

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045318	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Chambers Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 East Park Street Carlisle, AR 72024	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>46724</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents medication were not left at bedside for one (Resident #4) of four sampled residents. The findings are:</p> <p>Resident #4 had diagnoses which included Hypertension and Cirrhosis of the liver. The Admission Minimum Data Set [MDS] with an Assessment Reference Date [ARD] of 01/22/2024 documented a Brief Interview of Mental Status [BIMS] of 11 (7-12 indicates moderately impaired).</p> <p>On 03/25/2024 at 10:27 AM, Resident #4 was observed lying in bed in their room. A plastic cup of medication and plastic cup of water was observed sitting on top of a miniature refrigerator on the bedside table to the left of the resident. The cup contained 3 round white tablets, a small blue oblong tablet, a pinkish round tablet, and a red gel tablet. When the resident was asked if [he/she] had taken [his/her] medication that morning, [he/she] confirmed they had.</p> <p>Physician orders documented, Furosemide .Give 1 tablet by mouth one time a day related to Essential hypertension, Lactulose Oral Solution .Give two times a day related to Cirrhosis of liver, Propranolol .Give 1 tablet by mouth two times a day related to Essential hypertension, Rifaximin .Give 1 tablet by mouth two times a day related to Irritable bowel syndrome, Spironolactone .Give 1 tablet by mouth one time a day related to Essential hypertension, Thiamine .Give 1 tablet by mouth one time a day related to Vitamin deficiency.</p> <p>Review of the Medication Administration Record documented Furosemide, Spironolactone, Thiamine, Valsartan, Lactulose, Propranolol, and Rifaximin had all been given at 08:00 AM on 03/25/2024.</p> <p>On 03/25/2024 at 10:35 AM, Licensed Practical Nurse [LPN] #1 was asked if there were any residents in the facility who administered their own medications, to which she confirmed there were not. LPN#1 was then asked what the procedure was for ensuring residents take their medication and she replied, Watch them swallow it. When asked if residents medications should ever be left at bedside she confirmed they should not.</p> <p>On 03/25/2024 at 11:00 AM, the Director of Nursing [DON] was asked if it was acceptable to leave residents medication at bedside and she confirmed it was not. When asked what could be the outcome of leaving medications at bedside, she stated, The resident may not take them, a different resident could take them, it could cause a delay in treatment.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/26/2024 the facility medication administration policy documented, .Medications must be administered in accordance to with the orders including any time frames .within one hour of their prescribed time .for residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be flagged. After completing the medication pass, the nurse will return to the missed resident to administer the medication .</p>		