STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045338	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quapaw Care and Rehabilitation Center LLC	138 Brighton Terrace Hot Springs, AR 71913

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 47916 48977 Based on observation, record review, and interview the facility failed to ensure odor eliminators were not at the bedside for 1 (Resident 18) to prevent hazardous chemicals from being ingested by residents. This failed practice had the potential to affect 4 (Residents #1, #18, #52, and #87) of 15 sampled residents that ambulate and/or self-propel on 300 Hall, to ensure the mechanical lift was used to lift with legs in the open position for stability to prevent injury for 1 (Resident #18) of 3 sampled residents, and to ensure that the housekeeping cart was kept closed and locked on the floor to prevent residents having access to harmful chemicals. The findings are: 1. Resident #18 was diagnosed with cerebral palsy, major depressive disorder, and anxiety. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/08/2024 indicated a Brief Interview for Mental Status Score of 15 (13-15 suggest cognitively intact). Resident #18 required maximum assistance for toileting and bathing, set up assistance with meals, and supervision with personal hygiene. Resident #18 required maximum assistance for toilet and shower transfers. a. On 04/30/2024 at 02:41 PM, Resident #18 said, Sometimes my room smells, but I have a big can of odor eliminator. b. On 05/01/2024 at 01:22 PM, the Surveyor observed two 27-ounce bottles of scented odor eliminator that say Keep Out of Reach of Children, and IF SWALLOWED: Drink 1-2 glasses of water and call a doctor or Poison Control Center on the label resting on top of a small refrigerator near the foot of the bed in Resident #18's room. c. On 05/02/24 at 09:12 AM, the Surveyor observed odor eliminator spray bottles have been removed from the room. d. On 05/02/24 at 10:13 AM, the Licensed Practical Nurse (LPN) #1 was asked if LPN #1 could identify the smell in Resident 18's room, and if there was a policy for room deodorizers. LPN #1 said it has been a long time but some residents had wall plugs in the past. LPN #1 said they have room deodorizers in the medication room, and if a room smells they might use it in a resident's room and return it to the medication room, but residents should not have deodorizer in their room. (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. a. On 05/02/24 at 09:12 AM, Certified Nursing Assistant (CNA), #2 and CNA #3 arrived at the bedside to use the mechanical lift to get a weight on Resident #18. CNA #2 rolled the mechanical lift under Resident #18's bed and the CNA's attached the lift pad. Resident #18 had to be pulled away from the bed a few inches because Resident did not clear the mattress. Resident #18 was rolled back over the mattress and lowered to the bed with the legs of the mechanical lift remaining in the closed position. The Surveyor asked CNA #2 why the legs of the mechanical lift were in the closed position when raising and lowering Resident #18 to the bed. CNA #2 said the legs of the mechanical lift could not be opened because there was not enough room to open the legs under the bed. The Surveyor asked CNA #2 why the legs of the mechanical lift should be in the open position. CNA #2 said to assist in placing residents in a wheelchair. b. On 05/02/2024 at 02:46 PM, the Surveyor asked the Director of Nursing (DON) if it was standard practice to have an odor eliminator in resident rooms, and why would the facility not want residents to have odor spray at the bedside. The DON confirmed that it is not appropriate for odor eliminator to be in resident rooms whether spray or pump activated, because there are residents with Dementia that can wander around and ingest the deodorizer by accident. The Surveyor asked the DON when a mechanical lift is being used to raise or lower a resident resting in a lift to the bed or wheelchair was it appropriate to leave the legs in a closed position. The DON said when a resident is being lowered or raised by a lift the legs should be in an open position to stabilize the lift's center of gravity to prevent falls. c. On 05/02/2024 at 04:10 PM, The DON gave the Surveyor a manual guide for the mechanical lift (page 9) documenting, .Lifting the Resident WARNING When using an adjustable base lift, the legs MUST be in the maximum Opened/Locked position before lifting the patent . There was no policy on odor eliminators. 3. On 05/02/2024 at 02:13 PM, the Surveyor observed an unattended housekeeping cart in the hallway with the door open, the keys in the door, and chemicals inside. After standing next to the cart for several minutes, Housekeeping Staff #1 exited the restroom and claimed the cart. a. On 05/02/2024 at 02:20 PM, the Housekeeping Staff #1 said to the Surveyor I had to use the restroom. I thought I locked it. The Surveyor asked the Housekeeping Staff #1 what could have been a negative outcome of chemicals left unattended? Housekeeping Staff #1 stated, They could have gotten hold of the chemicals. The Surveyor asked Housekeeping Staff #1 who are you referring to when you say they? Housekeep Staff #1 stated, The Residents. b. On 05/02/2024 at 02:40 PM, the Surveyor asked the DON should the housekeeping cart be unlocked and unattended? DON stated, no. The Surveyor asked the DON why is it important to ensure the housekeeping carts are locked? The DON stated, Because you have chemicals on the cart yet again, we have dementia residents that can ingest them. c. On 05/02/2024 at 04:20 PM, the DON voiced that the facility did not have a policy on accidents and hazards as it pertains to housekeeping.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 47916 48977 Based on observation, record review and interview the facility failed to provide peri care in a timely manner for 1 (Resident #18) to prevent skin breakdown, infection, and to promote dignity. This failed practice had the potential to affect 4 sampled residents and the potential to affect 13 residents on 300 hall requiring perineal care assistance. The facility failed to ensure that catheter was secured in a way to not drag the floor while 1 (Resident #38) was being transported to the dining area. This failed practice had the potential to cause trauma and induce infection in the resident. The findings are: 1. Resident #18 was diagnosed with cerebral palsy, major depressive disorder, and anxiety. The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/08/2024 indicated a Brief Interview for Mental Status Score of 15 (13-15 suggest cognitively intact). Resident #18 required maximum assistance for toileting and bathing, set up assistance with meals, and supervision with personal hygiene. Resident #18 required maximum assistance for toilet and shower transfers. a. A care plan (Revised 05/19/2023) documented, .The resident has an ADL self-care performance deficit related to Disease Process of Cerebral Palsy, Impaired balance, Musculoskeletal impairment. Is having episodes of incontinence requires peri care and clothing adjustment (Revision on: 01/20/2021) .TOILET USE: The resident requires extensive assistance by 2 staff with sit to stand and transport sling for toileting, she has a safety frame to toilet, is having frequent episodes of incontinent, peri care as needed, uses absorbent pads in bed and wears urinary protective wear with pads . b. On 04/30/2024 at 09:09 AM, the Surveyor observed a strong, foul odor coming from outside the door of Resident #18's room. The Resident said he/she is incontinent. c. On 05/02/2024 at 08:03 AM, the Surveyor observed an odor while at Resident #18's bedside. d. On 05/02/2024 at 08:28 AM, the Surveyor checked Resident #18's room and the room has a strong urine odor. Resident #18 said staff changed his/her brief through the night, and he/she is wet right now. They will change me when they get me up. The Surveyor checked the trash cans, and they have been emptied. e. On 05/02/24 at 09:12 AM, Certified Nursing Assistant (CNA) #2, and CNA #3 arrived at the bedside to use the lift to get a weight on Resident in #18. CNA #2 rolled the mechanical lift under Resident #18's bed and CNA's attached a lift pad and raised Resident above the bed. CNA #3 threw away the disposable protectant pad and Resident #18 was placed down in the bed. Resident #18 asked if the protectant pad was dirty. CNA #3 said, yes, and Resident #18 remarked, I am not surprised. CNA #2 and CNA #3 left the room without changing Resident #18's brief. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	f. On 05/02/24 at 10:13 AM, the Surveyor asked Licensed Practical Nurse (LPN) #1 how often incontinent residents like Resident #18 are changed, and what the procedure is used to keep the residents clean. LPN #1 said that incontinent residents like Resident #18 are changed every two hours into a dry brief. Some residents may refuse to change while resting. Resident has not been changed. g. On 05/02/2024 at 02:45 PM, the Surveyor asked the Director of Nursing (DON) how often staff are expected to check incontinent residents, and who is responsible for resident care. The DON confirmed that the CNA's provide personal care, but if any staff find a resident that needs to be changed, they can do it, or ask for assistance. The DON said residents should be checked every two hours. 2. On 05/01/24 at 12:00 PM, the Surveyor observed CNA #1 pushing Resident #38 in the wheelchair. The Surveyor observed the Resident's catheter hanging in the lower front of the wheelchair, and the catheter bag and tubing dragging the floor in front of the wheel of the wheelchair. a. On 05/01/24 at 12:00 PM, the Surveyor heard the CNA voice, I didn't know that was dragging. b. On 05/02/24 at 02:49 PM, the Surveyor asked the DON, Should the catheter bag and tubing drag the floor when the Resident is up in the wheelchair? The DON stated, no. The Surveyor asked the DON, What could be a negative outcome of the bag and tubing dragging near the wheel of the wheelchair? The DON stated, Break in the line introducing infection, leak urine on the floor. c. On 05/02/24 at 04:10 PM, the Surveyor was provided a policy titled Perineal/Catheter Care that did not pertain any pertinent information.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 47916 Based on observation, record review, and interview the facility failed to ensure portable nasal cannula tubing for 1 (Resident 52) was dated to ensure tubing was changed every 7 days to prevent respiratory infections. This failed practice had the potential to affect 2 residents on 300 hall receiving oxygen therapy. The findings are: a. A Physicians Order (Date, 03/11/2024) documented, .OXYGEN AT 1 LITER VIA Nasal Cannula as needed FOR shortness of breath every shift b. A Physicians Order (Date, 03/11/2024) documented, .change oxygen tubing and date, clean filter and oxygen cabinet and humidifier bottle date all tubing every Sunday night on 11-7 shift every night shift every Sunday for maintenance. c. A Care Plan (Revision, 09/26/2023) documented, . The resident has Emphysema/COPD. The resident will display optimal breathing patterns daily through review date. Oxygen at 2 liters per minute via nasal cannula. Give aerosol or bronchodilaters as ordered . d. On 04/30/24 at 09:17 AM, the Surveyor observed Resident #52 resting in bed, eyes open on 1 liters nasal cannula. The Surveyor noted a wheelchair at the bedside with portable oxygen tubing not dated or stored. Resident #52 said that she tucked the portable nasal cannula tubing in the side of the wheelchair. The Surveyor asked Resident #52 if resident had been given anything to store tubing into. Resident #52 said she had been given a bag but did not know where it was. e. On 05/01/24 at 01:45 PM, the Surveyor observed undated nasal cannula tubing rolled up and tucked into the right side of the wheelchair cushion at the bedside. f. On 05/02/24 at 10:15 AM, Licensed Practical Nurse (LPN) #1 said Resident #2's portable nasal cannula tubing should be dated, and changed on Sundays just like they do the concentrator tubing. Tubing should be changed every 7 days. g. On 05/02/2024 at 02:45 PM, the Director of Nursing (DON) said portable oxygen tubing should be changed every 7 days, on Sundays, when nursing changes tubing on the oxygen concentrator. The DON said the facility does not have an oxygen or oxygen storage policy.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 48977 Based on observations and interviews the facility failed to ensure that a medication was stored in a secured manner to prevent potential misappropriation of the Resident's medications from other Residents, staff and/or visitors. This failed practice had the potential to affect any Resident residing the facility. The findings are: 1. On 05/01/2024 at 09:14 AM, the Surveyor observed Licensed Practical Nurse (LPN) #1 apply gloves and rubbed arthritis gel on a resident's knee, removed the gloves, placed the arthritis gel on top of the cart, and went into the Resident's bathroom to wash hands leaving the arthritis gel unattended. a. On 05/01/2024 at 09:49 AM, the Surveyor asked LPN #1, While you were washing your hands where was the Diclofenac gel? LPN #1 stated, On my cart. The Surveyor asked LPN #1, Should the gel have been on your cart unattended? LPN #1 stated, No. b. On 05/02/2024 at 02:40 PM, the Surveyor asked the Director of Nursing (DON), Should medications be left unattended? The DON stated, no. The Surveyor asked the DON why medication should not be left unattended. The DON stated, Opens up for a Resident to come take the medication. c. On 05/02/2024 at 04:20 PM, the DON voiced that the facility did not have a policy on medication storage.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 03508 Based on observation, record review and interview, the facility failed to ensure meals were served in a method that maintained the appearance of cold product and at temperatures that were acceptable to the residents to improve palatability and encourage good nutritional intake during 1 of 2 meals observed. This failed practice had the potential to affect 16 residents who receive meal trays in their rooms on the 100- Hall, 10 residents who receive meal trays on the 200- hall, 12 residents who receive meal trays in their room on the 300- hall, 9 residents who receive meal trays on the 400- hall, 9 residents who receive meal trays on the 500- hall, and 4 residents who receive meal trays on the 600- hall. The findings are: 1. Resident #34 had diagnoses of diabetes mellitus, chronic obstructive pulmonary disease, and depression. The annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/09/2024 documented that the resident scored 10 (8-12 indicates moderate impairment) on the Brief Interview for Mental Status (BIMS). a. The care plan with a revision date of 04/15/2024 documented, .Focus: The resident has an ADL self-care performance deficit r/t (related to) weakness. unsteady .Interventions/Tasks .or EATING: The resident is able to feed self after tray set up per staff. She has Regular texture/consistency diet . b. a. A physician's order dated 09/02/2022 documented, .Regular diet Regular texture, Regular consistency, Enhanced Cereal with breakfast. PRUNE JUICE WITH BREAKFAST . c. On 04/30/2024 at 01:27 PM, the Surveyor asked the Resident #34, How is the food here at the facility? The Resident stated, The food is terrible. I want pizza and Chinese food. Something that is cooked right. It's just not like I want. Most of the time it is not warm enough. My eggs in the morning are always cold and the coffee is not very warm . 2. On 05/02/024 at 07:40 AM, an unheated food cart that contained 9 trays for breakfast was delivered to 400-Hall. At 08:02 AM, immediately after the last resident was served in their room on the 400 Hall, the temperature of the food items on the tray used as test trays were taken and read by the Dietary Supervisor with the following results. a. Milk 46 degrees Fahrenheit. b. Sausage 103 degrees Fahrenheit. c. Ground sausage with gravy 105.9 degrees Fahrenheit. c. Sausage 103 .6 degrees Fahrenheit. d. Pureed sausage 110 degrees Fahrenheit. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	e. Scramble eggs 105.8 degrees Fahrenheit. f. Gravy 108 degrees Fahrenheit.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 03508 Based on observation, record review and interview, the facility failed to ensure cold food items were not maintained at the required temperatures on the pans of ice by the steam table while awaiting service to prevent potential food borne illness for the residents who received meals from 1 of 1 kitchen, failed to ensure 1 of 2 ice machines was maintained in a clean and sanitary condition to prevent potential contamination of residents' beverages for residents who received ice from the therapy room on the 500- hall. These failed practices had the potential to affect 87 residents who resided in the facility. The findings are: 1. On 05/01/2024 at 04:47 PM, the temperatures of the cold food items on pans of ice located on the counter by the steam table when checked and read by Dietary Employee (DE) #1 the following are the results: a. Regular potato salad 48 degrees Fahrenheit. b. Mechanical potato salad 46 degrees Fahrenheit. c. Coleslaw 48 degrees Fahrenheit. d. On 05/02/2024 at 11:44 AM, the surveyor asked DE #1 what temperature cold food items should be served at. DE #1 stated, It should be 41 degrees Fahrenheit. I should have set them on ice while they were in the refrigerator. 2. On 05/05/2024 at 08:18 AM, the ice machine panel located in the therapy room on the 500-hall had wet brownish residue on it. The surveyor asked the Dietary Supervisor to wipe the left side corner of the ice machine panel where brownish residue was found. She used tissues to wipe the areas and the wet brownish substance easily transferred to the tissue paper. The Surveyor asked the Dietary Supervisor to describe the residue that was brownish dirt, she was asked who uses the ice machine, and how often it was cleaned. The Dietary Supervisor stated, The maintenance man cleans it once a month. That's the ice machine the CNAs use for the water pitchers in the residents' rooms. We use it in the kitchen to fill beverages served to the residents at mealtimes. We started using ice from this machine when the ice machine by the kitchen broke down.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 47916 48977 Based on observation, record review and interview the facility failed to provide appropriate hand hygiene during perineal care for 1 (Resident #71) sampled resident which had the potential to affect all 16 residents living in the Dementia Unit and failed to use proper hand hygiene during medication pass. This failed practice had the potential to affect all residents in the building. The findings are: 1. Resident #71 had diagnoses of dementia, recurrent depressive disorders, and anemia. The significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/15/2024 documented a Brief Interview for Mental Status score of 00 (0-7 indicates severe cognitive impairment). a. A care plan with a revision date of 07/08/2022 documented, .Resident 71 has an ADL self-care performance deficit related to Dementia, impaired mobility .TOILET USE: The resident is incontinent of bowel and bladder and requires extensive assist in her peri care and clothing adjustment . b. On 04/30/2024 at 10:50 AM, the Surveyor observed Certified Nursing Assistant (CNA) #4 attempting to provide peri care on Resident #71. Resident was turned to the left side and wipes were picked up with the left gloved hand, and Resident wiped with the right gloved hand. Resident #71 was turned to Resident's right side while CNA #4 held both of Resident's hands between both of the CNA 4's gloved hands while wiping a brown substance off of Resident #71's hands and fingers with a wash cloth. CNA #5 presented to the bedside with a clear bag and CNA #4 was observed using CNA 4's gloved hands to remove the dirty lines from the bed and place them in the clear bag. CNA #5 left the room with the dirty bag of linens. CNA #4 then used both gloved hands to put clean sheets on the bed and pulled up Resident #71's pants without performing hand hygiene. c. On 04/30/2024 at 10:55 AM, the Surveyor asked CNA #4 if there was anything that should have been done prior to placing the clean linens on the bed and dressing Resident #71. CNA #4 said, Yes ma'am, I should have removed my gloves and done hand hygiene. d. On 05/02/2024 at 02:45 PM, the Surveyor asked the Director of Nursing (DON) if it is standard practice to change gloves, or perform personal hygiene when staff go from peri care to making a residents bed or assist with putting clean clothing on residents. The DON confirmed that staff should perform hand hygiene after performing peri care, before assisting residents put on clean clothes, or putting clean linens on the bed. e. On 05/02/2024 at 04:10 PM, the DON provided a policy titled Perineal/Catheter Care documenting, . Procedure .Change gloves .Replace bedspread, top sheet and/or clean clothing on resident . The DON provided a policy titled Handwashing/Hand Hygiene documenting, .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. On 05/01/2024 at 09:14 AM, the Surveyor observed Licensed Practical Nurse (LPN) #1 walking from a Resident with plastic cup and medication cup in hand to medication cart that was parked near nurses' station. LPN #1 disposed of plastic cup and medication in trash attached to medication cart. LPN #1 pushed the cart down the hall to a Resident's room and parked medication in front of the doorway to room. The Surveyor observed LPN #1 removed the Resident's medication from drawer, removed from the packet, and poured water into a cup. LPN #1 informed the Surveyor that the Resident administered her own inhaler and nasal spray. Once inside the room LPN #1 placed the cup of pills on the bedside table along with the nasal spray and handed the Resident the inhaler. The Resident self-administered the inhaler and nasal spray when finished placing back on the bedside table. The Resident then picked medication cup containing the pills and took them. LPN #1 applied brace to Resident's left hand without gloves. LPN #1 picked up the nasal spray and inhaler, entered the Resident's bathroom placed the nasal spray and inhaler on the sink, washed hands, picked up the inhaler and nasal spray, exited room, and placed on cart. LPN #1 removed another Resident's medication and placed in medication cup with applesauce. When the Resident was ready LPN #1 spooned the medication to the Resident then gave the Resident water to drink. LPN #1 applied gloves and rubbed arthritis gel on the Resident's knee, removed the gloves, placed the arthritis gel on top of the cart, and went into the Resident's bathroom to wash hands. a. On 05/01/24 at 09:49 AM, the Surveyor asked LPN #1 after the Resident administered her nasal spray and inhaler, Do you remember placing both medications on the sink? LPN #1 said , Yes. The Surveyor asked LPN #1 what did you do after you wash your hands? LPN #1 stated To remove contaminates from being in the room? The Surveyor asked LPN #1 was it from being in the room or from what you touch in the room? LPN stated, From what I touched in the room. The Surveyor asked LPN #1 if the Resident touched the medication, you touched medication, washed your hands, and touched the same medications what did you potentially do? LPN #1 stated, Contamination. The Surveyor asked LPN #1 did you wash or sanitize your hands after that administration but before the next Resident? LPN #1 stated, no. b. On 05/02/24 02:40 PM, the Surveyor asked the DON what should the nurse do between Residents when passing medication? DON stated, hand hygiene. The Surveyor asked the DON what could be a potential issue if this is not done? DON stated, Infection control to prevent the spread of germs. c. On 05/02/24 at 04:10 PM, the Surveyor was provided a policy titled Handwashing/Hand Hygiene that documented All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045338	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quapaw Care and Rehabilitation Center LLC	138 Brighton Terrace Hot Springs, AR 71913

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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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 47916 Based on observation, record review, and interview the facility failed to obtain informed consent for 1 (Resident #1) prior to administering immunizations. This failed practice had the potential to affect all 87 residents in the facility. The findings are: a. On 05/01/2024 at 02:40 PM, the Surveyor asked the Business Office Manager (BOM) to see consents for vaccinations for Resident #1. b. On 05/01/24 at 03:30 PM, the Infection Preventionist (IP) provided a copy of Consent for Vaccination signed by Resident 1 on 11/30/2023, showing consent was not marked for or against vaccination. The Surveyor asked how the facility knew Resident #1 wanted vaccinated. c. On 05/01/24 at 03:31 PM, the IP confirmed that she talked to Resident #1 today and asked him/her about the consent form and Resident #1 did not consent to immunization. d. On 05/02/2024 at 03:19 PM, the Surveyor asked why it was important to get signed consent for immunizations, the IP told the Surveyor, so we know we educated the resident and family, and they understand the pros and cons of immunizations. e. On 05/02/2024 at 04:10 PM, the Director of Nursing (DON) provided a policy titled Immunizations, Influenza and Pneumococcal documenting, Policy .This Facility will offer its residents influenza, pneumococcal immunizations in accordance with the following procedure .The resident or the resident's representative may refuse the offered immunizations .