

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Dewitt Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1605 South Madison St DE Witt, AR 72042	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>37925</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure an allegation of abuse was thoroughly investigated for 1 (Resident #24) of 1 sampled resident reviewed for abuse.</p> <p>The findings are:</p> <p>On 09/09/2024, the surveyors entered the facility to investigate an allegation of abuse for Resident #24.</p> <p>On 09/09/2024 at 1:12 PM, Resident #24 was sitting up in a recliner in the resident's room. The resident was asked about the alleged incident and Resident #24 stated the resident barely remembered the incident. The resident stated the staff member was assisting the resident to a chair and the resident had difficulty walking. The resident denied any injuries.</p> <p>Resident #24's Physician's Orders, dated 09/01/2024 through 09/30/2024, were reviewed and indicated the resident had a diagnosis of impaired thinking ability (dementia).</p> <p>A quarterly Minimum Data Set with an Assessment Reference Date of 07/10/2024 was reviewed and indicated a Brief Interview for Mental Status score of 11, which indicated moderate cognitive impairment.</p> <p>The Resident Plan of Care, with a review date of 07/10/2024, was reviewed and indicated Resident #24 had an activity of daily living (ADL) self-care deficit and required assistance with walking.</p> <p>On 09/10/2024, a 7734 Incident & Accident Information report, with a submission date of 05/01/2024 at 10:31 [AM], was reviewed and indicated the type of incident was abuse and the specific abuse was physical and verbal. The summary of incident indicated the resident's feelings were hurt and was thrown into a chair. The findings and actions taken indicated the resident was examined, no bruises were found, but the resident was crying and was reassured the incident would be investigated. There was a witness statement from the alleged staff member and a witness statement from the Administrator. There were no body audits completed on non-cognitive residents on the hall. There were no witness statements from other cognitive residents or other staff members. There was no in-service conducted on abuse with the staff members after the incident. There was no indication the alleged staff member was removed from all resident care, only the alleged victim's care, pending the investigation</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/12/2024 at 2:34 PM, the Director of Nursing (DON) was interviewed and asked who completed the report of alleged abuse for Resident #24 and stated she did. She was asked what happens when an abuse allegation is reported and she stated an investigation is immediately started and the following events take place: they speak to the resident, if known, the person whom the allegation is against, and the person who reports the incident; get witness statements, and the family and police are notified. She stated during the investigation, the alleged person has no access to the resident and is taken off the schedule, at times, until the investigation is completed.</p> <p>She stated the alleged resident who received the abuse and other residents who mentioned if something happened received body audits. The DON was asked if any other staff and cognitively intact residents were interviewed. She stated they try to determine if others saw, heard, or witnessed anything and would interview them. She was asked if she did body audits on the cognitively impaired residents on the hall of the alleged incident and she stated no. She confirmed she was not sure if she interviewed other staff members or cognitively intact residents who resided on the hall of the alleged incident. She stated she thought the alleged staff member was taken off the hall, but did not remember without looking at the report.</p> <p>An Abuse/Neglect Policy and Procedure, with an effective date of 09/24/2024, was reviewed and indicated the facility would attempt to identify and will investigate any reported violation or allegation of same. The abuse policy indicated during the investigation, any individual suspected of resident abuse would be placed on administrative leave without pay and is banned from returning to the facility while being investigated.</p>		