

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916</p> <p>Based on observation, record review, and interview the facility failed to ensure the minimum data set (MDS) accurately reflected, on section A1500 the preadmission screening and assessment resident record (PASRR) a serious mental illness and/or intellectual disability affecting 1 (Resident 24) of 3 sampled Residents (Resident #3, #24, and #29) with a level II PASRR. This failed practice had the potential to affect 6 residents with a level II PASRR. The findings are:</p> <ol style="list-style-type: none"> 1. Resident #24 with a diagnosis of Vascular Dementia, Parkinson's, and altered mental status. The Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/11/2023 suggests a Brief Mental Status Score (BIMS) of 11 (8-12 indicated moderate cognitive impairment). <ol style="list-style-type: none"> a. A Care Plan documenting .Resident #24 is at risk for alteration in mood related to dx of bipolar disorder (10/24/2023) .Observe for mood changes is, crying, self-isolation, sleeping too much or too little .Observe effectiveness /side effects of medications as Observe effectiveness as ordered: Oxcarbazepine . b. On 06/04/2024 at 8:33 AM, the Surveyor observed Resident #24's Level II PASRR evaluation dated 12/08/2022. While reviewing Resident #24's chart the annual MDS dated [DATE] section A 1500 showed no mental health diagnoses. c. On 06/05/2024 at 10:02 AM, the MDS nurse reviewed Resident #24's chart and read the level II evaluation stating no services were recommended for Resident #24's mental illness and told the Surveyor Resident #24 did not have a level II PASRR. The MDS nurse then checked the Annual MDS section A1500 to make sure the MDS nurse did not incorrectly record Resident #24 as having a level II PASRR. d. On 06/05/2024 at 11:18 AM during interview, the MDS nurse confirmed Resident #24 did in fact have a level II PASSAR. The Surveyor asked why it was important to code correctly to the MDS, and if the MDS nurse used anything to guide documenting to the MDS. The MDS nurse confirmed it is important to code the MDS correctly because it paints a picture of the resident and helps to make sure they get the care they need, and the Resident Assessment Instrument (RAI) manual is used as a guide when coding to the MDS. The Surveyor requested a copy of the portion of the RAI manual instructing section A1500. e. On 06/05/2024 2:12 AM, the Assistant Administrator was asked for section from the RAI manual on section A1500. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>f. On 06/05/2024 at 3:15 PM, the Assistant Administrator provided a copy of section A1500 from the MDS, and there is not a MDS policy.</p> <p>g. On 06/05/2024 at 4:00 PM, the MDS nurse was asked to provide a copy from the RAI manual concerning section A1500.</p> <p>h. On 06/06/2024 at 9:00 AM, the MDS nurse provided documentation from the RAI manual titled A1500: Preadmission Screening and Resident Review (PASRR) documenting, .Code 1, Yes: if PASRR Level II screening determined that the resident has a serious mental illness and/or ID/DD or related condition .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47916</p> <p>Based on observation, record review, and interview the facility failed to ensure 1 (Resident #156) oxygen was administered at the physician ordered rate to prevent respiratory complications. This failed practice had the potential to affect 2 sampled (Residents #3, and #156) of 6 residents with oxygen orders. The findings are:</p> <p>Resident #156 with a diagnosis of chronic obstructive pulmonary disease. The significant Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/25/2024 suggested a Brief Mental Status Score (BIMS) of 10 (8-12 indicates moderate cognitive impairment).</p> <p>a. A Physician Orders (dated, 04/24/2024) .Oxygen as needed every 24 at 2 liters per minute as needed nasal cannula shortness of breath .</p> <p>b. A Care Plan for Resident #156 (dated, 05/07/2024) documented, .has potential for difficulty breathing related to chronic condition: COPD .Administer/observe effectiveness of treatments (see current physicians orders) Oxygen inhaler .oxygen at 2 liters per minute as per orders .Change oxygen tubing, humidifier and clean filter every Saturday and as needed .</p> <p>c. On 06/03/2024 at 9:36 AM, while observing, Resident #156 was observed resting quietly on 3.5 liters of oxygen nasal cannula.</p> <p>d. On 06/04/2024 at 8:53 AM, Resident #156 was observed receiving 3.5 liters nasal cannula. Resident appears pleasantly confused, and said he was on oxygen for shortness of breath.</p> <p>e. On 06/04/2024 at 2:18 PM, Licensed Practical Nurse (LPN) #3 arrived at the bedside and confirmed Resident #156 is supposed to be on 2 Liters nasal cannula.</p> <p>f. On 06/04/2024 at 2:16 PM, LPN #3 was asked what procedure is used to check that concentrators are working and set at the right rate. LPN #3 confirmed nursing eyeballs the oxygen when staff rounds on each shift, oxygen tubing is checked on the weekend and the rate should be checked at that time too, and the oxygen was not set on 2 liters. The Surveyor said the oxygen was observed on 3.5 liters since yesterday, and most of the day today. LPN #3 said he is supposed to be on 2 liters, and that is how it is ordered. The Surveyor asked is there any reason why nursing would want to make sure residents are going at the correct rate. LPN #4 said, Yes, it could blow him out.</p> <p>g. On 06/05/2024 at 1:20 PM, while interviewing the Director of Nursing (DON) the Surveyor asked what procedure staff is expected to monitor oxygen concentrator settings, and who is responsible for checking the rate. The DON confirmed that the doctor orders the rate and nursing is responsible for checking the rate with every medication pass. The rule of thumb is to look and check anytime nursing is walking down the hall.</p> <p>h. On 06/05/2024 at 2:12 PM, the Assistant Administrator was asked for the oxygen policy, and in-services.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>i. On 06/06/2024 at 8:00AM, the Assistant Administrator provided a policy titled Oxygen Administration documenting, . Procedure 1. Check physician's order for liter flow and method of administration .5. e. Set the flow meter to the rate ordered by the physician . 11. At regular intervals, check liter flow contents of oxygen cylinder .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>03508</p> <p>Based on observation and interview, the facility failed to ensure pureed food items were blended to a smooth, lump free consistency to minimize the risk of choking or other complications for those residents who required pureed diets for 2 of 2 meals observed. The failed practice had the potential to affect 4 residents who received pureed diets. The findings are:</p> <ol style="list-style-type: none"> 1. On 6/03/24 at 12:05 PM, the residents on pureed diets were served pureed chicken. The consistency of the pureed chicken was gritty and not smooth. At 12:30 PM, the Surveyor asked the Dietary Supervisor to look at pureed chicken and to describe it. The Dietary Supervisor confirmed the pureed chicken looks gritty and would be a choking hazard for residents who are on a pureed diet. 2. On 06/05/24 at 7:40 AM, pureed sausage served to the residents on pureed diets for breakfast was gritty and had water in it. 06/05/24 7:44 AM, the surveyor asked the Dietary Supervisor to describe the consistency of the pureed sausage. She stated, It wasn't right it needs to be pureed better to have more consistency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03508</p> <p>Based on observation, record review, and interview, the facility failed to ensure (1) that manufacture specifications for seasonings storage were followed, (2) that dietary staff washed their hands and changed their gloves before handling food items, (3) that expired food products were promptly removed from the dining room, (4) that cold food items were maintained at 41 or below degrees Fahrenheit on ice while awaiting, and (5) that the facility kitchen was free of pests. These failed practices had the potential to affect 52 residents who received meals from the Kitchen.</p> <p>The findings are:</p> <p>1. [DATE] 1:05 PM, the following observations were made in the kitchen area.</p> <p>a. An opened bottle of soy sauce was on the shelf behind the steam table. The manufacture specification on the bottle documented refrigerate after opening.</p> <p>b. An opened bottle of lime juice on a shelf behind the steam table. The manufacture specification on the bottle documented refrigerate after opening. The surveyor asked the Dietary Supervisor what do you use this for? She stated, We use it when we make pie.</p> <p>2. On [DATE] at 3:42 PM, two of 2 Italian salad dressings in a basket on a table holding straws and spices had an expiration date of [DATE]. One of 1 Italian salad dressing in a basket on the second table holding straws and spices had expiration date of [DATE]. The surveyor showed the dressings to the Dietary Manager who stated, It was not from the kitchen.</p> <p>3. On [DATE] at 4:45 PM, Dietary Cook (DC) #1 took out a pan of chicken noodle soup from the oven and placed it on the counter, picked up a pan from a rack and placed it on the counter with her fingers inside the pan. She removed a serving spoon from a drawer and used it to place 5 servings of chicken noodle soup into a pan. Without washing her hands, she picked up a clean blade and attached it to the base of the blender, then poured chicken noodle soup in the pan into a blender with contaminated blade and pureed to be served to the residents who received pureed diets.</p> <p>4. On [DATE] at 4:51 PM, Dietary Cook (DC) #1 picked up the water hose with her bare hand, used it to spray leftover food from inside of the dishes, contaminating her hands. She placed the dirty dishes in the dirty racks and pushed the racks into the dish washing machine to wash. After the dishes stopped washing, she moved to the clean side of the dishwasher area and picked up clean dishes and placed them on the clean rack to be used in serving noon meal to the residents. As she was about to use it to puree other food items. The surveyor immediately stopped and asked DC #1 what should you have done after touching dirty objects and before handling clean equipment or food items? DC #1 stated, I should have washed my hands.</p> <p>5. On [DATE] at 4:59 PM, the temperatures of the cold food items when checked and read on a pan of ice by the Dietary Aide (DA) #1 were.</p> <p>a. [NAME] tuna salad 60 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. Mechanical soft tuna salad 60-degree Fahrenheit.</p> <p>c. Pureed tuna salad 60-degree Fahrenheit.</p> <p>6. On [DATE] at 5:14 PM, DC #1 picked up a pan of cabbage and placed it on the steam table. Without washing her hands, she picked up plates to be used in portioning food items to be served to the residents for supper meal with her fingers inside of them.</p> <p>7. On [DATE] at 5:19 PM, DA #2 who was on the tray line assisting with supper meal, wore gloves on her hands. DA #2 picked up cartons of beverages, supplements, tray cards, crackers and placed them on the trays. She then opened the refrigerator, removed cartons of supplements, and placed them on the trays. Without washing her hands, she picked up glasses by their rims and placed them on the trays to be served to the residents. The surveyor asked DA #2 what you should have done after touching dirty objects and before handling clean equipment? DA #2 stated, I should have changed, and removed the gloves and washed my hands.</p> <p>8. Review of commercial and noncommercial pest control Records dated [DATE] documented, Target Pest 'E German Roaches.</p> <p>9. ,d+[DATE] 7:45 AM, Dietary Supervisor aide opened a recipe book and 2 live roaches fell to the floor. The Dietary Manager stated, They came and sprayed last month.</p> <p>10. A facility policy titled . When and how to wash your hands documented, Before you begin a task and after you touch anything that may contaminate your hands.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Bear Creek Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 322 West Collin Raye Drive DE Queen, AR 71832	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47916</p> <p>Based on observation, record review, and interview the facility failed to ensure proper hand hygiene was performed during peri care for 1 (Resident #11) to prevent cross contamination and infection. This failed practice had the potential to affect 4 sampled (Resident #18, #31, #56, and #156) of 12 residents requiring peri care. The findings are:</p> <p>Resident #11 with diagnoses of Diabetes Mellitus, Heart Failure, and Anxiety. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) suggests a Brief Mental Status Score of 7 (0-7 suggests severe cognitive impairment).</p> <p>a. A Care Plan for Resident #11 (dated, 05/11/2023) requires total assistance with all ADL (Activities of Daily Living) activities .TOILET USE resident needs staff assistance x 1 for toileting/incontinence care .</p> <p>b. 06/03/2024 at 10:28 AM, the Surveyor observed Certified Nursing Assistant (CNA) #4 wiping Resident #11's buttocks and peri area using clean wipes pulled out with right hand and wiping Resident #11 with the right hand. CNA #4 removed soiled gloves and pulled on glove from the right pocket and put it on the right hand leaving the left hand bare. I only have one glove. CNA #4 completed peri care then without removing the one glove or performing hand hygiene Resident #11 was rolled onto the left side and both hands were used to pull the draw sheet and pull the clean brief over, and adjusted residents brief in the peri area. CNA #4 then rubbed lotion on the left and right shoulder, arms, and legs, then dressed resident without performing hand hygiene. CNA #4 washed hands at the sink.</p> <p>c. On 06/03/2024 at 10:42 AM, CNA #4 was asked the procedure for providing peri care and was asked if CNA #4 always uses her right hand to get clean wipes and wipes residents buttocks and peri area with the same hand. CNA #4 said, Yes, that is just how I do it. CNA #4 confirmed that CNA #4 should have washed the hands or put on another pair of gloves for infection control.</p> <p>d. On 06/05/2024 at 9:04 AM, the Dietary Manager provided a policy titled, When and How to Wash Your Hands documenting, . You should wash your hands: After you touch anything that may contaminate your hands .</p> <p>e. On 06/05/2024 at 1:15 PM, the Director of Nursing (DON) was asked if it was standard care to pull out clean wipes with the right hand, then use the same hand to provide peri care. The DON confirmed that it is not standard practice to go back and forth from clean to dirty with the same hand without doing hand hygiene.</p> <p>f. On 06/05/2024 at 2:12 PM, the Assistant Administrator was asked for the peri care policy.</p> <p>g. On 06/06/2024 at 8:00 AM, the Assistant Administrator confirmed the facility does not have a peri care policy.</p>		