

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Woodland Hills Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 West Braden Street Jacksonville, AR 72076	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46724</p> <p>Based on observation, interview, and record review, the facility failed to provide consistent bathing and personal hygiene for 4 (Residents #1, #3, #4, and #5) dependent residents to maintain hygiene, prevent infection and possible skin issues.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Review of Medical Diagnoses revealed Resident #1 had diagnoses of neoplasm of uncertain behavior of the brain, contracture of muscle multiple sites, and dementia. <ol style="list-style-type: none"> a. An Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/20/2024 documented Resident #1 had a Brief Interview of Mental Status (BIMS) score of 08 (08-12 indicates moderately impaired mental status) and dependent for bathing. b. Resident #1's Care Plan with a revision date of 04/23/2023 documented, .BATHING/SHOWERING: The resident requires assistance by (1-2) staff with bathing/showering 3 times weekly and as necessary . c. Resident #1's Monthly Summary dated 05/11/2024 documented Resident #1 was dependent for bathing. d. On 05/23/2024, Resident #1's Task Sheet documented Resident #1 was to have a shower every Monday, Wednesday, and Friday. Documentation showed Resident #1 received a shower only 5 days in May with an 11 day span in-between. 2. Review of Medical Diagnoses revealed Resident #3 had diagnoses of fibromyalgia, diabetes, and impaired motility. <ol style="list-style-type: none"> a. The Annual MDS with an ARD of 02/17/2024 documented a BIMS of 15 (13-15 indicates cognitively intact) and that the resident was dependent for bathing. b. On 05/22/2024 at 10:30 AM, Resident #3 was in the resident's room. Resident #3 stated, .I haven't had a bath in two weeks .I feel like I've been abandoned. c. Resident #3's Care Plan with a revision date of 02/17/2023 documented, .BATHING/SHOWERING: The resident requires assistance by 2 staff with bathing/showering 3 times weekly and as necessary . <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. Resident #3's Monthly Summary dated 04/23/2024 documented Resident #3 was dependent for bathing.</p> <p>e. On 05/23/2024, Resident #3's Task Sheet documented Resident #3 was to receive a shower every Monday, Wednesday, and Friday. Four showers were documented as given in May of 2024, with the last shower documented as given on Monday 05/06/2024.</p> <p>3. Review of Medical Diagnoses revealed Resident #4 had diagnoses of dementia and muscle wasting and atrophy.</p> <p>a. The Admission MDS with an ARD of 04/18/2024 documented a BIMS of 01 (0-7 indicates severely cognitively impaired) and was dependent for bathing.</p> <p>b. On 05/22/2024 at 10:17 AM, Resident #4 was in the resident's room and had whisker growth of 1/4 inch on the chin and cheeks.</p> <p>c. Resident #4's Care Plan with an initiation date of 04/19/2024 documented, . BATHING/SHOWERING: The resident requires assistance by (1-2) staff with showering 3 times weekly and as necessary .</p> <p>d. Resident #4's Monthly Summary dated 05/20/2024 documented, Resident #4 is dependent for bathing.</p> <p>e. On 05/23/2024, Resident #4's Task Sheet only documented 2 bathes for May 2024.</p> <p>4. Resident #5 had diagnoses of Parkinson's Disease and Atherosclerotic Heart Disease. The Quarterly MDS with an ARD of 04/03/2024 documented a BIMS of 05 (0-7 indicates severely cognitively impaired) and was dependent for bathing.</p> <p>a. On 05/22/2024 at 10:15 AM, Resident #5 was lying in bed, there were 1/4 inch whiskers on the resident's chin and cheeks. When asked if the resident would like a shave, Resident #5 stated, Yes, but I'm just not able to do it anymore.</p> <p>b. Resident #5's Care Plan with a revision date of 01/02/2023 documented, .The resident has an ADL self-care performance deficit r/t Pain, Parkinson, Neuropathy, Dementia, and the disease process . PERSONAL HYGIENE: The resident requires assistance by (1) staff with personal hygiene and oral care .</p> <p>c. Resident #5's Monthly Summary dated 05/18/2024 documented Resident #5 was dependent for bathing and ADLs.</p> <p>5. Review of Resident Council Meeting Minutes documented resident concerns, during February, April, and May of 2024, about not receiving baths/showers.</p> <p>6. Review of the Grievances for January, February and April of 2024, documented concerns from family and residents about not receiving a bath/shower.</p> <p>7. On 05/22/2024 at 12:45 PM, during an interview with Certified Nursing Assistant (CNA) #1, the Surveyor asked if they have enough time to get all their work and baths done. CNA #1 stated, This week has been good, usually don't have enough time to get all our baths done.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. On 05/23/2024 at 3:25 PM, the Director of Nursing (DON) provided a facility policy titled, Giving a Bedbath which documented, .The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the residents skin .</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>46724</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe and palatable food temperature for trays served to residents who receive meals in their room.</p> <p>The findings are:</p> <p>On 05/22/2024 at 11:50 AM, the temperatures of the food items on the steam table prior to lunch service were checked by the dietary staff. The following temperatures were documented:</p> <p>Regular and Mechanical Soft:</p> <p>Lasagna - 175 degrees Fahrenheit</p> <p>Tossed Salad - 40 degrees Fahrenheit.</p> <p>Garlic Bread - 160 degrees Fahrenheit</p> <p>Cheesecake - 40 degrees Fahrenheit</p> <p>Pureed:</p> <p>Lasagna - 170 degrees Fahrenheit</p> <p>Greens - 170 degrees Fahrenheit</p> <p>Garlic Bread - 170 degrees Fahrenheit</p> <p>Cheesecake - 40 degrees Fahrenheit</p> <p>On 05/22/2024 at 12:15 PM, during the lunch meal service, lunch trays were observed being loaded onto an open sided cart to transport to the residents on the 300 Hall who eat meals in their room. At 12:30 PM, the Dietary Manager accompanied this Surveyor down the 300 Hall, to check the temperatures on the last tray to be delivered to the 300 Hall. The temperatures were as follows:</p> <p>Pureed Lasagna - 102 degrees Fahrenheit</p> <p>Pureed Greens - 90 degrees Fahrenheit</p> <p>Pureed Bread - 90 degrees Fahrenheit.</p> <p>Pureed Cheesecake - 41 degrees Fahrenheit</p> <p>After checking the temperatures, the Dietary Manager commented that she thought that the food was going to be out of temperature range.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Resident Council Minutes documented resident concerns with food being served cold at the February, March, and April 2024 meetings.</p> <p>On 05/23/2024 at 3:25 PM, while talking with the Director of Nursing (DON), the DON stated they were aware of the resident's concerns about food temperatures and had been working to resolve this issue.</p> <p>The facility Food Safety Policy and Procedure documented, .Note: The U.S. Department of Health and Human Services Food Code uses 41 Degrees Fahrenheit for cold food and 135 degrees Fahrenheit for hot foods .</p>