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37925</p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure interventions were consistently implemented to prevent further harm or injury to a resident who had a previous fall with a major injury for 1 (Resident #3) of 3 (Residents #1, #2 and #3) residents who were reviewed for falls. The findings are:</p> <p>A review of the Order Summary indicated the facility admitted Resident #3 with diagnoses of dementia and muscle wasting and atrophy.</p> <p>The 5-day Medicare Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/27/2024 indicated Resident #3 had a Brief Interview of Mental Status (BIMS) score of 3 (0-7 indicates severe cognitive impairment).</p> <p>Review of Resident #3's Care Plan, revised 04/22/2024, revealed the resident was at risk for falls and had an actual fall on 03/10/2024 and was to have non-skid strips to the bedside and a fall mat bedside the bed.</p> <p>A Nsg (nursing) I&A (incident and accident) note, dated 03/10/2024, indicated Resident #3 was sitting on the floor next to the bed and reportedly had slid off the bed. The resident complained of right hip pain and an x-ray was ordered for the right hip.</p> <p>A Nsg -Morse Fall Score form, dated 01/06/2024, indicated Resident #3 had a score of 75 (45 and higher indicated high risk for falls). A Nsg-[Named] Fall Score form, dated 03/10/2024, indicated Resident #3 had a score of 60.</p> <p>A Radiology Results Report, dated 03/11/2024, revealed Resident #3 had fractured the right proximal femur.</p> <p>An encounter, reviewed from a progress note dated 03/18/2024 at 00:00 (12 AM), revealed in the history of present illness section that Resident #3 had surgery that week on the right femur and would be participating in skilled therapy.</p> <p>On 06/13/2024 at 1:30 PM, Resident #3 was lying in bed in Resident #3's room with eyes closed, and there were no non-skid strips or a fall mat on the floor on Resident #3's side of the room.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/13/2024 at 2:05 PM, Certified Nursing Assistant (CNA) #1 entered Resident #3's room and during an interview she confirmed that she was familiar with the resident 's plan of care and that she thought the resident did have a past fall. She confirmed there were no non-skid strips or a fall mat on the floor at this time. When she was asked if the resident was supposed to have either item, she indicated that she was not sure.</p> <p>On 06/13/2024 at 2:14 PM, Licensed Practical Nurse (LPN) #2 entered the resident's room and during an interview she confirmed that she was familiar with Resident #3's plan of care and confirmed the resident had a fall in which a hip fracture occurred. She confirmed there was no fall mat or non-skid strips on the resident's floor and to her knowledge, she didn't think the resident was required to have either item.</p> <p>On 06/13/2024 at 2:42 PM, the MDS Coordinator provided a Visual / Bedside Kardex Report that indicated Resident #3 was to have a fall mat and non-skid strips to the bedside.</p> <p>An Incident and Accident Policy and Procedure, that was not dated, and provided by the Director of Nursing (DON) on 6/14/2024 specified, .Purpose: To assure that all persons who are involved in an incident or accident, or suspected to have had an incident or accident, are evaluated and receive treatment as indicated and are monitored for disposition of incident and accident . Procedure: .10. All incidents will be discussed daily with ID [interdisciplinary] team to include intervention and update of plan of care .</p> <p>The Fall Prevention Program Policy and Procedures, not dated, and provided by the DON on 06/14/2024 specified, .Purpose: The fall prevention program is an individualized plan to promote safety of residents who have been identified as high risk for falls via [by way of] ID team determination .6.All residents on the program will have a care plan addressing goals and approaches .</p>		