| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 045284 | A. Building<br>B. Wing | 08/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Pocahontas Healthcare and Rehabilitation Center | 105 Country Club Road<br>Pocahontas, AR 72455 |

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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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>49689<br><br>Based on record review and interview the facility failed to provide an environment that promoted the maintenance or enhancement of the resident's quality of life, denying self-determination, and adequate communication for 1 (Resident #29) of 1 resident reviewed for resident rights.<br><br>The findings are:<br><br>On 08/19/24 at 11:01 AM, the surveyor attempted to interview Resident #29. Resident #29 spoke a few words in English but responded to the majority of the surveyor's inquiries by smiling and nodding their head.<br><br>Review of the Care Plan dated 6/17/2024 revealed Resident #29 has an impaired cognitive function related to a language barrier. The intervention was to observe/report as needed any changes in cognitive function. Noted food preferences were not listed.<br><br>On 8/21/2024 at 9:30 AM, Certified Nursing Assistant (CNA) #1 was asked to identify Resident #29's native language. CNA #1 was unsure. CNA #1 stated the resident can understand some things and understands how to use his/her call light, but there are some language barriers. CNA #1 states she points to things to determine what the resident might need. When asked about resident's meal intake, CNA #1 stated Resident #29 doesn't eat that much. I do try to remind [his/her] yogurt is on the tray because it's something the resident will eat. When asked why the resident doesn't consume more from his/her meal trays, CNA #1 stated the resident doesn't like the food, and prefers things family brings in. CNA #1 stated the resident's family brings food in about once a week on average. The surveyor asked how staff knows which snacks the resident prefers, and CNA #1 stated she wasn't aware of any lists but knows Resident #29 will eat yogurt.<br><br>(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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 8/21/2024 at 2:30 PM, Resident #29's family member stated, I'm not satisfied with the care provided. When prompted to expand on her dissatisfaction, the family member described the facility does not make a lot of effort to eliminate the communication barrier, stating the resident speaks and understands only a limited amount of English. The family member stated a picture board would help and has been successful in other places such as the hospital. In addition, the family member complained about the food they offer the resident and is unsure if they have tried to get Resident #29's preferences for food, but even if they have asked (the resident) she doubts the resident fully understood enough to participate or communicate his/her preferences appropriately. The family member stated, [Resident #29] won't ask for help on repositioning or to be changed unless certain people are working, and if he/she doesn't ask, they won't ask him/her]. She says they ignore her if she doesn't ask them for something.<br><br>On 8/21/2024 at 1:30 PM, interviewed with MDS Coordinator was asked review the care plan for Resident #29 dated 6/17/2024. During this review, the MDS Coordinator stated the care plan lacks appropriate interventions to eliminate the communication barrier and does not educate or guide staff to provide sufficient care to the resident. The MDS Coordinator stated maybe a picture board and the use of a language app could help bridge communication of staff and resident. She also agreed the family should be heavily involved to ensure the resident's needs and preferences are clearly understood. The MDS Coordinator voiced that the existing care plan is lacking, and staff needs to have a clear plan to follow if the facility is to deliver adequate care to the resident, especially with cultural differences and language barriers.<br><br>On 8/21/2024 at 3:45 PM, the Administrator stated the resident could understand some English. The Surveyor asked how the Administrator differentiated between what Resident #29 could and could not understand. The Administer stated Resident #29 might nod or answer. The surveyor asked if the Administrator had spoken to the daughter regarding preferences, or the resident's fluency in English. She answered not that she is aware of. The Nurse Consultant stated, I've looked at the care plan, it's minimal. You (the Administrator) need to call the daughter and schedule something with her before she calls you. The Nurse Consultant advised the Director of Nursing (DON) to get to work immediately on improving Resident #29's care plan and preferences.<br><br>On 8/22/2024 at 9:00 AM, the Dietary Manager confirmed there wasn't a preference list that is appropriately completed with likes and dislikes for staff to review. She stated the resident's granddaughter was consulted a long time ago, but nothing recent, and there needed to be more interventions to improve the resident's quality of life than has been provided up to this point. |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49689<br><br>Based on observation, record review, and interview, the facility failed to ensure a safe, clean, homelike environment was provided for the 100-hall secured unit.<br><br>On 08/19/2024 at 11:28 AM, the surveyor observed in room [ROOM NUMBER], on side B, the wall was scratched with paint removed exposing bare drywall. The baseboard by the bathroom was coming away from the wall and was warped, and right above the baseboard paint was peeling back. In the shared bathroom between room [ROOM NUMBER] and room [ROOM NUMBER], to the right and behind the toilet the baseboard was coming away from the wall and warped. In the right-hand corner, the paint was peeling, and the drywall was crumbling. On the baseboard right behind the toilet is what appears to be a black substance, and the surveyor noted the bathroom had a musty, stagnant odor.<br><br>On 08/19/2024 at 11:34 AM, Surveyor noted in room [ROOM NUMBER] the baseboard next the bed on side B had indentions in the wall with the paint peeling and bare drywall exposed.<br><br>On 08/21/2024 at 10:03 AM, during environmental rounds, Maintenance stated in the bathroom between 103 and 105 the toilet had been reported for leaking, but they checked the left side not the right side of the toilet. Maintenance stated he had flushed the toilet and noted no issues with it leaking out of the left side. Maintenance then stated, the right-hand corner has been wet a lot it's starting to mold and needs torn out immediately .Looked like water damage from a leak on the right side. In room [ROOM NUMBER], Maintenance stated the bed against the wall needs mudding and painted it's from the bed against the wall. Maintenance then stated the baseboard next to the bathroom, could have been ran into but it also looked like water damage from the bathroom. On room [ROOM NUMBER]'s baseboard and the affected wall, Maintenance stated it has been ran into a lot and needs to be patched and painted. Maintenance stated he had a maintenance log, but most of the time it is through verbal channels he finds out what may need to be fixed throughout the building.<br><br>On 08/21/2024 at 1:00 PM, during an interview the Director of Nursing (DON) stated it is important to report environmental issues to Maintenance to ensure that safety hazards can be taken care of.<br><br>A review of the facility policy Accident Hazards Prevention states that The environment will be free from accident hazards, as is possible. |

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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50923<br><br>Based on observation, interviews, record review and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurately completed for 1 (Resident #29) of 1 resident reviewed for MDS accuracy.<br><br>The findings are:<br><br>Upon record review, the Admission MDS with an Assessment Reference Date of 6/25/2024, in section A1110, noted that English is the resident's preferred language, and no interpreter is needed.<br><br>On 8/19/2024 at 11:01 AM, the surveyor attempted to interview Resident #29. The resident spoke a few words in English, but most of the surveyor's inquiries were answered with head nodding and smiling.<br><br>On 8/21/2024 at 9:30 AM, CNA #1 was asked what language the resident spoke, CNA #1 was unsure of the resident's native language. CNA #1 stated the resident can understand some things and understands how to use his/her call light, but there are some language barriers. The CNA stated she points to things to determine what the resident might need.<br><br>On 8/21/2024 at 2:30 PM, the resident's family member stated, I'm not satisfied with the care provided. When prompted to expand on her dissatisfaction, the family member described how the facility does not make a lot of effort to eliminate the communication barrier, stating the resident speaks and understands only a limited amount of English.<br><br>On 8/21/2024 at 1:30 PM, the MDS Coordinator was asked to review the MDS dated [DATE]. During this review, the MDS Coordinator was asked to specifically look at the section A at preferred language. The MDS Coordinator confirmed that the entry stating English was Resident #29's preferred language was incorrect, and it should have listed residents actual preferred language which is Marshallese. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>49689<br><br>Based on interview, record review, and facility policy review, it was determined the facility failed to develop and implement a comprehensive person-centered care plan to reflect the residents needs and preferences, and to properly assess a resident's fluency in English, to obtain all preferences to provide a diet consisting of resident's preferences, and to provide communication assistant devices, which affected the resident's physical, mental, and psychosocial well-being for 1 (Resident #29) of 1 resident reviewed for care plans.<br><br>The findings are:<br><br>On 08/19/2024 at 11:01 AM, the surveyor attempted to interview Resident #29, but realized some of the responses were not appropriate to the questions. It was noticed mostly with the open-ended questions such as, how long does it take staff to respond to the call light, where Resident #29 responded with a smile while nodding yes. Resident #29 spoke a few words in English, but most inquires were responded to with head nodding.<br><br>The care plan dated 6/17/2024 stated Resident #29 has an impaired cognitive function related to language barrier. The intervention was to observe/report as needed any changes in cognitive function Resident has: a communication problem related to language barrier. The intervention is: to report to nurse changes in ability to communicate, Possible factors which cause/make worse/make better any communication problems.<br><br>On 8/21/2024 at 9:30 AM, the surveyor interviewed Certified Nursing Assistant (CNA) #1 regarding Resident #29's care and communication. When asked to identify the resident's native language, CNA #1 was unsure. CNA #1 stated the resident can understand some things and understands how to use his/her call light, but there are some language barriers. The CNA states she points to things to determine what the resident might need. When asked about resident's meal intake, the CNA stated he/she doesn't eat that much, and that she tries to remind him/her that yogurt is on the tray because it's something the resident will eat. When asked why the resident doesn't consume more from his/her meal trays, CNA #1 stated the resident doesn't like the food, and prefers things family brings in. CNA #1 stated the resident's family brings food in about once a week on average. Surveyor asked about how staff knows which snacks the resident prefers, CNA #1 stated she wasn't aware of any lists but knows he/she will eat yogurt.<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 8/21/2024 at 2:30 PM, interviewed Resident #29's family member regarding the resident's care. The family member stated, I'm not satisfied with the care provided. When prompted to expand on her dissatisfaction, the family member described the facility does not make a lot of effort to improve the communication barrier, stating the resident speaks and understands only a limited amount of English. The family member stated a picture board would help and has been successful in other places such as the hospital. In addition, the family member complained about the food they offer the resident. She is unsure if they have tried to get Resident #29's preferences for food, but even if they have asked him/her (the resident), she doubts the resident fully understood enough to participate or communicate his/her preferences appropriately. The daughter states, [Resident #29] won't ask for help on repositioning or to be changed unless certain people are working, and if [he/she] doesn't ask, they won't ask [him/her]. [He/She] says they ignore [him/her] if [he/she] doesn't ask them for something.<br><br>On 8/21/2024 at 1:30 PM, the MDS(Minimum Data Set) Coordinator was asked to review the care plan for Resident #29 dated 6/17/2024. During this review, the MDS Coordinator stated she sees where the care plan could be better. The MDS Coordinator stated the care plan lacks appropriate interventions to improve communication with Resident #29 and does not educate or guide staff to provide sufficient care to the resident. The MDS Coordinator stated that maybe a picture board and the use of a language application could help bridge communication of staff and resident. She also agreed the family should be heavily involved to ensure the resident's needs and preferences are clearly understood. The MDS Coordinator expressed understanding that the existing care plan is lacking, and that staff needs to have a clear plan to follow if the facility is to deliver adequate care to the resident, especially with cultural differences and language barriers.<br><br>On 8/21/2024 at 3:45 PM, the surveyor interviewed the Administrator regarding a food preference list she completed with Resident #29, as well as the resident's overall care plan. The Administrator stated the resident could understand some English. The surveyor asked, How do you know what [he/she] understands and what [he/she] doesn't? The Administrator stated the resident might nod or answer. The RN Consultant confirmed the care plan was minimal and recommended the Director of Nursing reach out to schedule a meeting with the family. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>49689<br><br>Based on observations, record review, and interview, the facility failed to a smoking apron was utilized for 1 (Resident #20) of 1 sampled resident.<br><br>The findings are:<br><br>A review of the Order Summary revealed Resident #20 had diagnoses of cognitive communication deficit, dementia, and chronic obstructive pulmonary disorder.<br><br>A review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/07/2024 revealed Resident #20 scored a 13 (cognitively intact) on the Brief Interview for Mental Status (BIMS).<br><br>A review of the Care Plan reveals Approaches/Tasks: Resident #20 requires a smoking apron while smoking.<br><br>A review of the Smoking Safety Screen completed on<br><br>05/31/2024, reveals that Resident #20 required adaptive equipment in the form of a smoking apron.<br><br>On 08/21/2024 at 11:30 AM, the surveyor observed Resident #20 going outside off the end of the 100-Hall secured unit with Certified Nursing Assistant (CNA) #2 to smoke. The surveyor observed Resident #20 was not wearing a smoking apron.<br><br>On 08/21/2024 at 11:45 AM, during an interview CNA #2 stated they did not know Resident #20 was supposed to use a smoking apron. CNA #2 then stated without a smoking apron Resident #20 could have dropped his/her cigarette and burned themselves.<br><br>On 08/21/2024 at 1:00 PM, during an interview the Director of Nursing (DON) stated the smoking apron is to prevent a resident from burning themselves while smoking.<br><br>A review of an undated facility titled, Smoking, revealed that all residents that wish to smoke will have a smoking assessment completed upon admission and change in condition to determine safety equipment that is needed.<br><br>A review of the facility policy Accident Hazards Prevention states that The environment will be free from accident hazards, as is possible. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>50923<br><br>Based on observation, record review, and interview, it was determined the facility failed to ensure refrigerated narcotics were stored in a permanently affixed storage box to ensure no misappropriation of resident medications affecting all 51 residents in the facility.<br><br>The findings are:<br><br>On 8/20/2024 at 9:30 AM, during an observation of the medication storage area inside the medication refrigerator, observed a small (approximately 4x 6), clear, medication box with a red temporary cable tie lock. The box contained a controlled medication (lorazepam) and was not secured inside the refrigerator.<br><br>On 8/20/2024 at 11:45 AM, during an interview Licensed Practical Nurse #7 was asked why it is important to secure the box inside the refrigerator and stated, Because of the size, it would be very easy to remove the box with the medication.<br><br>On 8/20/2024 at 11:45 AM, during an interview the Administrator confirmed the controlled medication box should be affixed inside the refrigerator.<br><br>Reviewed the facility's undated policy (received on 8/20/24 PM from Administrator) on Pharmaceutical Services Under the section labeled Storage of drugs, the policy states: The separately locked and permanently affixed compartment are provided for storage of controlled drugs. |

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| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.<br><br>49689<br><br>Based on observations, record review, and interview, the facility failed to ensure mechanical soft diets and puree diets were in the proper form for 2 of 2 observed meals provided by the facility kitchen.<br><br>The findings are:<br><br>On 08/19/2024 at 12:00 PM, the surveyor observed lunch service on the 100-hall unit, it is done in family style where the Certified Nursing Assistants (CNA) serve lunch for the residents according to the Dietary Manager. CNA #5 began serving the residents, the surveyor observed both regular and mechanical soft diets were getting diced ham and beans. Surveyor observed Resident #40 was spitting out the ham and laying it on a napkin. A review of the menu card revealed Resident #40's diet was Mechanical Soft, thin liquids, Supercal/High kcal. Surveyor observed Resident #39 was spitting ham out and putting it on the table. A review of the menu card revealed that Resident #39's diet was Mechanical Soft, regular diet, thin liquids.<br><br>On 08/19/2024 at 12:15 PM, Resident #36's family member stated this is not an unusual occurrence they get food they cannot chew often. Resident #40's family member stated Resident #40 will not be able to chew the ham but might eat the beans.<br><br>On 08/19/2024 at 12:20 PM, during interview CNA #5 confirmed that diced ham is not part of a mechanical soft diet and residents could choke on diced ham.<br><br>On 08/20/2024 at 12:08 PM, Surveyor observed Dietary Aide #6 plate the food for the puree for 100-hall, Dietary Aide #6 scooped the puree roll, which was observed to be sticking to the utensil and was hard to get onto the plate. The cream of corn was observed to be thin and watery. The surveyor observed the puree meatloaf was sticking to the utensil and was hard to get onto the plate.<br><br>On 08/20/2024 at 12:20 PM, the surveyor observed CNA #4 taking the pureed tray down the hall to the Resident #3's room on the unit. Surveyor asked CNA #4 to describe the pureed tray, CNA #4 stated the roll looked like a thick slice of bread, the meat loaf is thicker than normal, and the corn is watery. The surveyor asked CNA #4 to spoon a small amount of each out, the pureed roll stayed on the spoon until the CNA #4 thumped it to put it back on the plate, the cream of corn ran out of the spoon quickly, and the pureed meatloaf stayed in a spoon shaped hunk after it came off the utensil. The surveyor observed mashed potatoes were not added onto the plate for a starch. Resident #3 stated, I am not eating this.<br><br>On 08/20/2024 at 12:30 PM, the surveyor observed in the dining area the mechanical soft diets only had mashed potatoes and meatloaf with gravy. The regular diet residents were eating ham and beans as the alternative instead of meatloaf. CNA #3 stated they did not receive regular meat loaf or cream of corn for the mechanical soft diets on the secure unit. Upon hearing what the CNA stated about the missing food items, Resident #40's family member stated, It was not surprising for them to forget something.<br><br>(continued on next page) |

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|---|---|
| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 08/20/2024 at 12:35 PM, the Dietary Manager brought back the regular meatloaf and cream of corn for the mechanical soft diets on the secure unit CNA #3, then served cream of corn to the mechanical soft diet residents and offered meat loaf to the regular diet residents on the unit.<br><br>On 08/21/2024 at 3:00 PM, during an interview the Dietary Manager stated, They have always done diced ham for the ham and beans. Dietary Manager then stated that it should probably not be served like that and instead ran through the food processor to be ground up. The Dietary Manager stated the pureed roll and meatloaf was sticky mashed potato consistency, and that the cream of corn was of the same consistency as well for the puree diet. The Dietary Manager then stated that when it went on the serving line it did look a bit thicker. The Dietary Manager stated it's important to serve food in the proper form cause the residents have difficulty swallowing and chewing so the residents have special diets.<br><br>On 08/21/2024 at 3:20 PM, during interview Dietary Aide #6 reported noticing the puree when it came out of the food processor was pudding like consistency but when serving it seemed to have thickened or thinned, like it did not keep the original consistency.<br><br>A review of the Diet Spread Sheet reveals for Week 4, Day 22, for the Mechanical Soft Lunch residents were to be served ground ham and beans.<br><br>A review of the Dietary and Nutrition Care Manual reveals for Dysphagia Puree Diet that all foods must be the consistency of moist mashed potatoes or pudding.<br><br>A review of the Dietary and Nutrition Care Manual reveals that for Dysphagia Advanced or Mechanical Soft Diets foods that are difficult to chew are chopped, ground, shredded, or altered to make them easier to chew and swallow. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 045284 | A. Building<br>B. Wing | 08/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pocahontas Healthcare and Rehabilitation Center | 105 Country Club Road<br>Pocahontas, AR 72455 |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>49689<br><br>Based on observations, record review and interviews, the facility failed to ensure cross contamination during lunch service did not occur for one of one kitchen.<br><br>The findings are:<br><br>On 08/20/2024 at 12:05 PM, the surveyor observed Dietary Aide #6 take a stack of plates to put inside the lunch cart for 100 Hall. Dietary Aide #6 had their hand on top of the stack as they slid it on a tray inside the cart.<br><br>On 08/20/2024 at 12:08 PM, the surveyor observed Dietary Aide #6 touch the inside of a divided plate intended to serve the puree diet for the 100 Hall.<br><br>On 08/20/2024 at 12:09 PM, Surveyor observed Dietary Aide #6 picked up a bowl, put their finger inside of the bowl where food would rest and serve gravy for 100 Hall.<br><br>On 08/20/2024 at 12:15 PM, Surveyor observed Dietary Aide #6 removing the aluminum foil off the regular meatloaf, when a piece fell on to the steam table pan. Dietary Aide #6 then reached in with bare hands to grab the piece of aluminum foil touching the regular meatloaf.<br><br>On 08/21/2024 at 3:00 PM, during an interview the Dietary Manager confirmed they are not supposed to touch food contact areas while serving. Stated they use a suction cup to lift the plates, and you go at the base for the bowls, The Dietary Manager stated staff were not to touch the inside of plates, bowls and other dishes due to cross contamination<br><br>On 08/21/2024 at 3:20 PM, during an interview Dietary Aide #6 stated staff were not to touch the inside of plates or bowls due to cross contamination.<br><br>A review of the facility procedure titled, Serve Safe Manager. revealed that Service staff should use these guidelines when serving food; hold dishes by the bottom or edge, hold glasses by the middle, bottom or stem, Do not touch the food-contact areas of dishes or glassware. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 045284 | A. Building<br>B. Wing | 08/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Pocahontas Healthcare and Rehabilitation Center | 105 Country Club Road<br>Pocahontas, AR 72455 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>50682<br><br>Based on record review, observations, and interviews, the facility failed to ensure infection control measures, including hand hygiene, were implemented during incontinent care for 1 (Resident #5) of 1 sampled resident to prevent potential infection and or the spread of infections.<br><br>The findings are:<br><br>1. Review of a procedure guide titled, PERI-CARE PROCEDURE, updated 04/29/2024 and provided by the Director of Nursing on 08/20/2024, indicated, Pat dry using clean, dry wash cloth, remove gloves, place in trash bag, put on clean gloves, apply sin barrier as needed.<br><br>A review of an Admission Record indicated the facility admitted Resident #5 with a diagnosis of congestive heart failure (CHF) that included emphysema.<br><br>The annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/06/2023 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3 which indicated the resident was severely impaired for their daily decision making.<br><br>Review of Resident #5's Care Plan, revised on 10/11/2023, revealed the resident had an activities of daily living (ADL) self-care deficit and was at risk for impaired skin integrity related to their incontinence. Interventions included provide incontinent as needed and clean perineal area with each incontinence episode.<br><br>On 08/21/24 09:59 AM, Certified Nursing Assistant (CNA) #1 was observed performing incontinent care on Resident #5. CNA #1 cleaned her hands and put on gloves prior to performing care, but she did not change her gloves or wash her hands after performing care and before picking up and applying the barrier cream.<br><br>On 08/21/2024 CNA #1 was interviewed and asked when she should have changed her gloves. She stated she should have changed them before she picked up the barrier cream and applied it to prevent contamination and/or infection control.<br><br>On 08/21/2024 12:30 PM, the Infection Preventionist (IP) was interviewed and asked if the CNA should have changed gloves prior to picking up the barrier cream. The IP said the CNA should have changed her gloves.<br><br>On 08/21/204 1:00 PM, the Director of Nursing (DON) was interviewed and asked if the CNA should have changed gloves prior to picking up the barrier cream, and the DON said the CNA should have changed her gloves to prevent contamination. |